



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: The Mary Campbell Center

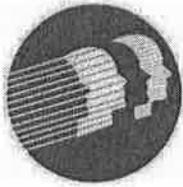
DATE SURVEY COMPLETED: December 23, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from December 22, 2025, through December 23, 2025. The deficiencies contained in this report are based on interview and review of clinical records and other facility documentation as indicated. Facility census on the first day of the survey was sixty - seven (67). The survey sample size was three (3) residents.</p> <p>Regulations for Skilled and Intermediate Care Nursing Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed December 23, 2025: W203, W204 and W205.</p>	<p>Cross Referenced to W203, W 204, W205</p> <p><i>W203 At the time of discharge, the facility must develop a final summary of the client's developmental, behavioral, social, health, and nutritional status.</i></p> <p><i>W205 At the time of discharge, the facility must provide a post-discharge plan of care that will assist the client to adjust to the new living environment.</i></p> <p>A. Individual/Resident Impacted</p> <p>One resident (R1) was affected by the deficient practice. The deficient practice was not immediately corrected because the resident was already discharged before the time of the survey. In the meantime, the discharged resident's family was sent a Request for Medical Records. They have failed to return the signed form to the Mary Campbell Center.</p> <p>B. Identification of other residents with the potential to be affected</p> <p>All residents have the potential to be affected by the deficient practice. MCC policies and procedures were revised or created to comply with W203 and W205, <u>Policy and Procedure: Discharge/Notice for Alternative Placement (Attachment A)</u> and <u>Policy and Procedure: Discharge Documentation (Attachment B)</u>.</p>	

Provider's Signature Tarah Pappas

Title Executive Director

Date 01/22/2026



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		<p>C. System Changes</p> <p>The Mary Campbell Center's <u>Policy and Procedure: Discharge/Notice for Alternative Placement</u> did not include the requirements indicated in W203, or W205.</p> <p>The <u>Policy and Procedure: Discharge/Notice for Alternative Placement</u> (Attachment A) was revised and the <u>Policy and Procedure: Discharge Documentation</u> (Attachment B) was created to include the requirements of W203 and W205.</p> <p>The Staff Educator, or designee, will train members of the ID Team on the policies mentioned above by 2/5/2026. Documentation of ID Team training will be sent to DHCQ by 2/6/2026.</p> <p>D. Success Evaluation</p> <p>The QIDP Manager, or designee, will ensure both policies are followed. The QIDP manager will ensure that The Mary Campbell Center complies with the policies and that necessary documentation is available to the appropriate persons prior to discharge. Compliance with the policies will be reviewed at the quarterly QAA meetings until 100% compliance is achieved for one year.</p> <p><i>W204 At the time of discharge, the facility must develop a final summary of the client's developmental, behavioral, social, health, and nutritional status and, with the con-</i></p>	<p>02/06/26</p>

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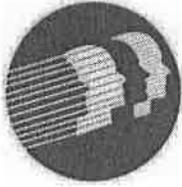
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		<p><i>sent of the client, parents (if the client is a minor) or legal guardian, provide a copy to authorized persons and agencies.</i></p> <p>A. Individual/Resident Impacted</p> <p>One resident (R1) was affected by the deficient practice. The deficient practice was not immediately corrected because the resident was already discharged before the time of the survey. In the meantime, the discharged resident's family was sent a Request for Medical Records. They have failed to return the signed form to the Mary Campbell Center.</p> <p>B. Identification of other residents with the potential to be affected</p> <p>All residents have the potential to be affected by the deficient practice. The <u>Policy and Procedure: Discharge Documentation</u> was created to comply with W204. (Attachment B). The Request for Medical Records form was revised. (Attachment C)</p> <p>C. System Changes</p> <p>To comply with W204, the Mary Campbell Center will adhere to the <u>Policy and Procedure: Discharge Documentation</u> (Attachment B) and utilize the Request for Medical Records form. (Attachment C) The Staff Educator, or designee, will train members of the ID Team on the system changes mentioned</p>	

Provider's Signature Tarah Pappas Title Executive Director Date 01/22/2026



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		<p>above by 2/5/2026. Documentation of ID Team training will be sent to DHCQ by 2/6/2026.</p> <p>D. Success Evaluation</p> <p>The QIDP Manager, or designee, will ensure the <u>Policy and Procedure: Discharge Documentation</u> (Attachment B) is followed and that residents or their legal guardian complete the Request for Medical Records form prior to discharge. The QIDP manager will ensure that the information necessary for a safe discharge is made available to the appropriate persons prior to discharge. Compliance with discharge policies and the use of the Request for Medical Records will be reviewed at the quarterly QAA meetings until 100% compliance is achieved for one year.</p>	02/06/26

Provider's Signature Tarah Pappas Title Executive Director Date 01/22/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2025
NAME OF PROVIDER OR SUPPLIER MARY CAMPBELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4641 WELDIN RD WILMINGTON, DE 19803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS An unannounced complaint survey was conducted at this facility from December 22, 2025 through December 23, 2025. The deficiencies contained in this report are based on interview and review of clinical records and other facility documentation as indicated. Facility census on the first day of the survey was sixty - seven (67). The survey sample size was three (3) residents. Abbreviations/definitions used in this report are as follows: CNA - Certified Nursing Assistant; DON - Director o Nursing; ED - Executive Director; HHA - Home Health Agency; LPN - Licensed Practical Nurse; RCT - Resident Care Technician; RN - Registered Nurse. Cerebral Palsy - a group of neurological disorders that affect a person's ability to move, balance, and maintain posture; Seizure disorder - abnormal electrical activity in the brain causing repetitive muscle jerking.	W 000			
W 203	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status. This STANDARD is not met as evidenced by: Based on interview, record review and facility policy review, it was determined that for one (R1) out of three (3) residents sampled for discharge review, the facility failed to develop a final	W 203			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tarah Pappas

TITLE

Executive Director

(X6) DATE

01/22/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 203	<p>Continued From page 1</p> <p>summary of R1's developmental, behavioral, social, health and nutritional status when he was discharged to his family home on 12/15/25. Findings include:</p> <p>Review of R1's records revealed:</p> <p>Cross refer W204 and W205</p> <p>The facility's policy titled, "Discharge/Notice For Alternative Placement", revised 8/2/24, documented, "The [facility] shall permit each Resident to remain at the Center an shall not transfer or discharge ... except ... Procedure: ... 7. Documentation ... a. The ... physician and ... staff will document ... ii. Reason that the services provided by the Facility are no longer needed, document discharge needs and discharge plan; ... b. Documentation will include the basis for the transfer and the services to be provided by the receiving health care provider that will meet the Resident's needs ... 9. Information for the Receiving Provider ... a. [Facility] will share relevant information with post - discharge care provider, including: ... v. The Resident's comprehensive care plan goals; vi. A copy of the discharge summary; vii. Any other necessary or relevant information or documentation to facilitate safe and effective transition of care."</p> <p>4/26/16 - R1 was admitted to the facility with diagnoses including cerebral palsy and seizure disorder.</p> <p>7/25/25 - R1 was served a 30 day discharge notice by the facility for the first time that documented, "You are being discharged because your needs cannot be met by our facility.</p>	W 203			

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W 203	<p>Continued From page 2</p> <p>Specifically, your guardians [FM1 and FM2] have prevented the [facility] from accessing your medical information... they have refused to schedule medical appointments deemed necessary... and have refused to allow us to provide treatments your providers have deemed most appropriate..."</p> <p>9/17/25 - A court post - hearing development report related to the discharged appeal documented that there was no longer an issue in dispute and that " ... this matter is dismissed as moot" (of little or no practical value).</p> <p>10/28/25 - R1 was served a 30 day discharge notice by the facility for the second time due to R1's needs not being met by the facility. The notice documented, "Your guardian should work with the Delaware Department of Health and Social Services regarding the selection of the facility to which you will be transferred..."</p> <p>12/12/25 - A court order documented that R1's second proposed appeal for the discharge order was dismissed.</p> <p>12/18/25 9:29 AM - A physician progress note documented, "[R1] was discharged to home on Monday 12/15/25 under the care of his PCP (primary care physician) [P2] and parents [FM1 and FM2]. Transfer summary will be forwarded to [P2], and 30 day supply of medications sent to [pharmacy, address]."</p> <p>12/23/25 10:00 AM - A review of R1's discharge documentation lacked evidence that at R1's time of discharge on 12/15/25, a final summary of R1's developmental, behavioral, social, health and nutritional status was completed.</p>	W 203	<p><i>W203 At the time of discharge, the facility must develop a final summary of the client's developmental, behavioral, social, health, and nutritional status.</i></p> <p>A. Individual/Resident Impacted</p> <p>One resident (R1) was affected by the deficient practice. The deficient practice was not immediately corrected because the resident was already discharged before the time of the survey. In the meantime, the discharged resident's family was sent a Request for Medical Records. They have failed to return the signed form to the Mary Campbell Center.</p> <p>B. Identification of other residents with the potential to be affected</p> <p>All residents have the potential to be affected by the deficient practice. MCC policies and procedures were revised or created to comply with W203 and W205, <u>Policy & Procedure: Discharge/Notice for Alternative Placement (Attachment A)</u> and <u>Policy & Procedure: Discharge Documentation (Attachment B)</u>.</p> <p>C. System Changes</p> <p>The Center's <u>Policy & Procedure: Discharge/Notice for Alternative Placement</u> did not include the requirements indicated in W203 or W205. The <u>Policy & Procedure: Discharge/Notice for Alternative Placement (Attachment A)</u> was revised and <u>Policy & Procedure: Discharge Documentation (Attachment B)</u> was created to include the requirements of W203 and W205.</p>		

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W 203	Continued From page 3 12/23/25 10:45 AM - In an interview, (P1) stated that it was an unsafe discharge and there was not enough time to set up (R1) for the discharge planning. P1 stated that she sent all her MD (physician) visit notes, lab results and scripts to R1's incoming PCP who could not see him on January 16, 2026. 12/23/25 1:30 PM - When asked by the surveyor why the IDT (interdisciplinary team) only completed their section discharge summaries for R1 on 12/16/25, the day after R1 was discharged, E1 (ED) stated, " The team already left for the day by the time [R1] was picked up by his parents". 12/23/25 1:30 PM - Findings were discussed with E1 and P3 (Facility Lawyer). 12/23/25 3:15 PM - Findings were reviewed with E1 (ED) and E2 (DON) during the Exit Conference.	W 203	The Staff Educator, or designee, will train members of the ID Team on the policies mentioned above by 2/5/2026. Documentation of ID Team training will be sent to DHCQ by 2/6/2026. D. Success Evaluation The QIDP Manager, or designee, will ensure both policies are followed. The QIDP manager will ensure that The Mary Campbell Center complies with the policies and that necessary documentation is available to the appropriate persons prior to discharge. Compliance with the policies will be reviewed at the quarterly QAA meetings until 100% compliance is achieved for one year.	02/06/26	
W 204	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(i) At the time of the discharge, the facility must with the consent of the client, parents (if the client is a minor) or legal guardian, provide a copy to authorized persons and agencies. This STANDARD is not met as evidenced by: Based on interview, record review and facility policy review, it was determined that for one (R1) out of three (3) sample residents for discharge review, the facility failed to provide a copy of the discharge summary release consent to R1's authorized representative when he was discharged to his family home on 12/15/25.	W 204	<i>W204 At the time of discharge, the facility must develop a final summary of the client's developmental, behavioral, social, health, and nutritional status and, with the consent of the client, parents (if the client is a minor) or legal guardian, provide a copy to authorized persons and agencies.</i> A. Individual/Resident Impacted One resident (R1) was affected by the deficient practice. The deficient practice was not immediately corrected because the resident was already discharged before the time of the survey. In the meantime, the discharged resident's family was sent a Request for Medical Records. They have failed to return the signed form to the Mary Campbell Center.		

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W 204	Continued From page 4 Findings include: Review of R1's record revealed: Cross refer W203 and W205 12/15/25 4:52 PM - A nurse progress note documented, " ... [R1] was discharged to home at 4:15 pm today ... Discharge instructions were discussed with [FM1] ... All ... medications ... were provided to [FM1] along with blank Medication Administration records ... include (sic) instructions for medication administration times ..." 12/23/25 10:02 AM - A review of R1's discharge documentation lacked evidence that at the time of R1's discharge on 12/15/25, a copy of the discharge summary release consent was provided to R1's authorized representatives [FM1]. 12/23/25 10:05 AM - In an interview, E5 (RN) stated that the P1 was contacted about R1's immediate discharge. E5 further explained, " I had to type the discharge instructions. We packed [R1's] belongings and gave all of [R1's] medications except for house stock OTC (over the counter medications, a copy of the medication administration records, discharge instructions with the doctor and pharmacy information. [R1's] supplies were given, received and signed by [FM1]. When asked if a copies of R1's final discharge summary and post discharge plan of care were provided to FM1, [E5] stated, "No, I didn't have those documents. I did not give those documents to the [FM1]". 12/23/25 10:44 AM - In an interview, E6 (RN)	W 204	B. Identification of other residents with the potential to be affected All residents have the potential to be affected by the deficient practice. The <u>Policy & Procedure: Discharge Documentation</u> was created to comply with W204. (Attachment B). The Request for Medical Records form was revised. (Attachment C) C. System Changes To comply with W204, the Mary Campbell Center will adhere to the <u>Policy & Procedure: Discharge Documentation</u> (Attachment B) and utilize the Request for Medical Records form. (Attachment C) The Staff Educator, or designee, will train members of the ID Team on the system changes mentioned above by 2/5/2026. Documentation of ID Team training will be sent to DHCQ by 2/6/2026. D Success Evaluation The QIDP Manager or designee will ensure the <u>Policy & Procedure: Discharge Documentation</u> (Attachment B) is followed and that residents or their legal guardian complete the Request for Medical Records form prior to discharge. The QIDP manager will ensure the information necessary for safe discharge is made available to the appropriate persons prior to discharge. Compliance with discharge policies and use of the Request for Medical Records will be reviewed at quarterly QAA meetings until 100% compliance is achieved for one year.	02/06/26	

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W 204	Continued From page 5 stated that she has been in the facility for more than two years and that she has not experienced discharging a resident. She stated, "They (residents) usually stay and live here until they die. I honestly don't know the discharge process for this facility." 12/23/25 1:30 PM - Findings were discussed with E1 (ED) and P3 (Facility Lawyer). 12/23/25 3:15 PM - Findings were reviewed with E1 (ED) and E2 (DON) during the Exit Conference.	W 204			
W 205	ADMISSIONS, TRANSFERS, DISCHARGE CFR(s): 483.440(b)(5)(ii) At the time of the discharge, the facility must provide a post-discharge plan of care that will assist the client to adjust to the new living environment. This STANDARD is not met as evidenced by: Based on interview, record review and facility policy review, it was determined that for one (R1) out of three (3) sample residents for discharge review, the facility failed to provide a post - discharge plan of care that will assist R1 to adjust when he was discharged to his family home on 12/15/25. Findings include: Review of R1's record revealed: Cross refer W203 and W205 12/23/25 10:03 AM - A review of R1's discharge documentation lacked evidence that at the time of R1's discharge on 12/15/25, a copy of the completed post - discharge plan of care was provided to R1's authorized representative [FM1].	W 205	<i>W205 At the time of discharge, the facility must provide a post-discharge plan of care that will assist the client to adjust to the new living environment.</i> A. Individual/Resident Impacted One resident (R1) was affected by the deficient practice. The deficient practice was not immediately corrected because the resident was already discharged before the time of the survey. In the meantime, the discharged resident's family was sent a Request for Medical Records. They have failed to return the signed form to the Mary Campbell Center. B. Identification of other residents with the potential to be affected All residents have the potential to be affected by the deficient practice. MCC policies and procedures were revised or created to comply with W203 and W205, <u>Policy & Procedure: Discharge/Notice for</u>		

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NAME OF PROVIDER OR SUPPLIER MARY CAMPBELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4641 WELDIN RD WILMINGTON, DE 19803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 205	Continued From page 6 12/23/25 11:00 AM - In an interview, P3 (Facility Lawyer) stated that FM1 sent her an email on 12/9/25, P3 stated that, " ... In the email, [FM1] stated that [FM1] wanted an emergency discharge for her son [R1] to [a facility in Pennsylvania]. I thought it was not possible for [R1] to discharge at that time since there was no decision yet from the appeals hearing officer." 12/23/25 11:38 PM - In an interview, E4 (RN Sup/Unit Manager) stated that it's usually the physician who will complete the final discharge summary. E4 further stated that he is not aware if a final discharge summary and a post discharge plan of care were also completed for R1 before he was discharged on 12/15/25. 12/23/25 12:00 PM - In an interview, E1 (ED) stated that she was not aware before 12/12/25 that FM1 would pick up R1 for discharge and bring him back to Pennsylvania . E1 further stated that, "[R1's] mother would not talk or communicate to us". 12/23/25 1:30 PM - Findings were discussed with E1 (ED) and P3 (Facility Lawyer).. 12/23/25 3:15 PM - Findings were reviewed with E1 (ED) and E2 (DON) during the Exit Conference.	W 205	<u>Alternative Placement (Attachment A) and Policy & Procedure: Discharge Documentation (Attachment B).</u> C. System Changes The Mary Campbell Center's <u>Policy & Procedure: Discharge/Notice for Alternative Placement</u> did not include the requirements indicated in W203, or W205. The <u>Policy & Procedure: Discharge/Notice for Alternative Placement (Attachment A)</u> was revised and the <u>Policy & Procedure: Discharge Documentation (Attachment B)</u> was created to include the requirements of W203 and W205. The Staff Educator, or designee, will train members of the ID Team on the policies mentioned above by 2/5/2026. Documentation of ID Team training will be sent to DHCQ by 2/6/2026. D. Success Evaluation The QIDP Manager, or designee, will ensure both policies are followed. The QIDP manager will ensure that The Mary Campbell Center complies with the policies and that necessary documentation is available to the appropriate persons prior to discharge. Compliance with the policies will be reviewed at the quarterly QAA meetings until 100% compliance is achieved for one year.	02/06/26	

