

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Delaware Bay Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 W. North Street Georgetown, DE 19947	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview it was determined that for two (R109 and R97) out of twenty eight residents reviewed the facility failed to ensure practices to prevent infection were followed. Findings include: Review of the CDC's Clinical Safety: Hand Hygiene for Healthcare Workers indicated, Protect yourself and your patients from deadly germs by cleaning your hands. https://www.cdc.gov/clean-hands/hcp/clinical-safety. Review of the Nursing Skills checklist for oral medication administration indicated, Multi-dose containers: When removing tablets or capsules from a multi-dose bottle, pour the necessary number into the bottle cap and then place the tablets or capsules in a medication cup. Cut scored tablets, if necessary, to obtain the proper dosage. If it is necessary to touch the tablets, wear gloves. https://wtcs.pressbooks.pub/nursingskills/chapter/15-4-checklist-for-oral-medication-administration.</p> <p>1. 7/22/25 9:06 AM - During an observation of medication administration E18 (LPN) was observed giving medications to R111, then exiting the room without performing hand hygiene.</p> <p>7/22/25 9:10 AM - E18 (LPN) was observed preparing medications to administer to R109. E18 grabbed a bottle of Tylenol and poured a tablet into the palm of her bare hand, then tilted her hand until the tablet landed in a medicine cup. Next, E18 grabbed a bottle of supplements and poured two capsules into the palm of her bare hand, then tilted her hand until the tablet landed into the medicine cup containing the Tylenol. E18 then turned to the medications in the cup to R109. Upon surveyor intervention E18 immediately confirmed that medications should not be touched with bare hands to prevent infection and that hand hygiene should have been performed between medication administrations.</p> <p>2. Review of R97's clinical record revealed:</p> <p>6/11/25 - R97 was admitted to the facility.</p> <p>6/11/25 7:00 PM - A physician's order for R97 documented to flush PICC line (IV line) with 10 mL normal saline before and after each use.</p> <p>6/12/25 6:00 AM - A physician's order for R97 documented to administer cefazolin sodium (antibiotic) every eight hours for left groin seroma.</p> <p>7/21/2025 2:12 PM - During an interview, R97 stated that staff does not wear a gown when administering antibiotics through the PICC line or when flushing the tubing.</p> <p>7/21/2025 2:20 PM - During an observation, E19 (Agency LPN) disconnected R97's tubing from antibiotic administration. E19 did not have on a gown while accessing R97's PICC line.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/21/2025 2:23 PM - During an observation, E19 administered a saline flush to R97's PICC line and did not have a gown on.</p> <p>7/21/2025 2:25 PM - During an interview, E19 confirmed that she did not have a gown on and did not follow transmission based precautions while accessing R97's PICC line.</p> <p>7/30/25 3:00 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E3 (ADON) during the exit conference.</p>		