STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, it was determined that for one (R87) out of thirty (30) residents reviewed in the investigative sample, the facility failed to develop a care plan to address the administration of oxygen via nasal cannula and the use of an incentive spirometer. Findings include:A review of R87's clinical record revealed: 8/29/25 - R87 was admitted to the facility with diagnoses that included but not limited to, pneumonia and respiratory failure. 9/2/25 - A physician's order for R87 documented oxygen at 6L/min via nasal cannula continuously. 9/3/25 - A physician's order for R87 documented incentive spirometer - encourage patient to use as often as tolerated. 9/15/25 11:07 AM - An observation of R87's bedside table revealed an incentive spirometer. R87 stated that he is using the spirometer. 9/16/25 - 2:03 PM - A review of R87's care plan lacked evidence of a care plan addressing he administration of oxygen via nasal cannula and the use of an incentive spirometer. 9/16/25 2:25 PM - During an interview E2 (quality manager) confirmed there wasn't a care plan developed for oxygen administration via nasal cannula or the use of an incentive spirometer. 9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

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
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, it was determined that for one (R69) out of seven residents reviewed for ADLs, the facility failed to provide nail care for a dependent resident. Findings include:Review of R69's clinical record revealed:6/30/21 - R69 was admitted to the facility.6/11/25 - A care plan documented that R69 required assistance and was dependent for all ADLs.6/16/25 - An annual MDS assessment for R69 documented that the resident was severely cognitively impaired and required substantially maximal assistance for personal hygiene.9/15/25 9:15 AM - An observation of R69 revealed dark debris underneath each fingernail on the right and left hand. R69's fingernails were long and needed to be trimmed. 9/16/25 9:30 AM - An observation of R69 revealed dark debris underneath each fingernail on the right and left hand. R60's fingernails were long and needed to be trimmed. 9/17/25 1:03 PM - An observation of R69 revealed dark debris underneath each fingernail on the right and left hand. R60's fingernails were long and needed to be trimmed. 9/17/25 1:02 PM - During an interview, E5 (CNA) stated that she will trim and clean the resident's nails are trimmed and cleaned on the days the resident receives her baths. 9/17/25 1:04 PM - During an interview, E6 (LPN) confirmed that the right hand and left hand had long fingernails with dark debris under the nails. 9/17/25 1:10 PM- During an interview, E2 (Quality Manager) confirmed that R69's right and left hands had long fingernails with dark debris underneath each fingernail. E2 stated she would take care of it.9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview and record review it was determined that for one (R69) out of seven residents reviewed for activities of daily living (ADLs), the facility failed to ensure that R69 received the treatment/services to prevent further decline in ROM. The facility lacked evidence that the palm device was applied to the left palm. Findings include:Review of R69's clinical record revealed:6/30/25 - R69 was admitted to the facility.5/7/25 10:15 AM - A physician's order documented that R69 was to have a left palm guard applied in the morning with AM care and removed with PM care. There was no stop date to this order.6/11/25 - A care plan documented that R69 required assistance and was dependent for all ADLs. In addition, R69 had a care plan with a goal to maintain skin integrity and prevent contractures with interventions that include applying a palm guard at 10:00 AM to the left hand for up to 6 hours daily as tolerated after morning care.6/16/25 - An annual MDS assessment for R69 documented that the resident was severely cognitively impaired and required substantially maximal assistance. with all ADL's. 9/15/25 - On the following times, an observation of R69 was made without the left hand palm guard: 9:05 AM, 10:00 AM, 11:00 AM, 12:00 PM, 1:00 PM. 2:00 PM, and 3:00 PM.9/16/25 - On the following times, an observation of R69 was made without the left hand palm guard: 10:00 AM, 11:00 AM, 12:00 PM, 1:00 PM, and 2:00 PM.9/17/25 9:00 AM - An interview with E7 (CNA), confirmed she has never applied and has not seen the palm guard on the resident's left hand. 9/17/25 9:12 AM - An interview with E5 (CNA), confirmed she has never applied and has not seen the palm guard on the resident's left hand. 9/17/25 - On the following times, an observation of R69 was made without the left-hand palm guard: 10:00 AM, 11:00 AM, 12:00 PM, 1:00 PM, and 2:00 PM.9/17/25 - 10:10 AM - During an interview, E2 (Quality Manager) confirming that R69 did not have a left palm guard. E2 stated that she would be addressed immediately. 9/18/25 9:16 AM - During an interview, E8 (Director of Rehab) confirming R69's order for left palm protector was a standard order with no stop date. E8 revealed the left hand palm guard order entered on 5/5/25 was stopped on 6/6/25 by mistake.9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review it was determined that for one (R20) out of one resident reviewed for bowel and bladder, the facility failed to provide services to maintain or restore bladder continence. Findings include:Review of R20's clinical record revealed: 3/21/21 - R20 was admitted to the facility. 8/18/22 - A care plan documented that R20 was incontinent of urine and was unable to cognitively or physically participate in retraining with the following interventions: assist with perineal care as needed, monitor for signs and symptoms of infection, and provide privacy and comfort. 1/10/25 - A post voiding diary follow up assessment documented that R20 was assessed for urinary and fecal incontinence and the outcome determined R20 was a candidate for prompted voiding. The assessment lacked documentation regarding a toileting plan or update for the care plan. 5/15/25 - A quarterly MDS documented R20 had a BIMS score of 15 indicating the resident was cognitively intact. The MDS documented that R20 required supervision or minimal assistance for toileting and was occasionally incontinent of urine. Additionally, the MDS documented R20 was not on a toileting program. May 2025 - The CNA documentation record revealed that R20 was incontinent of urine 9 times out of 111 opportunities. June 2025 - The CNA documentation record revealed that R20 was incontinent of urine 27 times out of 117 opportunities. July 2025 - The CNA documentation record revealed that R20 was incontinent of urine 29 times out of 113 opportunities. August 2025 - The CNA documentation record revealed that R20 was incontinent of urine 44 times out of 112 opportunities. 8/14/25 - A quarterly MDS documented that R20 had a BIMS score of 12 indicating the resident was moderately impaired. The MDS documented that R20 required supervision or minimal assistance for toileting and was frequently incontinent of urine. Additionally, the MDS documented R20 was not on a toileting program. September 2025 - The CNA documentation record revealed that R20 was incontinent of urine 20 times out of 59 opportunities. The CNA documentation and task list lacked evidence of frequency of toileting and any approaches individualized to R20. The CNA documentation combined urinary continence and bowel continence and provides an unclear determination of continence status. 9/15/25 11:02 AM - During an interview, R20 stated she was able to take herself to the bathroom and was continent. 9/22/25 10:06 AM - During an interview, E14 CNA stated that R20 was an assist of one with toileting and stated R20 can verbalize the need for toileting. E14 stated that R20 was not on a toileting program currently. E14 also stated R20 had an increase in incontinence and required staff assistance for toileting hygiene. 9/22/25 10:11 AM - During an interview, E15 (LPN) stated that R20 was able to toilet herself but required assistance from staff for hygiene care. E15 stated that R20 is not on a toileting program currently and staff takes R20 to the toilet every two hours. E15 did confirm that R20 was having increased incontinent episodes and stated R20's behaviors made it difficult for staff to complete toileting hygiene. The facility failed to develop an infividulized toileting program to improve or maintain bladder continence. 9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, it was determined that for five (R4, R12, R38, R66 and R87) out of six residents reviewed for respiratory care, the facility failed to ensure residents' respiratory equipment (Bi-PAP mask and IVAPS mask) were stored in a protective plastic bag, the oxygen tubing was labeled and the filter on the oxygen concentrator was cleaned. Findings include:1. A review of R4's clinical record revealed: 12/16/22 – R4 was admitted to the facility. 7/8/24 – A physician's order for R4 documented to use IVAPS (Intelligent Volume-Assured Pressure Support) every night shift for bedtime and as needed for when napping. 8/1/25 – A quarterly MDS assessment documented that R4 received oxygen therapy and used a non-invasive mechanical ventilator. 8/8/25 – A care plan documented R4 as a risk for respiratory complications related to chronic respiratory failure with an intervention to use the IVAP at bedtime. 9/15/25 9:50 AM – An observation revealed that R4's IVAPS mask was sitting on top of the bedside table with no protective bag available. 9/15/25 10:28 AM – During an interview, E6 (LPN) confirmed that R4's IVAPS mask should be stored in a protective bag. E6 mentioned that it is usually in a bag and promptly retrieved a protective bag to place R4's IVAPS mask inside. 2. A review of R12's clinical record revealed: 2/12/25 – R12 was admitted to the facility. 2/28/25 – A physician's order for R12 documented to use Bi-PAP at bedtime and as needed. 7/9/25 – A quarterly MDS assessment documented that R12 received oxygen therapy and used a non-invasive mechanical ventilator. 7/19/25 – A care plan documented R12 as a risk for respiratory complications related to COPD and acute and chronic respiratory failure, with interventions including using a Bi-PAP at bedtime and as needed. 9/9/25 – A physician's order for R12 documented to clean the external filter on the oxygen concentrator every Tuesday on the night shift and as needed. 9/15/25 9:24 AM - An observation revealed that R4's Bi-PAP mask was sitting on top of the bedside table with no protective bag available. The external filter on the oxygen concentrator was completely full of dark gray dust. 9/15/25 9:36 AM - During an interview, E13 (LPN) confirmed that R12's Bi-PAP mask should be stored in a protective bag. E13 stated that the external filter needed to be cleaned and immediately cleaned the filter and replaced it. 3. Review of R38's clinical record revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/23/25 - R38 was admitted to the facility with diagnoses including but not limited to obstructive sleep apnea and congestive heart failure. 9/15/25 9:11 AM - An observation revealed R38's BiPap mask and tubing sitting on the nightstand and not enclosed in protective bagging. 9/15/25 12:20 PM - During an observation E10 (RCA) confirmed R38's BiPap equipment was not in protective bagging. E10 stated, I'll take care of that now. 9/23/25 2:45 PM – Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference. 4. Review of R66's clinical record revealed: 1/7/21 - R66 was admitted to the facility. 9/22/24 - A physician's order for R66 documented oxygen via nasal cannula at 3L/min continuous every shift. 9/22/24 11:12 AM - A physician's order for R66 documented clean external filter on oxygen concentrator every Tuesday dayshift, RT (respiratory therapy) to complete. 9/15/25 1:30 PM - An observation of R66's oxygen concentrator filter noted with dusty thick gray particles. 9/16/25 9:16 AM - An observation of R66's oxygen concentrator filter noted with dusty thick gray particles. 9/16/25 1:16 PM - During an interview, R66 stated the nurse cleaned the filter this morning and they don't normally do that. 9/16/25 1:40 PM - During an interview, E16 (LPN) confirmed the oxygen concentrator was covered in thick gray particles when it was cleaned this morning. E16 confirmed that it was signed off on the MAR on 9/9/25 but E16 stated it did not appear it was cleaned. 9/23/25 2:45 PM – Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference. 5. Review of R87's clinical record revealed: 9/2/25 - R87 was admitted to the facility with diagnoses that included but not limited to, pneumonia and respiratory failure. 9/2/25 - A physician's order for R87 documented change oxygen tubing weekly every night shift, every Tuesday. label each component with date and initials. 9/15/25 11:07 AM - An observation of R87's oxygen tubing revealed no label. 9/15/25 11:10 AM - During an interview, E177 (RN) confirmed there was no label on the oxygen tubing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, interview and record review, it was determined that for one (R10) out of three residents sampled for dental services, the facility failed to assist R10 in obtaining routine dental services. Findings include:Review of R10's clinical record revealed:7/23/23 - R10 was admitted to the facility.6/27/25 - An annual MDS documented that R10 had no broken or loosely fitting dentures, no natural teeth or tooth fragments, no abnormal mouth tissue, and no obvious broken teeth.9/15/25 9:57 AM - An observation of R10 revealed loosely fitting dentures. 9/15/25 10:13 AM - An interview with FM1 (Guardian) revealed that R10 had not seen a dentist. 9/17/25 11:11 AM - An interview with E12 (Scheduler) confirmed that a dentist comes to the facility and residents also can go to outside dental providers. E12 stated, residents will request to see the dentist and will get added to the list. 9/17/25 11:44 AM - An interview with E10 (Regulatory Compliance Advisor) confirmed that R10 had not been seen by the dentist.9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, it was determined that the facility failed to ensure food and beverages were stored, prepared, and served in a manner that prevents food borne illness to the residents. Findings include:9/15/25 8:29 AM - The corners of numerous ceiling tiles in the dry food stoage room had a variety of different sized black and gray circular areas, which appeared to be mold. 9/15/25 9:17 AM - The clear plastic tubing that connected the kitchen juice machine to the beverage dispenser contained several areas of a blackish gray substance that appeared to be mold. 9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085010	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Center	700 Marvel Road Milford, DE 19963

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, it was determined that for one (R2) out of thirty sampled residents, the facility failed to ensure the clinical record contained accurate documentation. Findings include:Review of R2's clinical record revealed:11/28/23 - R2 was admitted to the facility.9/10/25 - A review of a facility investigation documented that R2 was involved in a resident to resident altercation with R53. 9/10/25 11:06 AM- A physician's order documented that R2 was to be sent to ER for treatment and evaluation. 9/10/25 - A review of the CNA documentation record revealed that R2 was not available for all ADL tasks on the 7:00 AM to 3:00 PM shift. 9/22/25 10:20 AM - An interview with E7 (CNA) confirmed that R2 was in the facility on the date of 9/10/25 at approximately 12:15 PM and the documentation of not available was inaccurate.9/23/25 9:00 AM - An interview with E10 (Regulatory Compliance Advisor) confirmed that R2 was sent to the ER at 12:15 PM and confirmed the documentation should reflect receiving care prior to R2 leaving the facility. 9/23/25 2:45 PM - Findings were reviewed with E1 (NHA), E2 (Quality Manager) and E3 (DON) during the exit conference.