

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Complete Care at Silver Lake LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 Silver Lake Blvd Dover, DE 19904	

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 interviews, record review, and facility policy review, the facility failed to ensure reporting of allegations of abuse for one resident (Resident (R)124) in a sample of 39 residents. This failure could place residents at increased risk of abuse. Findings include: Review of R124's admission Record indicated an initial admission date of 02/03/16 and readmission date of 12/23/23. Review of R124's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/21/25 indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R124 was cognitively intact. Review of R124's Progress Note dated 06/30/25 indicated R124 struck R137 with an open hand. Review of R124's Risk Management noted dated 06/30/25 indicated that R124 struck R137 with open hand. Review of R137's admission Record indicated an admission date of 04/13/22. Review of R137's annual MDS with an ARD of 04/21/25 indicated a BIMS score of four out of 15 which indicated R137 had severe cognitive impairment. Review R137's Progress Note dated 06/30/25 indicated R137 was standing next to R124's bedside. As R137 attempted to calm R124, she slapped R137 on the cheek with an open hand. Review of R137's Risk Management note dated 06/30/25 indicated R124 hit R137 in the face with back of hand while R137 was trying to comfort R124. During an interview on 01/22/26 at 0:48AM, Licensed Practical Nurse (LPN)1 stated that on 06/30/25, R124 was lying in bed and when R137 leaned over to comfort R124, she smacked R137 on the face with her left hand. During an interview on 01/21/26 at 5:00PM, the Director of Nursing (DON) stated that the incident was not reported to the SA. During an interview on 01/21/26 at 5:03PM, the Regional Corporate Consultant (RCC) confirmed the incident was not reported to the SA. During an interview on 01/23/26 at 12:15PM the Administrator stated that he thought the incident was accidental. Review of facility's policy titled Abuse, Neglect, Exploitation dated 09/12/24 indicated, .7. Reporting/Response: The facility will report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure an allegation of potential abuse was thoroughly investigated for one resident (Resident (R)124) in a sample of 39 residents. This failure had the potential to negatively impact all residents residing at the facility. Findings include: Review of R124's admission Record indicated an initial admission date of 02/03/16 and readmission date of 12/23/23. Review of R124's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/21/25 indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R124 was cognitively intact. Review of R124's Progress Note dated 06/30/25 indicated R124 struck R137 with an open hand. Review of R137's admission Record indicated an admission date of 04/13/22. Review of R137's annual MDS with an ARD of 04/21/25 indicated a BIMS score of four out of 15 which indicated R137 had severe cognitive impairment. Review R137's Progress Note dated 06/30/25 indicated R137 was standing next to R124's bedside. As R137 attempted to calm R124, she slapped R137 on the cheek with an open hand. During an interview on 01/21/26 at 5:00PM, the Director of Nursing (DON) presented internal Risk Management notes for R124 and R137 that indicated after the incident was investigated it was determined that it was not a state reportable event. Review of R137's Risk Management note dated 06/30/25 indicated R124 hit R137 in the face with back of hand while R137 was trying to comfort R124. R137 stated R124 swung at me. R137 was temporarily removed from close proximity to R124 (spouse) while the situation was assessed. R137 was assessed for injury, none noted. R124 was redirected and calmed. The Director of Nursing (DON) was notified. Staff will continue 1: supervision on R137, closely monitor for behavioral triggers and intervene immediately if escalation occurs. The family continues to express preference for both residents to remain together in the same room. During an interview on 01/22/26 at 8:45 AM, the DON stated that there was no documentation of resident and staff interviews included in the investigation. Review of the facility policy titled Abuse, Neglect, Exploitation dated 09/12/24 indicated, .5. Investigation: a. The facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below. b. The facility will perform an investigation that focuses on whether abuse or neglect occurred and to what extent, clinical evaluation for any signs of injury, causative factors, and interventions to prevent further injury.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, document review, and policy review, the facility failed to ensure chicken salad sandwiches were served at the proper temperature. This deficient practice had the potential to affect 112 out of 114 residents. Findings included: During the second kitchen observation and interview on 01/22/26 from 11:54 AM to 12:15 PM, the following were made with the Dietary District Manager (DDM): A steam table pan was observed on the counter at the left end of the steam table. The steam table pan contained approximately 20 chicken salad sandwiches, stacked one on top of one another. At 12:05 PM the chicken salad sandwiches were being served on the tray line for room trays. A review of the temperature log for the lunch meal revealed the chicken salad sandwiches were within a safe temperature range. At 12:15 PM, the District Dietary Manager (DDM) obtained the temperature of the chicken salad on the chicken salad sandwich. The temperature was 54 degrees Fahrenheit (F). The DDM instructed that the DM stop service. The DDM stated there was another tray of chicken salad sandwiches in the refrigerator. The DDM removed the tray of sandwiches from the refrigerator. The DDM obtained the temperature of the chicken salad sandwiches, and the temperature was 57 degrees F. The DDM told the DM that they would need to stop serving chicken salad sandwiches until he was able to get them to the proper temperature. Review of the Sandwich, Chicken Salad (dice) - 1 Sandwich recipe revealed the chicken salad consisted of Diced, cooked chicken; mayonnaise; and pepper. During an interview on 01/22/26 at 12:42 PM, the Administrator stated all food should be served at the right temperature to avoid any residents getting sick. Review of the facility's policy titled Food: Preparation revised 02/2025 revealed, .All foods will be held at appropriate temperatures, less than 41 degrees F for cold food holding.</p>		