

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 09/09/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Based on record review and interview, it was determined that for one (R113) out of thirty residents reviewed in the investigative sample, the facility failed to develop a care plan to address an identified concern. Findings include: Review of R113's clinical record revealed: 10/11/24 - R113 was admitted to the facility. 3/20/25 12:00 AM - A wound note by E12 (Wound NP) documented that R113 was non-compliant with turning and repositioning and tells staff to leave her alone. 3/27/25 3:59 AM - A wound note by E12 (Wound NP) documented that R113 was non-compliant with turning and repositioning and tells staff to leave her alone. 9/4/25 11:08 AM - During an interview, E12 (Wound NP) stated that R113 would refuse to have her wounds touched and resisted care. 9/4/25 12:09 PM - During an interview, E16 (NP) stated that R113 was resistant to care and refused to get out of bed. 9/4/25 11:43 AM - During an interview, E17 (wound nurse) stated that R113 was behavioral, resistant to care and would refuse to allow staff to turn and reposition her. 9/4/25 12:25 PM - A review of R113's care plan lacked evidence for refusals of care that included individualized objectives, goals, and timeframes to meet R113's needs. 9/5/25 10:40 AM - During an interview, E18 (CNA) stated that R113 was very behavioral, would constantly refuse care and refuse to get out of bed. 9/5/25 10:51 AM - During an interview, E6 (RN) stated that R113 refused care and treatments and confirmed that a care plan for refusals should have been completed for her. 9/9/25 2:00 PM - Findings were reviewed with E1 (NHA) and E3 (Quality Manager) during the exit conference.</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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