STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and facility policy review, the facility failed to ensure that a resident's bed was maintained in safe operating condition for 1 (Resident #142) of 7 residents reviewed for environment.Findings included:A facility policy titled, Safe and Homelike Environment, revised 01/2025, revealed, Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk. The policy revealed the section titled, 11. General Considerations: included, e. Report any furniture in disrepair to maintenance promptly.An admission Record revealed the facility admitted Resident #142 on 05/03/2023. According to the admission Record, the resident had a medical history that included diagnoses of unspecified dementia, osteoarthritis, and intervertebral disc displacement of the lumbar region.Resident #142's Care Plan Report, included a focus area initiated 05/03/2025, that indicated the resident had the potential for falls with injury related to non-compliance and with safety measures. The focus area revealed the resident kept putting their bed up. Interventions directed staff to ensure there was adequate lighting in the residents room and honor the resident's preferences in regard to usage; encourage the resident to use the call bell for assistance and to keep the call bell in reach; remind the resident of limits and to ask for assistance for transfers and mobility as needed; and for the resident to have a concave mattress.During an observation on 12/01/2025 at 11:28 AM, Resident #142's bed was found to be uneven, with a noticeable left-sided downward tilt.During an observation on 12/02/2025 at 3:46 PM, Resident #142's bed was still visibly uneven, with a noticeable left-sided downward tilt.During an observation on 12/03/2025 at 1:37 PM, Resident #142's bed was visibly uneven, with a noticeable left-sided downward tilt.During an observation on 12/04/2025 at 9:42 AM, Resident #142's bed was visibly uneven, with a noticeable left-sided downward tilt.During an interview on 12/01/2025 at 11:28 AM, Resident #142 stated that their bed had been broken for a long time, though they did not remember since when. Resident #142 stated that they told their family member and had told the staff at the facility. Resident #142 stated that they had not fallen off their bed, but since the bed was lopsided, they were scared that they would fall because of the bed.During an observation and concurrent interview on 12/05/2025 at 11:26 AM, Licensed Practical Nurse (LPN) #14 stated that he was the acting unit manager for the day. LPN #14 approached Resident #142's bed and pressed the control panel to elevate the bed. As the frame began to rise, LPN #14 stated the bed was not even and that the right side of the bed was up a little and tilting to the left. LPN #14 stated that he would tell the maintenance staff to look at it. LPN #14 stated that it was the first time he was aware of the bed being uneven.During an observation and concurrent interview on 12/05/2025 at 11:48 AM, the Maintenance Director entered Resident #142's room and observed (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the resident's bed. The Maintenance Director stated that the bed frame was broken. He stated he did not recall the last time they did an audit for the resident's room. Resident #142 stated the resident had told someone the bed was broken.During an interview on 12/06/2025 at 9:08 AM, the Administrator stated that the expectation was that the Maintenance Director followed the facility's policy and performed routine maintenance, and if there were any concerns they would be addressed at that time. She stated she did not have any knowledge of the bed being broken.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Number of residents sampled: Number of residents cited: Based on facility policy review, record review, facility document review, and interview the facility failed to ensure that residents were free from accident hazards related to the inappropriate use of a mechanical lift, which affected 1 (Resident #184) of 10 residents reviewed for accidents.Findings included:A facility policy titled, Safe Lifting and Movement of Residents, revised 06/2025, indicated, In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. The policy revealed, 1. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.An admission Record indicated the facility admitted Resident #184 on 04/11/2025. According to the admission Record, the resident had a medical history that included diagnoses of unspecified abnormalities of gait and mobility, unspecified lack of coordination, and hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (a stroke) affecting left non-dominant side.A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/11/2025, revealed Resident #184 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS indicated that Resident #184 was dependent on staff for chair/bed-to-chair transfers.Resident #184's June 2025 Documentation Survey Report, which was the resident's Kardex (a guide for direct caregivers that outlined each resident's care needs), indicated that Resident #184 required transfers with the use of a mechanical lift. The document indicated that resident transfers were to be done with the assistance of two people.Resident #184's Progress Notes revealed a note, dated 06/17/2025 at 2:45 PM, that revealed that Resident#184 was found on the floor next to the bed, still connected to their mechanical lift. The note indicated that the certified nursing assistant (CNA) was trying to transfer the resident from the chair to the bed. The note indicated that Resident #184 complained of pain to the right elbow, neck, and back at a pain level of 8 out of 10. Per the note, the resident stated that they had fallen from the mechanical lift. The note revealed that the resident was sent to the emergency room, per physician orders. The document indicated that the resident's family member was present at the time and accompanied the resident to the hospital.Resident #184's Emergency Department instructions, dated 06/18/2025 at 3:24 AM, indicated that while at the emergency department, an X-ray imaging of Resident #184's extremities was obtained and showed no factures or dislocations. The document indicated that a computed tomography (CT) scan showed no acute findings worrisome of fractures, dislocations, or bleeds.Resident #184's Progress Notes revealed a note, dated 06/18/2025 at 10:09 AM, that indicated that the Interdisciplinary Team (IDT) reviewed the resident's fall from 06/17/2025. The note indicated that a root cause analysis was conducted, which determined that the mechanical lift legs had made contact to the base of the geriatric chair, causing the resident's weight to shift and tilt the lift further, resulting in the resident being lowered to the floor. The note indicated that an assessment of the functionality of the mechanical lift was completed, with no issues identified.An Interview Statement, dated 06/18/2025 from Resident #184's family member (FM), FM #34, indicated that CNA #8 was unable to find anyone to assist her in putting the resident back in bed, so FM #34 offered to help CNA #8 transfer the resident. The statement indicated that the mechanical lift did not clear the top of the bed, and they were not able to swing the mechanical lift around. The statement indicated that CNA #8 tried to pull Resident #184 onto the bed when the resident's body shifted, the mechanical lift tilted over and fell to the side, and the resident was lowered to the floor by FM #34 and CNA #8.During an interview on 12/03/2025 at 1:18 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PM, Licensed Practical Nurse (LPN) #7 stated that the facility process was that staff were to use two staff persons when operating the mechanical lift. LPN #7 stated that she was at the nurses' station when Resident #184's family member came and asked for help. The LPN stated that when she entered the resident's room, the resident was noted on the right side of the bed on the floor. She stated that there was only one staff person present in the room at that time with the mechanical lift. During an interview on 12/03/2025 at 1:51 PM, CNA #8 stated that she no longer worked for the facility and up until 06/2025, had been employed by the facility for a year and a half. CNA #8 stated that when she transferred a resident using the mechanical lift, it required the use of two people. She stated that on 06/18/2025, Resident #184 had come in from outside with their family member and needed to be transferred into the bed. CNA #8 stated that she was impatient and used the lift to transfer Resident #184 by herself, and she was not supposed to transfer the resident with the mechanical lift by herself. During an interview on 12/06/2025 at 10:49 AM, Director of Nursing (DON) stated that the facility had a process related to the use of mechanical lifts, which included that staff were to check the resident's Kardex for appropriate transfer, use an appropriate sling, get the mechanical lift, and then get a second person to help with the transfer. The DON stated that the process also included both staff assisting to get the sling under the resident and get the resident attached to the mechanical lift, then one staff operated the mechanical lift while the other staff stayed next to the resident and helped guide the resident. The DON stated that she expected all staff using the mechanical lift to transfer residents following the process for use of the mechanical lift.During an interview on 12/07/2025 at 7:31 AM, the Administrator stated that all staff were to use two people while transferring residents with the mechanical lift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Number of residents sampled: Number of residents cited: Based on observation, interview, and facility policy review, the facility failed to ensure medication and treatment carts were locked when not within line of sight for 5 (one treatment cart on the F and G Halls, one medication cart on the B Hall, one medication cart on the D Hall, one medication cart on the G Hall, and one medication cart on the F Hall) of 9 medication and treatment carts observed in the facility. Findings included:A facility policy titled, Medication Storage, revised 03/2025, revealed, Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the medication cart/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Guidelines: 1. General Guidelines: a. All drugs and biologicals will be store in locked compartments (i.e. [id est, that is], medication carts cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. and c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.During an observation on 12/03/2025 at 5:53 AM, there was a medication cart on D Hall unlocked and unattended. During an observation and interview on 12/03/2025 at 5:55 AM, Licensed Practical Nurse (LPN) #21 approached the cart on the D Hall from the E Hall and stated the medication cart should be locked, stocked, and secured if not attended. She stated she was down the E Hall and had left the medication cart unlocked and unattended.The distance from the D Hall medication cart to the entrance of E Hall was approximately 64 feet and 8 inches. (Measured by the Maintenance Director)During an observation on 12/03/2025 at 6:00 AM, there were two medication carts and a treatment cart unlocked and unattended in front of the F Hall and G Hall nurses' station. The G Hall medication cart had the door open to the narcotic box, but the narcotic box was locked. The F Hall medication cart's top drawer contained over the counter (OTC) including aspirin, vitamin supplements, eye and ear drops, handheld inhalers and updraft nebulizer medications, insulin pens and vials. The carts second and third drawer contained resident bubble packs consisting of Plavix (anticoagulant), Seroquel (antipsychotic), metoprolol tartrate, (antihypertensive) gabapentin (analgesic) Lasix (diuretic), and potassium chloride. The distance from the beginning of the G Hall to the medication cart in front of the nurses' station was approximately 98 feet. The distance from the middle of F Hall to the nurses' station was approximately 50 feet. During an observation and interview on 12/03/2025 at 6:04 AM, Certified Nursing Assistant (CNA) #22 locked the two medication carts in front of the F Hall and G Hall nurses' station and said the nurses were on break. During an observation and interview on 12/03/2025 at 6:07 AM, LPN #23 approached the G Hall medication cart and said the cart was assigned to her and it should be locked when she was away and out of sight of the cart. She said she was off the floor for about 10 minutes, leaving the carts unattended. She said she had been trained on the importance of keeping the medication and treatment carts locked when they were not in her line of sight. During a concurrent observation, the G Hall medication cart top drawer contained OTC meds as well as a plastic container with a glucometer, lancets, and alcohol prep pads. The next two drawers had resident bubble packs including medications such as antihypertensive, anti-coagulants, and anti-diabetics. The bottom drawer had a container of Super Sani-Colth Wipes (bacterial wipes), and other supplies.During an observation on 12/03/2025 at 6:08 AM, the medication cart was observed unlocked and unattended on the B-Hall.During an observation and interview on 12/03/2025 at 6:15 AM, LPN #24 was observed entering and exiting the medication room at the G Hall and F Hall (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nurses' station. She said she was assigned the F Hall medication cart, and she and another nurse were both assigned the treatment cart. She said the carts should not have been left unlocked. She said she was off the floor and out of sight of the carts for around 10 - 15 minutes. She said that she was an agency nurse but had been trained on the importance of keeping the carts locked by the agency and the facility. During an observation and interview on 12/03/2025 at 9:05 AM, a medication cart was unlocked on the F Hall. At 9:08 AM, LPN #25 was observed coming out of a resident's room (approximately 35 feet from the medication cart). Immediately after LPN #25 got to the medication cart, she said the medication cart should be locked, but she had to run to see what the resident needed since the resident was yelling. She then said it should be locked when not in her line of sight, but the resident was yelling, and she had to see what they wanted. During an interview on 12/06/2025 at 12:24 PM, the Director of Nursing (DON) said she expected the medication and treatment carts to be locked when they were out of sight of the nurses assigned to them. During an interview on 12/06/2025 at 12:26 PM, the Administrator said she expected medication carts to be locked when the nurses were away and out of the line of sight from them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Number of residents sampled: Number of residents cited: Based on observation, interview, and facility document and policy review, the facility failed to follow the planned menu. Specifically, the facility did not follow the recipe and served the incorrect portion size for the regular and pureed diets for the lunch meal on 12/03/2025. This failure had the potential to affect 151 residents who received meals from the kitchen.Findings included:A facility policy titled, Standardized Menus, revised 02/2025, indicated, The facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences, standardized cycle menus are planned in advance and utilized.A facility policy titled, Food Preparation Guidelines, revised 02/2025, indicated, The cook, or designee, shall prepare menu items following the facility's written menus and standardized recipes.Facility recipes for the lunch meal indicated the beef stew should be made with beef, Spanish onions, red potatoes, carrots, and celery. The recipes revealed that the instructions for pureed beef stew were to count the number of servings of prepared beef stew needed and process in a food processor until smooth.Observations on 12/03/2025 beginning at 11:10 AM revealed [NAME] #6 making the pureed beef stew. No potatoes or carrots were noted in the stew being pureed. [NAME] #6 was then observed adding carrots to the regular beef stew.A [Facility name] Menu Extension for 12/03/2025 indicated the lunch meal was to include beef stew served with an 8 ounce (oz) serving spoon or two #8 (4oz) disher scoops for the regular diets and two #8 (4oz) disher scoops for the pureed diets.Observations on 12/03/2025 at 11:42 AM revealed [NAME] #6 serving the lunch meal. [NAME] #6 was using a 6 oz ladle to serve the regular beef stew and one #8 (4oz) disher scoop to serve the pureed beef stew.During an interview on 12/04/2025 at 9:50 AM, [NAME] #6 stated he did not follow any recipes on 12/03/2025 for the lunch meal because the facility did not have any recipes. [NAME] #6 stated that the portion sizes were on the spreadsheet. [NAME] #6 stated he thought that he had used an 8 oz ladle for the beef stew and a #10 (3.2 oz) disher scoop for the pureed beef stew. [NAME] #6 stated he had been told to always use the #10 disher scoop.During an interview on 12/04/2025 at 9:56 AM, the Regional Dietary Services Consultant (RDSC) stated [NAME] #6 had been a Dietary Aide who had just recently started cooking. The RDSC stated staff should follow the recipes and menus. The RDSC stated that the portion sizes should be accurate according to the extension sheet. The RDSC stated it was important to serve the correct portions to prevent weight loss.During an interview on 12/05/2025 at 10:06 AM, Registered Dietitian (RD) #27 stated she expected staff to follow the menus, recipes, and portion sizes so they would meet the residents' nutrition requirements and maintain the residents' weight.During an interview on 12/05/2025 at 1:18 PM, the Administrator stated she expected staff to follow the menus and recipes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Number of residents sampled: Number of residents cited: Based on observation, interview, facility document and policy review, and the United States Food and Drug Administration (FDA) guidelines the facility failed to store, distribute, and serve food in accordance with food safety standards. Specifically, the facility failed to ensure staff dated prepared food items held for storage, stored potentially hazardous food below ready-to-eat food and failed to ensure freezer items were dated and labelled and in closed containers. Additionally, the facility failed to ensure that the dish machine was dispensing appropriate sanitizer per manufacturer guidelines and food was at the appropriate temperature while being held on a hot steam table for service.Findings included:1. An undated facility policy titled, Food Storage, indicated, Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Foods will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination. The policy indicated, Cooked foods must be stored above raw foods to prevent contamination. Raw animal foods will be separated from each other and stored on lower shelves (below cooked foods or raw fruits and vegetables) and in drip proof containers. The policy further indicated, All foods should be covered, labeled and dated.Observations on 12/01/2025 beginning at 9:32 AM revealed prepared sandwiches undated in the reach-in cooler. During a concurrent interview, the Regional Dietary Services Consultant (RDSC) stated that the person who made the sandwiches was responsible for dating the sandwiches. The RDSC discarded the sandwiches. Observations of the walk-in cooler revealed lunch meat with no date and cut cantaloupe with no date. Raw pork breakfast meat was stored on a shelf above eggs and lettuce. During a concurrent interview, the RDSC stated the raw meat should not be stored above the lettuce because of the risk of cross contamination. An observation of the walk-in freezer revealed frozen waffles open to air and frozen chicken in a bag with no label. During a concurrent interview, the RDSC stated she had not seen the kitchen look that bad in a long time. 2. An undated facility policy titled, Cleaning Dishes/Dish Machine, indicated, The dish machines will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitizing.Observations on 12/02/2025 at 10:39 AM revealed Dietary Aide (DA) #17 and Dietary Aide (DA) #18 washing dishes in the dish room. During a concurrent interview, DA #17 stated she thought the manager checked the temperature and sanitizer for the dish machine. DA #17 stated she had never been trained in how to check the temperature or sanitizer. DA #18 stated that the dietary aides did not check the dish machine temperature or sanitizer.During an interview on 12/02/2025 at 10:41 AM, Dietary Director (DD) #19, who was assisting from a sister facility, stated anyone should be able to check the dish machine temperature and sanitizer levels.During an observation on 12/02/2025 at10:55 AM, DD #19 checked the sanitizer level for the dish machine, which showed that there was no sanitizer dispensing onto the dishes.On 12/02/2025 at 10:59 AM, DD #19 instructed the dietary aides to use the three-compartment sink to soak the dishes for 15 seconds to sanitize the dishes since the dish machine was not working properly.A review of the dish machine log indicated no temperature or sanitizer levels had been recorded on the morning of 12/02/2025.The manufacturer's guidelines for the dish machine sanitizer indicated that the sanitizer should be a minimum of 50 parts per million (ppm).During a concurrent observation and interview on 12/02/2025 at 11:23 AM, DD #20, who was assisting from a sister facility, checked the sanitizer level on the three-compartment sink. The sanitizer level was at the appropriate concentration. DD #20 stated they had to soak the dishes for 15 seconds in the solution to sanitize them. A review of the manufacturer's guidelines posted on the wall indicated items should soak for 1 to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085004	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Springs Rehab & Healthcare	505 Greenbank Road Wilmington, DE 19808

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2 minutes. DD #20 stated, Oh shoot, and then began resoaking the dishes in the sanitizer solution.The manufacturer's guidelines for the three-compartment sink sanitizer indicated that articles should be immersed for a minimum of 60 seconds.3. A review of the United States Food and Drug Administration (FDA) 2022 Food Code revealed Chapter 3 Section 3-501.19 indicated, (1) Except as specified in (B)(2), the food shall have an internal temperature of 57 C [degrees Celsus] (135 F [Fahrenheit]) or greater when removed from hot holding temperature control.An observation on 12/03/2025 at 11:31 AM revealed [NAME] #6 taking the temperatures of the hot food being held for service on the steam table. [NAME] #6 took the temperature of the beef stew, pureed beef stew, and pureed carrots. [NAME] #6 put the temperature logbook down and prepared to serve the lunch meal. During a concurrent interview, [NAME] #6 stated he did not check the temperature of the carrots or mechanical soft beef stew because It's not on the temperature log. [NAME] #6 stated he only checked the temperature of items listed on the log sheet.On 12/03/2025 at 11:42 AM, DD #20 checked the temperatures of the remaining food items prior to serving. DD #20 checked the temperature of the carrots and stated that they were not hot enough and placed the carrots back on the stove to reheat them.During an interview on 12/04/2025 at 9:56 AM, the Regional Dietary Services Consultant (RDSC) stated that the training of the dietary staff was the responsibility of the Dietary Director. The RDSC stated that staff who were working with the dish machine should be checking the temperature and sanitizer level. The RDSC stated [NAME] #6 had been a Dietary Aide who had just recently started cooking. The RDSC stated staff should follow the recipes and menus.During an interview on 12/05/2025 at 1:18 PM, the Administrator stated staff should follow the guidelines for dating and labelling foods. The Administrator stated that dietary staff should be able to check the temperature and sanitizer of the dish machine.