

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Seaford Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Norman Eskridge Highway Seaford, DE 19973	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review it was determined that for one (R1) out of three residents reviewed for abuse the facility failed to report an allegation of sexual abuse within the required time constraints. Based on the facility's evidence to correct the noncompliance at the time of the current survey, the deficiency was determined to be past non-compliance as of 6/6/25. Findings include:</p> <p>Review of R1's clinical record revealed:</p> <p>6/27/23 - R1 was admitted to the facility with diagnoses including but not limited to hypertension, low back pain and nervous system disorders.</p> <p>5/27/25 2:38 PM - An incident summary documented On 5/24/25 [R4 (Spouse)] reported being in the bathroom and R1 and E4 (Activity Aide) were together in the activity room and E4 (Activity Aid) asked R1 to see his private parts R4 also reported R1 was very upset and asked R4 to report this</p> <p>6/3/25 E1 (NHA) documented An employee passed me in the hallway and said R4 and R1 wants to see you</p> <p>6/3/25 - A facility provided statement written by E1 (NHA) documented T.C. (sic) with E5 (Activities Director) I heard on Sunday (5/25/25) from [R5] in the activity room that [R4] told her that E4 (Activity Aide) was trying to look at R1's private parts. I didn't think anything of it because [R1] and [R4] come into activities and talk about their personal business. It's mainly [R4], [R1] just sits there. They do this all the time in there</p> <p>6/3/25 3:30 PM - A facility report was submitted to DHCQ (Division of Healthcare & Quality) for an allegation of abuse.</p> <p>6/11/25 2:57 PM - During an interview E5 confirmed and stated, I heard on Sunday (5/25/25) from another resident [R5] that [E4] was asking [R1] to see his private parts. [R4] is always in the activities room talking about their business I don't pay her no attention, when it happened, I wasn't there, that's all I know what that resident said to me, and I don't know nothing about it.</p> <p>6/12/25 2:00 PM - An interview with E1 (NHA) confirmed that E6 passed E1 in the hallway and said [R4] and [R1] want to see you [E1] said [E6] did not tell me why they wanted to see me for E1 also confirmed she was not aware of the alleged abuse until 6/3/25.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on the review of the facility's thorough investigation, documented response, completion of in-service training, power point presentations and abuse prohibition quizzes (inclusive of resident scenario/situation) audits, staff interviews and further incidents related to abuse it was determined to be past non-compliance. The plan of correction was initiated on 6/3/25 and completed on 6/6/25.</p> <p>6/12/25 2:10 PM- Findings were reviewed with E1 (NHA), E2 (DON) and E3 (QA, Nurse) at the exit conference.</p>		