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

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

085025

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

PRINTED: 01/06/2021 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

12/23/2020

WIL OF I	AME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
CHURCHMAN VILLAGE			4949 OGLETOWN-STANTON ROAD		
MIONOTHIAN VILLAGE			NEWARK, DE 19713		
(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) COMPLETIC DATE	
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from December 15, 2020 and ended on December 23, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was sixty-six.	F 000			
3ORATORY	/ DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN	IATI IPE	TITLE	(VC) DATE	
	TITLE	(X6) DATE			
Electron		12/31/202			

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING

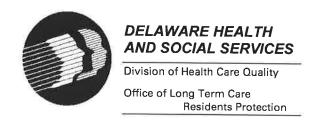
FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: FU1T11

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

Facility ID: DE0030



DHSS - DHCQ 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 421-7400

## **STATE SURVEY REPORT**

Page 1 of 1

NAME OF FACILITY: Churchman Village

DATE SURVEY COMPLETED: December 23, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201 3201.1.0 3201.1.2	The State Report incorporates by reference and also cites the findings specified in the Federal Report.  An unannounced COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from December 15, 2020 and ended on December 23, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the survey was sixty-six.  Regulations for Skilled and Intermediate Care Facilities  Scope  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.  This requirement is met as evidenced by: No deficiencies were identified at the time of the survey.		

Provider's Signature	Title	Date