

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 07/17/2024
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>40264</p> <p>Based on interview and record review, it was determined that for one (R95) out of nine sampled residents reviewed for abuse, the facility failed to protect R95 from verbal abuse. Findings include:</p> <p>Review of R95's closed clinical record revealed:</p> <p>11/23/22 - R95 was admitted to the facility.</p> <p>5/25/23 - R95 had a care plan for physical and verbal aggression. Interventions included but not limited to listen to resident and try to calm.</p> <p>8/24/23 - R95 had a care plan for verbal aggression to staff, yelling and threatening to have staff fired and interfering with care and disruptive behavior in the dining hall. Interventions included listen to resident and try to calm.</p> <p>5/15/24 3:10 PM - A facility incident report submitted to the State agency documented that R95 was in the dining room awaiting dinner service. R95 got frustrated when he felt that E6 was ignoring him and yelled (fuck). E6 then cursed R95 and yelled at him.</p> <p>5/15/24 - A written statement by E5 (RN) documented, At approximately 1715 (5:15 PM), I heard a screaming from the dining room. I saw [E6] at the entrance of the dining room upset and saying motherfucking way. I went in and saw [R95] and [E6] going back and forth using curse words. [R95] kept repeating 'I ain't no bitch you are.' [E6] said 'the fuck, you don't talk to me that way' and went into the kitchen. I asked [R95] what happened and he said that that they did not have the meal ticket for him and he kept calling her 15 - 20 times but she keeps walking from table to table ignoring him. When he got frustrate (sic) and slammed his phone on the table saying 'fuck', she said to him 'you don't fucking talk to me like that.' When she got to the kitchen doorway, she said ' you got me fucked up you dumbass bitch' .</p> <p>5/15/24 - A written statement by E10 (CNA) documented, While I was in the dining room [R95] and [E6] had an altercation. [R95]'s (meal) ticket wasn't down there with the rest of the tickets .[R95] kept calling [E6] name (sic) but she didn't answer him so he yelled out 'fuck' then [E6] starting (sic) say stuff like 'I don' know who yall think yall be talking to' then .start arguing more and calling each other names like 'Bitches'.</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/15/24 - A written statement by E11 (CNA) documented, .[R95] had a loud verbal outburst when his question was not instantly answered. [E6] then raised her voice in retaliation to tell [R95] to 'not speak to her in that way' (sic) and she was helping someone else and would answer him when she was done. They then went back and forth yelling.</p> <p>5/15/24 - A review on Employee Corrective Action (ECA) revealed that E6 was discharged from the contract company for poor performance, insubordination and rule violations.</p> <p>5/21/24 8:14 AM - A progress note by E12 (SW) documented, .follow up with [R95] about incident that happened last week in (sic) dining room and it was reported no issues. Psych services was offered but resident refused .</p> <p>Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 7/17/24 beginning at approximately 2:00 PM.</p>		

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<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>50650</p> <p>Based on observation, record review and interview, it was determined that for one (R40) out of one resident reviewed for hearing and vision the facility failed to ensure the MDS was accurate for one (R40). Findings include:</p> <p>A review of R40's clinical record revealed:</p> <p>5/2/23 - Resident was admitted to the facility.</p> <p>5/2/23 - An inventory list included hearing aid and charger on admission.</p> <p>5/7/24 - An annual MDS documented Hearing aid or other hearing appliance used. The response was recorded as No.</p> <p>5/15/24 - A review of R40's care plan states that R40 is at risk for impaired communication. [R40] is very hard of hearing.</p> <p>7/16/24 11:33 AM - During an interview with E8 (RNAC) it was confirmed that the MDS for hearing was wrong.</p> <p>Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference on 7/17/24 at approximately 2:00 PM.</p>