

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview, record review and review of other facility documents, it was determined that for two (R42 and R43) out of eight residents reviewed for abuse, the facility failed to ensure that R42 was free from resident - to - resident physical abuse by R43 and R43 was free from physical abuse by R42. Findings include:</p> <p>A review of the facility's abuse policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, indicated, . The resident abuse, neglect and exploitation prevention program .1. Protect residents from abuse . by anyone including , other residents; .</p> <p>Cross refer F600 Ex. 2., F684 and F690</p> <p>1. A review of R43's clinical record revealed the following:</p> <p>5/25/22 - R43 was initially admitted to the facility with diagnoses including dementia.</p> <p>7/30/24 (revised 1/31/25) - R43's behavioral care plans included, physical aggression/abuse against others including, hitting resident on arm, throwing water on a resident and repeated episodes of aggression. R43's care plan approaches included, Administer medications as ordered, allow resident time to calm down and reapproach, approach in calm, quiet manner, offer reassurance and support, psych consult, when necessary, remove resident from situation, and redirect when aggression is observed.</p> <p>7/31/24 - R43's admission MDS (Minimum Data Set) assessment revealed that R43's cognition was severely impaired with a BIM's score of 5. R43 had no mood symptoms however R43 had verbal and physical behavioral symptoms occurring 1-3 days during the review period.</p> <p>9/19/24 - R43 was re-admitted to the facility from a hospitalization with diagnoses including but not limited to dementia, bipolar disorder and insomnia due to mental disorder.</p> <p>10/2/24 - R43's significant change MDS assessment revealed that R43's cognition was moderately impaired with a BIM's score of 9. R43 had no mood or behavioral symptoms exhibited during the review period.</p> <p>10/15/24 - R43 was care planned for new disruptive behavior related to throwing objects at other residents and interventions included ensuring the safety of R43 and others and establishing boundaries and limits with R43.</p> <p>(continued on next page)</p>

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: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/4/24 - A psych note documented, . returned from psych hospitalization . on 9/19, [R43] was admitted for 13 days due to agitation and disorganization .</p> <p>11/4/24 9:41 PM - A nurse's progress note documented, [R43] picked up a cup of water and threw it on another resident (unidentified). [R43] redirect with 1:1 .</p> <p>11/5/24 12:22 AM - A facility incident report submitted to the State Agency documented that on 11/5/24 at 11:50 PM, .[R42] was at the nursing station when another resident [R43] threw a plastic cup of water at his head .</p> <p>11/5/24 - R43's behavior care plan intervention was updated to include offering R43 with activities that will entertain . enjoys watching TV.</p> <p>11/9/24 4:33 PM - A facility incident report submitted to the State Agency documented that on 11/9/24 at 3:34 PM, .[R43] was sitting in (sic) a chair in front of the Nurse's Station while watching TV . raised his arm and hand while holding a cup of water and threw the water on [R42] . R42 was seated next to R43 (left side).</p> <p>11/9/24 (revised 11/13/24) - R43's behavior care plan intervention was updated to include close observation.</p> <p>11/17/24 5:05 PM - A facility incident report submitted to the State Agency documented that on 11/17/24 at 3:45 PM, .[R42] was just sitting down at the nurses station watching TV, when the other resident approach (sic) him and threw a cup of water on him.</p> <p>11/18/24 - R43's behavior care plan intervention was updated to include monitor [R43] when giving beverages to attempt to avoid aggressive behavior with throwing beverage at other residents.</p> <p>12/13/24 - An untimed facility incident witness statement by E21 (former DON) documented, .[R43] was seen to have a toilet seat cover from a commode at the nursing station. [R43] was seen putting the toilet seat cover behind his back in his wheelchair and began to wheel himself to his room (which is next to the nursing station). [R42] was walking around the nursing station and passed [R43]. [R43] was seen speaking to [R42] however unknown what was said. [R43] then took the toilet cover from behind him and hit [R42] in the left shoulder .</p> <p>12/13/24 - R43 was care planned for aggression from another resident related to being hit with a commode toilet seat and resident hitting another resident with commode. R43's interventions included safety measures - including strategies to reduce the risk of infection, falls, injury initiated as appropriate.</p> <p>1/31/25 - R43's behavior care plan intervention was updated to include [R43] to go to (psych hospital) when needed as ordered.</p> <p>The facility failed to ensure that (R42) was free from physical abuse by R43 when on multiple occasions on 11/5/24, 11/9/24 and 11/17/24 R43 threw water on R42. In addition, on 12/13/24, R43 hit R42 with a toilet cover on R42's left shoulder.</p> <p>1/31/25 5:00 PM - Finding was discussed with E1 (NHA).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cross refer F600 Ex. 1</p> <p>2. A review of R42's clinical record revealed the following:</p> <p>3/15/18 - R42 was admitted to the facility with diagnoses including but not limited to depression, anxiety disorder and dementia.</p> <p>3/16/18 - R42 was care planned for impaired cognition and interventions including but not limited to, . Needs supervision/assistance with all decision making.</p> <p>9/18/24 - R42's quarterly MDS (Minimum Data Set) assessment revealed that R42's cognition was severely impaired with a BIM's score of 3 and no mood or behavioral symptoms during the review period.</p> <p>11/13/24 (revised 12/23/24) - R42 was care planned for physical behaviors as evidenced by slapping a resident in the face .physical aggression . getting a cup of water thrown on him by another resident and being hit by another resident and then hitting back in the head. R42's interventions included: analyze times, places, circumstances, triggers and what de-escalates behavior and document and R42 to be moved to another unit to ensure [R42's] safety.</p> <p>11/18/24 - R42 was care planned for alteration in comfort related to receiving aggressive behavior from another resident. Interventions included but not limited to ensuring that R42 feels safe and removing R42 from situation (12/30/24).</p> <p>12/13/24 8:55 AM - A facility incident report submitted to the State Agency documented that on 12/13/24 at 12:30 AM, . [R42] was observed suddenly hitting another resident [R43] over the head with a bedside commode toilet seat without provocation .</p> <p>12/13/24 - An untimed facility incident witness statement by E21 (former DON) documented, . [R42] then took the toilet cover (from R43) and hit [R43] in the head .</p> <p>12/13/24 - R42 was care planned to refrain from initiating aggressive behavior with interventions including:</p> <ul style="list-style-type: none"> - remove and or distract [R42] if possible if his demeanor changes and is showing signs of aggression or anger; - [R42] encouraged to refrain from initiating aggressive behavior from others - Safety measures . imitated as appropriate and; - Speak calmly to resident. <p>The facility failed to ensure that R43 was free from physical abuse by R42 when on 12/13/24 R42 hit R43 with a toilet cover in the head.</p> <p>1/31/25 5:00 PM - Finding was discussed with E1 (NHA).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record review and interview, it was determined that for three (R23, R53 and R89) out of three residents reviewed for communication the facility failed to ensure each residents' MDS assessments accurately reflected their status. Findings include:</p> <p>1. Cross refer to F656 and F676</p> <p>R23's clinical record revealed:</p> <p>11/8/24 - R23 was admitted to the facility.</p> <p>11/9/24 7:41 AM - R23's admission evaluation documented:</p> <p>. 8. Preferred Language: SPANISH</p> <p>9. Do you need or want an interpreter to communicate with a doctor or health care staff? YES .</p> <p>11/14/24 - The admission MDS assessment, under Section A, documented that R23's preferred language was English.</p> <p>2/4/25 at 1:30 PM - During an interview, E14 (RNAC) reviewed the 11/14/24 admission MDS and confirmed the MDS should have indicated Spanish as the preferred language.</p> <p>2. R53's clinical record revealed:</p> <p>11/16/24 - R53 had an active physician's order for depakote an anticonvulsant medication every 12 hours.</p> <p>11/25/24 - An acute progress note by E24 (NP) documented to continue with depakote.</p> <p>11/28/24 - The quarterly MDS assessment, under Section N, lacked evidence that R53 was taking depakote during the last 7 days.</p> <p>2/4/25 at 1:30 PM - During an interview, E14 (RNAC) reviewed the 11/28/24 quarterly MDS and confirmed the inaccuracy.</p> <p>3. R89's clinical record revealed:</p> <p>11/7/24 - R89 was admitted to the facility with diagnosis of a stroke.</p> <p>11/9/24 - R89's Physical Therapy evaluation documented that right and left lower extremities range of motion were impaired.</p> <p>11/13/24 - The admission MDS assessment documented R89's no functional limitation in range of motion for lower extremities.</p> <p>2/4/25 at 1:30 PM - During an interview, E14 (RNAC) confirmed the MDS inaccuracy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on record review and interview, it was determined that for one (R69) out one resident reviewed for mood/behavior, the facility failed to coordinate with the PASRR program under Medicaid and refer the resident for an assessment. Findings include:</p> <p>1. R69's clinical record revealed:</p> <p>12/17/24 - A PASRR Level 1 Screen was completed by the hospital and documented that R69 had no mental health diagnosis known or suspected and no current mental health medications prescribed.</p> <p>12/27/24 - R69 was admitted to the facility.</p> <p>1/13/25 - A psychiatric evaluation documented, . past psychiatric history of depression and anxiety . review of psychotropic med (medication) regimen and management of mood/behaviors . Does endorse feelings of anxiousness intermittently . Available records prior to facility admit reviewed and appreciated. Reportedly w/ (with) lengthy psych history and diagnosis of anxiety as well as depression . noted h/o (history of) paranoia. Resident was previously treated in the past with Olanzapine [antipsychotic] .</p> <p>1/13/25 - A physician's order prescribed mirtazapine medication daily for R69's depression.</p> <p>1/14/25 - A physician's order prescribed xanax medication two times a day and as needed for R69's anxiety.</p> <p>1/15/25 - R69 was care planned for anxiety and depression with approaches that included, but were not limited to, administering medications as ordered.</p> <p>1/29/25 - A psychiatric note documented, . seen today at request of facility staff due to worsening anxiety . Recommendations: 1. Continue mirtazapine . for depression . benefits greater than risks at this time. 2. Continue xanax . for anxiety . 5. Plan to contact out patient psych provider . for additional history/verification, may need to consider resume olanzapine/alternative AP [antipsychotic] as there is evidence of potential underlying psychotic process .</p> <p>1/31/25 at 1:45 PM - During an interview, E9 (SSD) was asked if he submitted a referral to the PASARR office to have a Level 1 screen completed for R69. E9 replied no.</p> <p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Cross refer F690</p> <p>3. Review of R43's clinical records revealed:</p> <p>9/19/24 - R43 was re-admitted to the facility with diagnoses including but not limited to dementia, bipolar disorder and insomnia due to mental disorder.</p> <p>1/31/25 - A review of R43's fall incident reports from August 2024 through December 2024 revealed that R43 fell six (6) times related to his need for assistance with toileting on the following dates:</p> <ul style="list-style-type: none"> - 8/13/24 11:40 PM; - 8/14/24 12:04 AM; - 10/17/24 12:45 PM; - 10/17/24 1:00 PM; - 10/18/24 5:10 AM and; - 10/21/24 10:10 AM. <p>1/31/25 - A review of R43's care plan lacked evidence that person centered care plan was developed to maintain or restore bladder and bowel continence after R43's multiple falls related to his need for toileting assistance.</p> <p>1/31/25 5:00 PM - During interview, E1 (NHA) confirmed that an incontinence care plan was not developed for R43 and that the clinical team will be looking into it.</p> <p>2/3/25 3:52 PM - In an email correspondence, E1 sent an attached file pertaining R43's incontinence care plan initiated on 2/2/25.</p> <p>The facility failed to ensure R43's person centered care plan interventions and a personalized toileting program was reviewed to address R43's falls related to R43's need to use the bathroom.</p> <p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p> <p>Based on record review and interview, it was determined that for three (R23, R89 and R43) residents reviewed for care plans the facility failed to develop and implement person-centered care plans, that included measurable objectives and timeframes, to meet each residents' needs. Findings include:</p> <p>Cross refer to F641 and F676</p> <p>1. R23's clinical record revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/8/24 - R23 was admitted to the facility.</p> <p>11/9/24 7:41 AM - R23's admission evaluation documented:</p> <p>. 8. Preferred Language: SPANISH</p> <p>9. Do you need or want an interpreter to communicate with a doctor or health care staff? YES .</p> <p>11/14/24 - The admission MDS assessment, under Section A, incorrectly documented that R23's preferred language was English.</p> <p>From 11/8/24 through 1/7/25, R23 lacked a person-centered communication care plan as a Spanish-speaking resident.</p> <p>1/8/25 - Two months after R23 was admitted to the facility, a care plan was initiated for communication problem related to language barrier with an approach that included, but was not limited to, obtaining translation services.</p> <p>1/13/25 - R23 was discharged to home.</p> <p>2/4/25 2:00 PM - During an interview, finding was reviewed with E1 (NHA).</p> <p>2. R89's clinical record revealed:</p> <p>11/7/24 - R89 was admitted to the facility.</p> <p>11/8/24 - A care plan entitled, Resident to attends (sic) activities of choice until next progress note. The goal was Resident will attend group activities of choice until next review. Approaches were: escort to activity as needed; provide independent activity material as needed; provide monthly calendar; and remind resident of upcoming activities and/or event.</p> <p>2/4/25 at 2:00 PM - During an interview, finding was reviewed with E1 (NHA).</p> <p>The facility failed to develop and implement a person-centered activity care plan for R89 that included measurable objectives and timeframes to meet R89's medical, mental and psychosocial needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>Based on record review and interview, it was determined that for one (R23) out of three residents reviewed for communication, the facility failed to provide Spanish-speaking translation/interpretation services during nursing care for R23. Findings include:</p> <p>The facility's policy and procedure entitled Translation and/or Interpretation of Facility Services, revised November 2020, stated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility . 6. Competent oral translation of vital information that is not available in written translation . shall be provided in a timely manner . 10. It is understood that in order to provide meaningful access to services provided by this facility, translation and/or interpretation must be provided in a way that is culturally relevant and appropriate to the LEP individual .</p> <p>Cross refer to F641 and F656</p> <p>11/8/24 - R23 was admitted to the facility.</p> <p>11/9/24 at 7:41 AM - R23's admission evaluation documented:</p> <p>. 8. Preferred Language: SPANISH</p> <p>9. Do you need or want an interpreter to communicate with a doctor or health care staff? YES .</p> <p>12/22/24 at 2:38 PM - A nurses note documented, Reported to me that resident is on the floor. Resident lying on the floor on her left side, able to move all extremities . Resident unable to state what happened due to language issues .</p> <p>12/23/24 at 9:43 AM - A nurses note documented, At 0300 (3 AM) resident CNA came to the nurses station stating resident was lying on the floor in her room. Supervisor and nurse immediately rushed to room . Resident was observed lying on the floor on her stomach next to the bed. Resident could not explain where and what she was doing. Resident only speaks Spanish .</p> <p>The facility lacked evidence that nursing staff were utilizing translation services, including during the 12/22/24 and 12/23/24 post-fall assessments.</p> <p>2/4/25 at 2:00 PM - During an interview, E1 (NHA) was asked for evidence of nursing staff utilizing translation services for R23. E1 provided a list of eight transactions for translation service payments with dates and times from the corporation. Neither date of 12/22/24 or 12/23/24 were listed on this document nor was there documentation in R23's clinical record that translation services were provided.</p> <p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and interview, it was determined that for one (R43) out of one sampled resident, the facility failed to ensure the physician's order to administer quetiapine fumarate (Seroquel) . Findings include:</p> <p>Cross refer F600</p> <p>Review of R43's clinical record revealed:</p> <p>7/24/24 - R43 was admitted to the facility with diagnoses including dementia.</p> <p>7/25/24 - R43 was care planned for receiving antipsychotic medication (to help manage his aggressive behaviors) and is at risk for behaviors and side effects.</p> <p>7/30/24 - R43 was care planned for behavior as evidenced by physical aggression and interventions included to administer meds as ordered.</p> <p>11/7/24 - R43 had a physician's order for quetiapine fumarate (Seroquel) 50 mg give 1 tablet by mouth two times a day for bipolar disorder.</p> <p>12/3/24 1:11 PM - A nurse progress noted documented, . quetiapine fumarate . med presently N/A (not available), reordered from pharmacy .</p> <p>12/4/24 10:15 AM - A nurse progress note documented, . quetiapine fumarate . med not delivered from pharmacy despite being reordered. Spoke to pharmacy and they stated that 'the claim was paid and it will be sent on our evening delivery'. will pass in rpeort .</p> <p>12/4/24 1:37 PM - A nurse progress note documented, . quetiapine fumarate .awaiting delivery of med .</p> <p>12/5/24 9:36 AM - A NP encounter note documented, .Of note, patient (sic) quetiapine (sic) 50 mg tablets not delivered by pharmacy and missed PM dose yesterday as well as AM and PM doses today, per nursing staff pharmacy reported to be delivered this evening. Will plan to administer additional 50 mg doses at bedtime with routine 200 mg order .</p> <p>1/31/25 12:34 PM - Review of R43's December 2024 MAR revealed that R43 missed three (3) doses of quetiapine fumarate 50 mg 1 tab on 12/3/24 at 2 pm. The following day, 12/4/24, R43 missed two more doses at 8:00 AM and 2:00 PM, for a total of three missed doses.</p> <p>1/31/25 2:40 PM - In an interview, E4 (LPN/UM) confirmed that R43's quetiapine fumarate 50 mg doses were not administered on 12/3/24 at 2:00 PM and on 12/4/24 at 8:00 AM and at 2:00 PM.</p> <p>1/31/25 3:10 PM - During interview, E1 (NHA) confirmed that the physician was not notified right away on 12/3/24 when the quetiapine fumarate medication was not available.</p> <p>1/31/25 5:00 PM - Findings were discussed with E11 (NHA).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, it was determined that for one (R43) out of three residents reviewed for bowel and bladder, the facility failed to evaluate R43's decline in urinary continence and failed to maintain or restore continence after R43's multiple falls related to his need for toileting assistance. Findings include:</p> <p>Cross refer F600 and F684</p> <p>A review of R43's clinical records revealed the following:</p> <p>7/24/24 - R43 was admitted to the facility with diagnoses including but not limited to dementia.</p> <p>7/25/24 - R43 was care planned for ADL (Activities of Daily Living) deficit related cognition with interventions including assisting R43 to attend activities of choice. In addition, R43 was set up for care and supervise/verbal dues (sic) to assure he follow thru.</p> <p>7/25/24 - R43 was care planned for falls related to .poor safety awareness .with interventions including offering toileting before going to bed (8/14/24) and reminding R43 not to go to the bathroom without help (10/25/24).</p> <p>7/31/24 - R43's admission MDS assessment revealed that R43's cognition was severely impaired and was always continent of urine and bowel during the review period.</p> <p>9/6/24 (revised 1/22/25) - R43 was care planned for behaviors as evidenced by urinating on the floor and also defecating on the AC (air condition) unit. R43's interventions included encouraging R43 to call for assistance when he is ready to use the bathroom and providing R43 with a urinal.</p> <p>9/19/24 - R43 was re-admitted from the psych hospital from [DATE] through 9/19/24</p> <p>9/19/24 - A facility Bladder and Bowel Continence Evaluation - readmission Assessment documented:</p> <p>Is resident completely continent? - No</p> <p>Functional Mobility, Manual Dexterity, Toileting Ability - Extensive Assist</p> <p>Bowel Continence - Occasional</p> <p>Bladder Continence - Occasional</p> <p>Resident toileting preference - Brief</p> <p>List any further important details - none</p> <p>9/25/24 - a facility Bladder and Bowel Program Evaluation - Quarterly Assessment documented:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>How long has the resident been incontinent - don't know</p> <p>Has a trial of a toileting program attempted? No</p> <p>Current toileting program or trial - No</p> <p>Bowel - continent of stool - no</p> <p>Is a toileting program currently being used .? - No</p> <p>Program initiation: urinary TP - No .bowel TP - No</p> <p>Do not initiate program, why? - (no answer)</p> <p>10/2/24 - R43's significant change MDS assessment revealed that R43's cognition was moderately impaired and was frequently incontinent of urine and bowel. R43 was not on a toileting program during the review period.</p> <p>10/3/24 - A facility Bladder and Bowel Program Evaluation - Quarterly Assessment documented:</p> <p>How long has the resident been incontinent - don't know</p> <p>Has a trial of a toileting program attempted? Unable to determine</p> <p>Current toileting program or trial - No</p> <p>Bowel - continent of stool - no</p> <p>Is a toileting program currently being used .? - No</p> <p>Program initiation: urinary TP - No .bowel TP - No</p> <p>Do not initiate program, why? - (no answer)</p> <p>11/14/24 - R43 was care planned for risk for skin break down as evidenced by incontinence and limited mobility with interventions including incontinent care after each incontinent episode.</p> <p>1/2/25 - R43's quarterly MDS assessment revealed that R43's cognition was moderately impaired and was always continent of urine and occasionally incontinent of bowel during the review period.</p> <p>1/3/24 - A facility Bladder and Bowel Program Evaluation - Quarterly Assessment documented:</p> <p>How long has the resident been incontinent - N/A - continent</p> <p>Has a trial of a toileting program attempted? No</p> <p>Current toileting program or trial - No</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Bowel - continent of stool - yes</p> <p>Is a toileting program currently being used .? - No</p> <p>Program initiation: urinary TP (Toileting Program) - No .bowel TP - No</p> <p>Do not initiate program, why? - continent of bladder and bowel</p> <p>1/31/25 - A review of R43's fall incident reports from August 2024 through December 2024 revealed the following:</p> <ul style="list-style-type: none"> - 8/13/24 11:40 PM - Resident was found sitting on the floor at the bathroom door with his feet facing his bed . - 8/14/24 12:04 AM - Resident fell out of wheelchair onto his left side .Stated he was trying to take himself to the bathroom .had recent fall related to toileting himself . - 10/17/24 12:45 PM - Resident was transferring self from bed to go to the bathroom without asking for assistance, he fell before reaching to the bathroom, he reported hitting his head .was going to the bathroom fell and hit his head. - 10/17/24 1:00 PM - Resident was found on the floor next to the bathroom in his room. Resident stated he was trying to use the bathroom and he fell . stated that he hit his head and he was nauseous .sent resident to hospital for further evaluation . Resident is being offered a commode and a medical review is underway due to resident frequent falls .Where Changes made to the care plan? Yes offer commode. Resident to be toileted via commode. - 10/18/24 5:10 AM - Resident sitting on buttocks at the foot of the bed. I was trying to use the bathroom . - 10/21/24 10:10 AM - Resident lying on the floor by the bathroom door trying to go to the bathroom. <p>1/30/25 9:31 AM - During an observation, R43 was observed sitting on the bench in front of the nurse station while watching TV. E3 (ADON) and E4 (LPN/UM) were observed talking in the nurses station.</p> <p>1/31/25 9:33 AM - In a follow up observation, R43 stood up with unsteady gait, transferred self on the wheelchair and propelled his way to his room. R43 parked his wheelchair outside the bathroom, stood up, entered the bathroom unassisted and unsupervised. The sound of the toilet flushed was heard. R43 came out the bathroom and with unsteady gait turned to sit on the wheelchair. R43 was seen self propelling back to the nurses station.</p> <p>1/31/24 9:35 AM - During interview, E6 (LPN) stated that R43 is continent of bowel and bladder and is able to go to the toilet but will still require staff supervision. E6 added that R43 was a high fall risk and has impulsive and aggressive behaviors that could be harmful to himself, to the other residents or to the staff. We have to be careful when we are around him cause he gets agitated so easily and he is not compliant with asking for assistance when using the bathroom.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025
NAME OF PROVIDER OR SUPPLIER Regency Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N. Broom Street Wilmington, DE 19806	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to evaluate R43's toileting decline and initiate a personalized toileting program to address his falls while attempting to use the toilet.</p> <p>1/31/25 5:00 PM - Findings were discussed with E1 (NHA).</p> <p>2/4/25 at 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E15 (RM), E16 (VPO), E17 (DCS), E18 (Corp. IP/SD) and E19 (RN).</p>