

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation and interview, it was determined that the facility failed to ensure residents' rights to a dignified existence and self-determination when the facility failed to develop a system that notified residents of the daily menu. Findings include: 9/18/25 8:53 AM - During resident screening R50 stated, They don't give us menus. We never know what we having until it gets here. Then, if you don't want it you have to wait cause you ordering something else. I said something to them, and they said they don't have to give us a menu. 9/18/25 9:46 AM - During resident screening, R83 stated, It's great here, only complaint I have is there's no menu or calendar of what's being served, but if you get it and don't like it, they will bring something else. 9/18/25 11:40 AM - During a tour of the facility, the surveyor observed that the facility's common room for dining and activities displayed a posting of the daily menu at the entrance on both the first and second floors. 9/18/25 12:48 PM - During an interview, E36 (CNA) confirmed that residents were not provided a menu or made aware of the daily meals until they were served to the residents. 9/18/25 12:51 PM - During an interview, E37 (CNA) confirmed that residents were not provided a menu or other means of knowing the meals prior to being served. E37 stated, I do try to go look at the posting so I can tell them if they ask. 9/22/25 10:13 AM During an interview, E35 (FSD) confirmed that residents are not distributed/made aware of the daily menu. E35 stated, Activities is supposed to be implementing a new process to do that in the next few weeks. All residents do receive a copy of the always available options. 9/22/25 11:55 AM - During an interview, R108, the resident council president, confirmed that residents do not receive a menu of the daily meals served. R108 stated, We used to but now we don't. 9/22/25 11:58 AM - During an interview, E12 (DOR) reported that presently the activities department staff does not distribute menus to residents. 9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 085028	If continuation sheet Page 1 of 21

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on observation and interview, it was determined that for two (R11 and R62) out of 38 sampled residents, the facility failed to provide dignity and respect when facility staff called R11 and R62 feeders. Findings include: 9/26/25 1:00 PM - During a dining observation inside R11's room, E5 (LPN, UM) told the Surveyor that R11 and her roommate [R62] were both feeders and that a staff should be in the room to assist and feed them. 9/26/25 1:30 PM - Finding was discussed with E5. 9/29/25 1:00 PM - Findings were discussed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse). 9/29/25 1:25 PM - Finding was reviewed with E1, E2 and E3 during the exit conference.</p>		

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<p>F 0574</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that information informing residents of how to formally complain to the State Agency was displayed. Findings include: 9/24/25 1:45 PM - During a resident council meeting all residents in attendance denied knowledge of how to make a formal complaint to the state of Delaware. 9/24/25 2:08 PM - During a tour of the facility for compliance with required posting, the first-floor bulletin case that displayed information for residents/visitors lacked a display of information regarding how to make a complaint to the state agency. 9/24/25 2:27 PM - E1 (NHA) confirmed the finding.9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, it was determined that for one (R150) out of one resident reviewed for admission orders, the facility failed to ensure wound treatment orders were entered. Findings include: Review of R150's clinical records revealed:9/16/25 - R150 was readmitted to the facility with diagnoses including diabetes mellitus, congestive heart failure, and epilepsy.9/19/25 - A readmission Wounds Assessment Report for R150 completed by P1 (NP) documented treatment orders for four wounds, noted as present on admission.9/22/25 3:30 PM - Review of R150's clinical record revealed no current orders for wound care.9/24/25 2:15 PM - During an interview, the Surveyor asked E14 (RN) if R150 had treatment orders for wound care since he was readmitted on [DATE]. E14 stated, I don't see the orders, but I have been doing his wound care and dressing changes. 9/24/25 3:00 PM - During an interview E14 (RN) stated, Orders were put in today for dressing changes to begin tomorrow. 9/26/25 2:49 PM - Findings were reviewed with E1 (NHA).9/29/25 1:25 PM - Findings were reviewed with E1, E2 (DON) and E3 (Corporate Nurse) during the exit conference.</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>Based on observation, interview and record review, it was determined that for one (R16) out of one resident reviewed for dental services, the facility failed to accurately code R16's dental assessments for two MDS (Minimum Data Sets) review periods. Findings include: Cross refer F791 Review of R16's clinical records revealed: 2/11/25 - R16's quarterly MDS section L (Oral/Dental Status) revealed that R16 had no mouth or facial pain, discomfort or difficulty chewing. 3/23/25 - A Dental Report of Consultation recommended R16 . To return to restore cavities, [sic] teeth that are extensively decayed and root tips would need to be extracted in the future if symptoms or swelling begin. 5/14/25 - R16's quarterly MDS section L revealed no mouth or facial pain, discomfort or difficulty chewing. 8/12/25 - R16's Annual MDS section L revealed no cavities or broken natural teeth, inflamed or bleeding gums, loose natural teeth, mouth or facial pain, or discomfort or difficulty with chewing. 9/23/25 2:45 PM - During an interview, E28 (RN MDS) stated that she was the one who coded and completed R16's 8/12/25 quarterly MDS. E28 confirmed that she did not physically assess R16's teeth. Furthermore, E28 stated that she was not aware of the dental consult note and P3's [Dentist] finding of R16's decayed dental cavities and root tips that were recommended for extraction. P3 stated, I did not personally check [R16's] teeth. I only saw this consult now. I was not made aware of any dental issues by the nursing staff. 9/29/25 1:25 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<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 (R10) out of two residents reviewed for PASARR review, the facility failed to refer the resident for a PASSAR screening following a newly evident condition and qualifying medications. Findings include: The facility clinical guidelines for PASARR [undated] indicated, While admitted if a resident has a change in condition, a PASARR evaluation may be required if there is a significant change in the individual's mental or physical health status since their last evaluation, or if the facility suspects the individual may have a serious mental illness, intellectual disability or related condition not previously identified. Review of R10's clinical record revealed:6/13/25 - A PASARR Level I was completed for R10 that documented the resident had no mental health diagnoses, received no mental health medications and that no further screening was required.7/25/25 - R10 was admitted to the facility.7/27/25 - A physician's order was written for R10 to receive quetiapine, an antipsychotic medication at bedtime for psychosis. 7/31/25 - An admission MDS assessment documented that R10 had a psychotic disorder and was currently receiving antipsychotic medication, antidepressant medication and received forty-five minutes of psychological therapy one day.9/15/25 - 10/15/25 - A physician's order was written for R10 to receive lorazepam, an anti-anxiety medication for agitation, anxiety, and psychosis as needed.9/22/25 12:02 PM - During an interview, E41 (SSD) confirmed that a referral for PASARR screening had not been made for R10. 9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview and record review, it was determined that for one (R11) out of three sampled residents reviewed for ADLs (Activities of Daily Living), the facility failed to ensure each dependent resident received the necessary services to promote adequate nutrition. Findings include: Cross refer F692 Review of R11's clinical records revealed: 5/8/25 - R11 was re-admitted to the facility with diagnoses including malnutrition. 9/10/25 - An OT (Occupational Therapy) Evaluation documented that R11 was dependent with eating. 9/10/25 - A facility nutrition assessment documented that R11 required full assistance with feeding. 9/26/25 12:45 PM - A facility staff person was observed entering R11's room and placed R11's food tray on the overbed table standing against the wall. The staff left the room. 9/26/25 12:46 PM - Another facility staff person, E33 (CNA), was observed entering R11's room and attempted to shut the door. This Surveyor followed the CNA and told E33 that Surveyor will do R11's lunch observation. E33 told this Surveyor that she was going to feed R11 her lunch, pointing at R11. 9/26/25 12:46 through 12:55 PM - As the Surveyor entered the room and asked permission from R11 to do a lunch observation, E33 left the room and did not return. The Surveyor waited and noted the wait time for facility staff to respond and attend to R11's lunch. 9/26/25 12:50 PM - When the Surveyor asked if R11 was alright, R11 stated, I am very hungry. 9/26/25 12:55 PM - E5 (LPN, UM) was observed entering the room, moved the overbed food table across R11's bed and set up R11's food tray. E5 removed the plate cover and uncovered the magic cup and cranberry juice and offered the food for R11 to eat. The Surveyor notified E5 of E33 entering and leaving the room at 12:45 PM. 9/26/25 1:30 PM - In an interview, E5 stated that E33 should have attended to R11 and assisted her with her lunch instead of leaving the room in haste. 9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>Based on observation, interview and record review, it was determined that for one (R54) out of one resident reviewed for activities, the facility failed to provide an ongoing person-centered activity program for R54, who chooses to remain in her room all day. Findings include: Review of R54's clinical record revealed: 3/9/25 - The annual MDS assessment documented that R54 had moderate difficulty of hearing (speaker has to increase volume and speak distinctly), had impaired vision (sees large print, but not regular print in newspapers/books), BIMS score of 14 (cognitively intact), had active diagnoses that included but were not limited to dementia and bilateral hearing loss, and activity preferences were as follows: -to be around pets are very important; -to have books/newspapers/magazines to read and to listen to music the resident liked were somewhat important; -to do things with groups of people and to go outside for fresh air when the weather is good and to participate in religious services were not very important; and -to keep up with the news was not important at all. 3/15/25 revised - R54's activity care plan was: SELF-DIRECTED ACTIVITIES/FRIENDLY VISITS: [R54'S name] prefers to participate in self-directed activities and friendly visits such as animals/pets (dogs, poodles); arts/crafts (past, crocheting, knitting, cross stitch); children/intergenerational (past, extended family); cooking/baking (snacks); current events/news (past, watch); exercise/physical (past, active); gardening/plants (plants, flowers); movies (past, mystery); community involvement (past, career); music (easy listening); outdoor activities; parties/socials (celebrations); puzzles/word games (past, career). Goal: [R54] will report satisfaction with her self-directed activities and friendly visits throughout the review period. Interventions: -facilitate video calls with family (initiated 9/7/23); -. provide friendly visits in the room or location that is the residents (sic) preference as needed (revised 6/27/25) . 7/18/25 7:26 AM - An activity assessment documented the following Scope of Activity Participation 1. Does the patient wish to participate in activities while in the center? YES .4. Does the patient wish 1:1 (one to one) with staff? YES5. Does patient like self-directed activities (i.e. reading, puzzles, etc.)? YES . Review of R54's monthly documented Friendly Visits &amp; 1:1 were as follows: -for July 2025, there were 13 documented 1:1 visits with R54 out of 31 days; -for August 2025, there were 13 documented 1:1 visits with R54 out of 31 days; and -from September 1-22, 2025, there were 10 documented 1:1 visits with R54 out of 22 days. It should be noted that the above documented visits did not specify the time spent with R54 for each visit nor which activity person was involved in the visit. Observations during the survey revealed: 9/18/25 1:30 PM - Observation of R54 revealed that the resident remained in bed since this morning. The surveyor spoke with R54, who talked passionately about animals, how the resident trained the animals, and how her parents brought the resident to the facility. R54 was showing the surveyor her paperwork that she had collected, which were all of the resident's previous meal tickets. During this time, the surveyor observed R54 did not have a roommate, no television, no music on in the room or pictures on the walls. The surveyor did observe a newspaper in the resident's trashcan and two stuffed animals sitting on tables that were out of reach of the resident in bed. 9/22/25 - Continuous morning observation on the Arcadia (locked dementia) unit revealed that at 11:00 AM, the surveyor observed E31 (AA) stop briefly at R54's room and gave the resident a cookie. R54 was talking to E31 and E31 stated, I will talk to you later and exited the resident's room. At 11:14 AM, the surveyor observed E31 stop at resident's door and said, I heard you would like to have another cookie. R54 started talking to her and E31 said that she would be back this afternoon and moved to the next room to give out snacks. At 11:56 AM, the surveyor observed E31 re-enter the locked unit with a tall green plant on her rolling chair and she was pushing the chair down the hallway to the dining/activity room. At 12:40 PM, the surveyor observed E31 exit the locked dementia unit with the tall green plant</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on her rolling chair. E31 did not stop at R54's room. Review of the Arcadia's September 2025 Activity Calendar had the following morning activities on 9/22/25:10:00 Daily Meet &amp; Greet,10:30 Morning Snack,11:15 Outdoors with [E31]. Review of R54's September 2025 Event Calendar Report documented that R54 was invited and attended 10:00 Daily Meet and Greet and the 9:30 Music Thru the Halls All Day; and was invited to 11:15 AM Outdoors with [E31]. The activity documentation contradicted what the surveyor observed on the morning of 9/22/25. 9/29/25 9:00 AM - During an interview, E12 (DOR) confirmed that R54 likes pets, especially dogs. E12 confirmed that pet visits are not on the activity calendar. When asked where are R54's pet visits being captured, E12 confirmed that they are not being documented. E12 confirmed that R54 does not want a television in her room. The surveyor asked about the activity note that documented a family call back in July 2025. E12 showed the surveyor that R54 was on a specific resident list for weekly family calls and the list was located in E12's office. Confirmed that the family calls were not being captured in R54's activity log nor in R54's care plan. Reviewed R54's care plan with E12 and discussed that it was not person-centered with measurable objectives and timeframes. 9/29/25 1:25 PM - Finding was reviewed with during the exit conference with E1 (NHA), E2 (DON), and E3 (Corporate Nurse).</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview and record review, it was determined that for one (R54) out of three residents reviewed for pressure ulcers, the facility failed to ensure that R54's low air loss mattress device was plugged in, turned on and functioning as a preventative intervention and per an active physician order. Findings include: 6/5/25 3:15 PM - R54 had a physician's order for Alternating air loss mattress check placement and function every shift for fragile skin. 7/25/25 - The quarterly MDS assessment documented that R54 was at risk for pressure ulcers. Observations during the survey revealed: 9/22/25 9:45 AM - Observed R54 asleep in bed, laying on her left side facing the hallway, and her low air loss device was not turned on. 9/22/25 1:28 PM - Observed R54 asleep in bed, laying on her left side facing the hallway, and her low air loss device was not turned on. 9/23/25 9:27 AM - Observation with E43 (LPN) revealed that R54's low air loss mattress device was not plugged into the wall outlet located behind R54's head of the bed. Once the device was plugged into the wall outlet, the device turned on and displayed a green light. R54 confirmed the finding and stated that R54 does not get out of bed. Review of the September 2025 eTAR (electronic Treatment Administration Record) revealed that on 9/22/25 into 9/23/25: -the 7:00 AM to 3:00 PM nurse, E44 (LPN), did not sign off the physician-ordered preventative treatment and left it blank; -the 3:00 PM to 11:00 PM nurse, E45 (LPN), signed off the treatment as completed; and -the 11:00 PM to 7:00 AM nurse, E39 (LPN), signed off the treatment as completed. 9/26/25 3:30 PM - Finding was reviewed with E1 (NHA) and E2 (DON). The facility failed to ensure R54, a resident at risk for pressure ulcers, received physician-ordered preventative treatment every shift for fragile skin. 9/29/25 1:25 PM - Finding was reviewed with during the exit conference with E1 (NHA), E2 (DON), and E3 (Corporate Nurse).</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>Based on record review and interview, it was determined that for one (R149) out of nine residents reviewed for activities of daily living the facility failed to ensure documentation regarding urostomy and pelvic drain output was recorded as ordered. Findings include: Review of R149's clinical record revealed:7/22/25 - R149 was admitted to the facility with a history of bladder cancer and recent urinary tract infection, pelvic infection a urostomy and pelvic drain. 7/22/25 - A physician's order was written for R149's pelvic drains to be emptied and the drainage amounts to be recorded.7/22/25 - A care plan was created for R149's care of urostomy that included the intervention to empty the urostomy drainage bag and change it as needed and record the amount [ML's].7/23/25 - A care plan was created for R149's care of pelvic drains that included the intervention to empty the pelvic drain as ordered. 7/29/25 - A physician's order was written for R149 that directed staff to empty the urostomy drainage bag and record the amount every shift. August 2025 - Review of R149's TAR lacked evidence that staff documented the amount drained from R149's urostomy; the slots were blank on the following dates: 8/3 7:15 AM 8/4 11:15 PM 8/6 3:15 PM 8/8 3:15 PM 8/13 3:15 PM 8/18 7:15 AM 8/19 7:15 AM August 2025 - Review of R149's TAR lacked evidence that staff documented the amount drained from R149's pelvic drains; the slots were blank on the following dates: 8/3 7:15 AM8/4 11:15 PM8/13 3:15 PM 9/24/2512:38 PM - During an interview, E40 (LPN) confirmed the findings. E40 stated, I believe the CNAs were allowed to drain them. If they drained the urostomy without telling me, they emptied it, I wouldn't know the amount to record.9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview and record review, it was determined that for two (R11 and R143) out of three sampled residents reviewed for nutrition, the facility failed to maintain acceptable parameters of nutrition and/or hydration. Findings include:Cross refer F677</p> <p>1.Review of R11's clinical records revealed:</p> <p>A facility policy titled, Weight Monitoring and Tracking, dated 1/29/24, documented, Procedure.2. Patients will be weighed on admission/re-admission and weekly x 4 weeks thereafter, or until the Interdisciplinary Team determines weight is stable, then monthly thereafter 6. Weekly weights should continue greater than 4 weeks if one or more of the following criteria are met: Significant unplanned weight change, Identified trends in weight change.Patients &lt; (less) 100 pounds.8. The team will notify the provider and responsible party of significant weight changes.</p> <p>A. Weight Monitoring</p> <p>5/8/25 &amp;ndash; R11 was re-admitted to the facility with diagnoses including chronic wounds, diabetes, dementia, acute kidney injury and moderate protein calorie malnutrition.</p> <p>5/8/25 &amp;ndash; An OT (Occupational Therapy) evaluation documented that R11 was dependent with eating.</p> <p>5/9/25 &amp;ndash; R11 was care planned for risk for protein calorie malnutrition and interventions included limited to obtain weights as ordered.</p> <p>5/12/25 &amp;ndash; A nutrition assessment documented R11's most recent weight, obtained on 5/7/25, at 80.8 lbs.</p> <p>5/13/25 &amp;ndash; A physician encounter note documented, Patient requires assistance with ADLs . staff working to encourage p.o. (by mouth) intake and maintain hydration and continue to monitor.</p> <p>6/1/25 4:03 PM &amp;ndash; A nurse progress note documented, [R11] .(sic) 0-25 percent of her meal today.pocketing food in her mouth.</p> <p>6/3/25 &amp;ndash; A physician's 30 &amp;ndash; Day visit encounter note for R11 documented, . Patient with dysphagia pureed texture diet with nectar thick liquids and typically relies on staff .</p> <p>6/3/25 &amp;ndash; R11 had an order for monthly weights. The order was discontinued on an unknown date.</p> <p>6/12/25 7:31 PM &amp;ndash; A nurse progress note documented, [R11] continues with poor p.o. (per orem or by mouth) intake.</p> <p>6/23/25 &amp;ndash; A physician's encounter note documented, Wt (weight): 80.8 lbs (from 5/7/25 record).nursing reports .decreased appetite over the weekend. ill initiate hypodermoclysis. staff to encourage p.o. intake and continue to monitor clinically.</p> <p>6/24/25 &amp;ndash; R11's nutrition assessment by E34 (RD) documented R11's most recent weight at 80.8 lbs. per record dated 5/7/25.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/30/25 &amp;ndash; R11's annual MDS assessment revealed that R11's cognition was moderately impaired, R11 was dependent with eating and required the assistance of 2 or more helpers to complete the activity. R11 was on a mechanically altered diabetic diet. There was a lack of information on R11's weight during the review period.</p> <p>7/1/25 &amp;ndash; A physician's encounter note documented, Wt: 80.8 lbs (from 5/7/25 record) . Acute kidney injury.I am told that p.o. intake has improved and staff working with the resident.</p> <p>9/8/25 &amp;ndash; R11 had a physician's order for monthly weights.</p> <p>9/28/25 &amp;ndash; A review of R11's weights revealed the following:</p> <ul style="list-style-type: none"> <li>- 5/7/25 &amp;ndash; 80.8 lbs.</li> <li>- 7/3/25 &amp;ndash; 62.0 lbs.</li> </ul> <p>9/29/25 11:20 AM &amp;ndash; In an interview, E2 (DON) stated that E34 (RD) works part time and E2 thinks that E34 assessed R11 in person when completing the nutritional assessments and notes. E2 further confirmed that they (facility) don't have R11's June 2025 weight information. We could not find it. When asked if R11's weight was monitored when it started to decline after 5/7/25, E2 responded and confirmed, No.</p> <p>9/29/25 11:30 AM &amp;ndash; In an interview, E10 (RN MDS) stated that, E27 (RN MDS) completed the nutritional status of R11's 6/30/25 quarterly MDS. E10 further stated that there was no information on R11's weight during the review period. E10 also confirmed and stated, A reweight should have been done for R11 since the last weight on record which was 80.8 lbs on 5/7/25 was taken more than 30 days prior to the assessment reference date.</p> <p>R11 had a 23.3% weight loss in 57 days, from 5/7/25 through 7/3/25. The facility policy was not adhered to when weights were not obtained for R11 when she weighed below 80.8 lbs at readmission through 7/3/25. R11's weight was not obtained after the nutrition assessment was completed on 6/24/25 by E34 (RD), who documented R11's weight at 80.8 lbs based on the 5/7/25 record. In addition, R11's weight was not obtained when R11's previous recorded weight was obtained more than 30 days prior to E27 (MDS Coordinator) assessment reference date.</p> <p>B. Diet Order</p> <p>6/28/20 &amp;ndash; R11's original admission to the facility with diagnoses including difficulty swallowing following a stroke.</p> <p>10/8/24 &amp;ndash; R11 had a physician's order for dysphagia pureed texture, nectar thick liquid consistency, no straws, double entr&amp;eacute;e and divided plate. This order was discontinued on an unknown date.</p> <p>5/8/25 &amp;ndash; R11 had a physician's order for diabetic diet dysphagia (difficulty swallowing) mechanically altered, pureed texture (require change in texture of food or liquids ex. pureed food, thickened liquids), nectar thick liquid consistency, VEGETARIAN &amp;ndash; NO BEEF/NO EGGS/NO POULTRY/NO PORK. Said physician's order was discontinued on an unknown date.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/12/25 &amp;ndash; A dietary weight change note documented, [R11] has experienced a weight change. She continues to receive a Regular (sic), dysphagia puree with NTL (nectar thick liquid) w/ (with) VEGETARIAN &amp;ndash; NO BEEF/ NO EGGS/ NO POULTRY/ NO PORK. Current intake is now mostly 0-50% of meals. [R11] is also receiving Magic cup TID (three times a day) in which she consumes mostly 100% .</p> <p>8/19/25 1:23 PM &amp;ndash; A nurse progress note documented, This nurse . (dietitian), and (NP), had a conversation with [FM2, R11's daughter] with concerns of hydration and nutrition informed [sic] her resident presents with lack of desire to eating [sic] or drink. The dietitian went over possible nutrition considerations such as artificial nutrition (sic) the NP went over current code status (sic) the resident's daughter said she needs time to make the decisions and she will talk to [R11] tomorrow on a video call and follow up next week.</p> <p>9/8/25 &amp;ndash; R11 was readmitted to the facility with diagnoses including UTI (urinary tract infection) and low blood sugar.</p> <p>9/8/25 &amp;ndash; R11 had a physician's order for regular diet, dysphagia pureed texture, nectar thick liquid consistency.</p> <p>9/10/25 &amp;ndash; R11 had a physician's order for magic cup three times a day with all meals related to severe protein calorie malnutrition. Said physician's order was discontinued on an unknown date.</p> <p>9/15/25 &amp;ndash; R11's quarterly MDS assessment revealed that R11's cognition was severely impaired, had poor appetite nearly every day during the review period, was dependent with eating and required the assistance of 2 or more people to complete the activity. R11 had a 5% or more weight loss in the last month or loss of 10% or more in the last 6 months. R11 was also on a mechanically altered diet.</p> <p>9/26/25 12:55 PM &amp;ndash; During lunch observation, R11's food tray was observed to contain the following: a single serving of regular pureed vegetable on a divided plate, a cup of nectar thickened cranberry juice and magic cup.</p> <p>9/26/25 1:00 PM &amp;ndash; A review of R11's meal ticket tray notes/instructions revealed, double entr&amp;ecute;e vegetarian no meat no eggs . water nectar 80z and magic cup.</p> <p>9/26/25 1:05 PM &amp;ndash; When asked to clarify R11's dietary orders, E5 (LPN/UM) stated that R11 was vegetarian. E5 also confirmed that R11's divided plate contained single serving of the pureed vegetable. E5 left R11's room to clarify the orders with the kitchen staff.</p> <p>9/29/25 11:25 AM &amp;ndash; When asked to clarify the conflicting active physician dietary orders regarding R11's portion serving size and vegetarian status as indicated in R11's meal tickets, E9 (RD) stated that R11 was to get a double a portion size and that kitchen staff will be educated on double portions and scooping instructions.</p> <p>9/29/25 11:27 AM &amp;ndash; In a follow up interview regarding R11's vegetarian status, E9 stated that she had a meeting with R11's daughter [FM2]. E9 . The daughter was okay not to withhold R11's protein restrictions due to her very poor appetite and poor oral intake. E9 stated that R11's dietary orders will be clarified with the kitchen staff, and the meal ticket instructions will be updated.</p> <p>9/29/25 1:00 PM - Findings were discussed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse).</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9/29/25 1:25 PM - Findings were reviewed with E1, E2 and E3 during the exit conference.</p> <p>2. Review of R143's clinical record revealed:</p> <p>1/3/25 - A quarterly MDS assessment documented that R143 was severely cognitively impaired and dependent for eating.</p> <p>1/23/23 [last updated 2/28/24] - A care plan for risk of dehydration was created for R143. The goal of the care plan was to maintain adequate hydration. Additionally, a care plan for risk of constipation was created that included the intervention to encourage and assist as needed to consume fluids between meals. Lastly, a care plan for weight changes related to cognition was created that included an intervention to encourage and assist as needed to consume foods and/or supplements and fluids offered.</p> <p>January 2025 - Review of CNA documentation of PRN fluid intake lacked evidence that R143 was offered fluids or consumed fluids for seventeen day shifts, twenty-two evening shifts and twenty-four night shifts.</p> <p>February 2025 - Review of CNA documentation of PRN fluid intake lacked evidence that R143 was offered or consumed fluids for thirteen day shifts, sixteen evening shifts, and sixteen-night shifts.</p> <p>March 2025 - Review of CNA documentation of PRN fluid intake lacked evidence that R143 was offered or consumed fluids for eleven day shifts, three evening shifts, and three night shifts.</p> <p>9/26/25 11:41 AM - During an interview, E50 (CNA) stated that residents should be offered fluids, At least once [a shift] with the water cups and that intake of offered fluids is documented, On the task point of care, even if it's zero.</p> <p>9/26/25 11:44 AM - During an interview, E49 (CNA) stated that residents should be offered fluids, Throughout the day and that offering and consumption is documented, In the computer.</p> <p>9/26/25 11:45 AM - During an interview, E32 (CNA) stated that residents should be offered fluids, Three times a day and the resident response to being offered additional fluids is documented, on the computer.</p> <p>9/26/25 12:05 PM - During an interview, E5 (LPN) and the unit manager confirmed the finding and stated that fluids should be offered, At least twice a shift, meals and as needed. E5 confirmed that fluids offered and consumed are to be documented on the point of care documentation by the CNAs.</p> <p>9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on record review and interview, it was determined that for one (R1) out of one resident reviewed for dialysis, the facility failed to provide dialysis related care and services to meet the needs of the resident when pre-dialysis information was not completed on the dialysis communication form. Additionally, some dialysis communication forms were absent from the medical record. Findings include: Review of R1's clinical record revealed:9/3/25 - R1 was admitted to the facility with multiple diagnoses including end-stage renal disease requiring dialysis. 9/3/25 - A physician's order was written for R1 to receive dialysis three times a week. September 2025 - Review of R1's Dialysis communication forms lacked completion of pre-dialysis information for R1 including meals, medications, change of condition and a signature of the person completing the form.9/15 - Pre-dialysis communication form documentation incomplete; only R1's blood pressure and pulse were documented.9/17 - Pre-dialysis communication form documentation incomplete, only R1's blood pressure, pulse and a staff signature were documented.9/19 - Pre-dialysis communication form documentation blank.9/22 - Pre-dialysis communication form documentation blank.9/22/25 - Review of R1's dialysis communication forms lacked evidence of forms for dialysis visits on 9/5/25, 9/10/25, and 9/12/25.9/23/25 10:18 AM - During an interview, E46 (MR) confirmed that R1's dialysis communication forms for dialysis visits on 9/5/25, 9/10/25 and 9/12/25 were unable to be located by the facility.9/23/25 11:59 AM - During an interview, E48 (LPN) confirmed that residents assigned nurses should complete the resident's dialysis communication form. Additionally, E48 stated, We make sure [R1] has medicine. We do vitals. The nurse gets food from the kitchen. He has a yellow folder and we give to transportation.9/23/25 12:05 PM - During an interview, E47 (RN) and the unit manager on R1's unit confirmed the finding.9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and interview it was determined that for one (R6) out of five residents reviewed for unnecessary medication review the facility failed to act upon a recommendation documented in the residents MRR. Findings include: The facility policy on MRR last updated, 8/2020, indicated Recommendations are acted upon and documented by the facility staff and/or the prescriber. Review of R6's clinical record revealed: 4/24/25 - was initially admitted to the facility. 5/1/24 - 7/15/24 - Was discharged from the facility due to being hospitalized . 7/15/25 - R6 was re-admitted to the facility with multiple diagnoses including dementia, anxiety, and major depressive disorder with psychotic symptoms. 7/15/25 - An admission MDS assessment documented that R6 was receiving antipsychotic medications. 7/15/25 - A care plan for use of antipsychotic medications was created for R6 with an intervention to monitor behaviors. 7/15/25 - An MRR documented that R6's antipsychotic requires monitoring; the recommendation was signed by R6's physician on 7/18/25. 7/16/25 - A physician's order was written for R6 to receive an antipsychotic medication twice a day for psychosis. 9/26/25 12:01 PM - During an interview, E5 (LPN) confirmed the finding. E5 stated, Usually there is something based off of meds that should come up every shift. I don't see it but she should have it. Sometimes it will fall off possibly from when she left then came back. 9/29/25 1:25 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>Based on observation, interview and record review, it was determined that for one (R16) out of one resident reviewed for dental services, the facility failed to promptly provide routine and emergency dental care for R16 when he was recommended for follow up visits to restore his cavities and extract his extensively decayed root tips after his dental exam on 3/23/25. Findings include: The facility's policy titled, Dental Service Needs dated 1/29/25 documented, . Procedure . 2. Nursing will collaborate with the Social Services Department to identify and secure designated and/ or centered contracted community available resources for dental services. 3. Nursing will. assist the patient in making appointments . Review of R16's clinical records revealed: Cross refer F64111/25/22 - R16 was admitted to the facility. 8/26/24 - A care plan was developed for R16 related to his independence with oral care and R16's goal was to be free from dental complications through the review period. R16's interventions included to perform oral exams as needed and to refer to a dentist as indicated. 3/23/25 - A report of consultation from (dental office) documented, Recommendations: Return to restore cavities, teeth that are extensively decayed and root tips would need to be extracted in the future if symptoms or swelling begin. 5/14/25 - R16's quarterly MDS assessment revealed that R16 had an intact cognition and had no dental issues. 9/18/25 1:20 PM - During an interview, R16 stated, .I can't remember when I was last seen by the doctor. I don't think I was ever seen. My teeth are loose and are falling off; it's affecting my chewing and eating. 9/18/25 1:30 PM - The Surveyor observed R16's chipped off and decayed teeth. 9/23/25 10:20 AM - In an interview, E5 (LPN UM) stated that she did not hear from resident [R16] complaining of dental issues. E5 confirmed that R16 was not seen by P3 [dentist] sooner after the March 2025 recommendation. E5 added that . She [R16] is included in the list of residents scheduled to be seen by P3 anytime these days for the six month follow up visit. 9/29/25 1:00 PM - Findings were discussed with E1 (NHA), E2 (DON) and E3 (Corporate Nurse). 9/29/25 1:25 PM - Findings were reviewed with E1, E2 and E3 during the exit conference.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, it was determined that for two (R150 and R35) out of five residents reviewed for infection control, the facility failed to initiate and maintain Enhanced Barrier Precautions (EBP) for contact with a resident with wounds and an indwelling medical device and failed to use appropriate disinfection practices. Also, the facility failed to prevent the risk of exposure to infectious and communicable diseases by not safely disposing a full sharps container. Findings include: An infection prevention and control facility policy titled, Standards of Practice dated, 2/6/20, documented, . Procedure 8 Environmental Cleaning/Disinfection: . DO NOT USE Alcohol based- disinfectants; alcohol-based disinfectants are not effective against C. difficile and should not be used to disinfect environmental surfaces.</p> <p>Review of R35's clinical records revealed:</p> <p>9/20/25 &amp;ndash; R35 had a physician's order for contact precautions for C-diff (bacterial overgrowth that releases toxins that attack the lining of the intestines).</p> <p>9/22/25 11:00 AM - The Surveyor observed a notice of contact precaution outside of R35's room.</p> <p>9/22/25 11:01 AM - During interview, E26 (LPN) stated that R35 tested positive for C-diff the past weekend.</p> <p>9/22/25 11:02 AM - In an interview, R35 stated, I have been having diarrhea over the weekend. R35 was observed moving her over bed table and touching her call bell button. R35 was also observed and was heard asking E26 (LPN) to give her the bed control.</p> <p>9/22/25 11:03 AM &amp;ndash; In an interview while in R35's room, E26 was asked what she uses to disinfect high contact objects such as doorknobs, bed rails, overbed tables, bed control and call light button. E26 pointed to the anti-bacterial alcohol-based hand sanitizer mounted on the wall. On her way out of E35's room into the hallway, E26 was heard instructing E32 (CNA) to show to the Surveyor the disinfectant being used.</p> <p>9/22/25 11:04 AM &amp;ndash; In an interview, E32 (CNA) told the Surveyor that they (staff) have been using the anti-bacterial hand sanitizer. When the Surveyor asked E32 for the specific germicidal bleach wipes that targets the C-diff spores, E32 walked towards E38 (Central Supply staff), who confirmed that the facility has the germicidal bleach wipes in stock and that she was going to get it from her office.</p> <p>9/22/25 11:05 AM &amp;ndash; E26 and E32 presented to Surveyor an unopened canister of germicidal bleach wipes. E26 told Surveyor she would use it to disinfect R35's room.</p> <p>2. CDC (Centers for Disease Control and Prevention) guidance dated 6/28/24, states, Enhanced Barrier Precautions are an infection control intervention designed to reduce the transmission of multidrug resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>The facility policy titled Enhanced Barrier Precautions (EBPs) dated 3/26/24 states, .Procedure .1.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[EBP] may be indicated for patients: With chronic wounds ( .diabetic ulcers, vascular/arterial ulcers .) 4. Post Enhanced Barrier Precaution signage on the wall outside the patient(s) room. 5. Ensure PPE is available .</p> <p>Review of R150's clinical record revealed:</p> <p>8/2/25- R150 was readmitted to the facility with diagnoses including diabetes mellitus, congestive heart failure and epilepsy.</p> <p>8/11/25 - A Wound Assessment report completed by P1 documented R150 had two venous ulcers and a diabetic foot ulcer.</p> <p>8/26/25 - R150 was discharged from the facility.</p> <p>9/16/25 - R150 was readmitted to the facility.</p> <p>9/19/25 - R150 had a midline catheter placed for medication administration.</p> <p>9/22/25 - Enhanced Barrier Precautions (EBP) were ordered for R150 for midline catheter placement. This order was entered two days after R150 had midline catheter placed.</p> <p>9/22/25 3:19 PM - EBP signage was posted for R150 and PPE supplies were observed.</p> <p>9/24/25 - R150's midline catheter was removed.</p> <p>9/25/25 2:30 PM - No EBP signage or PPE supplies were observed for R150.</p> <p>9/26/25 1:20 PM - No EBP signage or PPE supplies were observed for R150.</p> <p>9/26/25 1:52 PM - During an interview, The Surveyor asked E11 (IP) if EBP is required for residents that have chronic wounds. E11 stated, EBP should be in place.</p> <p>3. The OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard 29 CFR 1910.1030.(d)(4)(iii)(A)(2)(iii), which describes safeguards to prevent needlestick injuries and protect employees from occupational hazards associated with bloodborne pathogens, states, .containers for sharps shall be routinely replaced and not be allowed to overfill.</p> <p>FDA (U.S. Food and Drug Administration) April 2021 guidance states, .sharps disposal containers are marked with a line to indicate when about three-fourths (3/4) full .sharps disposal containers in healthcare facilities should be disposed when three fourths (3/4) full .</p> <p>9/22/25 2:15 PM - A full sharps container was observed in a residential bathroom in the Memory Care unit.</p> <p>9/22/25 3:04 PM - E39 (LPN, UM) confirmed the full sharps container in the residential bathroom. During an interview, E39 stated, The sharps containers are replaced when they are full. I will let someone know the container needs to be changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  Wilmington Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Foulk Road Wilmington, DE 19803	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/24/25 9:16 AM - A full sharps container was observed in the same residential bathroom.</p> <p>9/25/25 2:25 PM - E5 (LPN, UM) confirmed the full sharps container in the same resident bathroom. E5 stated, I will change it now.</p> <p>9/29/25 1:25 PM - Findings were reviewed with E1, E2 (DON) and E3 (Corporate Nurse) during the exit conference.</p>		