

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

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Complete Care at Brackenville DATE SURVEY COMPLETED: October 3, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report.		
	An unannounced Follow-up Survey to the Annual, Complaint and Emergency Preparedness Survey ending July 25, 2022 and the Federal Monitoring Survey ending August 25, 2022, was conducted by the State of Delaware Division of Heath Care Quality, Office of Long Term Care Residents Protection on September 29, 2022 through October 3, 2022. The facility census on the first day of the survey was ninety-five (95). The sample size was twenty-four (24) residents.		
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.1.0	Scope		
3201.1.2	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.		
	The facility was found to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care as of September 13, 2022.		

Provider's Signature	 Title	Date	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095042				R-C	
085042			B. WING			10/03/2022	
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
COMPLE	TE CARE AT BRACK	ENVILLE LLC	- 1		00 ST. CLAIRE DRIVE		
				ŀ	HOCKESSIN, DE 19707		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI. TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION DATE
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	September 13, 202						
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ABOBATORY	ODECTORIS OF PROVIDE	FR/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE		(X6) DATE
ADURATURY	THE COURS OF PRUVIUS	CRUSHER REPRESENTATIVE'S SIGN	411HH		IIII III		

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.

Electronically Signed

12/15/2022