STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 46988 Based on interview and record review, it was determined that for two (R37 and R47) out of four residents reviewed for PASARR, the facility failed to ensure that a referral for a PASARR screening was completed. Findings include: 1. Review of R37's clinical record revealed: 2/24/17 - A PASARR level I was completed for R37 and determined that no further evaluation was needed. 3/1/17 - R37 was admitted to the facility. 7/30/18 - R37 was diagnosed with the following diagnoses: delusional disorder, bipolar disorder, and hallucinations. 3/23/23 - R37 was diagnosed with the following diagnoses: generalized anxiety disorder and dementia with psychotic disturbance. 5/8/24 - An annual MDS assessment revealed that R37 had the following diagnoses: anxiety disorder, depression, manic depression, and psychotic disorder. 8/05/24 12:39 PM - An interview with E8 (SW) revealed that that there was no evidence a level II was submitted when there was evidence of a serious mental disorder. 2. Review of R47's clinical record revealed: 5/16/18 - A PASARR level 1.5 was completed for R47 and indicated R47 has a serious mental illness but did not require a level II at this time. 6/19/18 - R47 was admitted to the facility with the following diagnosis: anxiety disorder. 3/31/20 - A PASARR level I was completed for R47 and indicated R47 has a serious mental illness but did not require a level II at this time. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/21/24 - R47 was diagnosed with the following diagnoses: schizoaffective disorder, major depressive disorder, and dementia. 5/1/24 - A quarterly MDS assessment revealed that R47 had the following diagnoses: anxiety disorder, depression, manic depression, schizophrenia, and psychotic disorder. 8/05/24 12:39 PM - An interview with E8 (SW) revealed that there was no evidence a level II was submitted when there was evidence of a serious mental disorder. The facility lacked evidence of any updates submitted to the State PASARR authority for R37 or R47. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46988 Based on record review and interview, it was determined that for two (R104 and R366) of four sampled residents reviewed for Preadmission Screening and Resident Review (PASARR) Level I, the facility failed to have a currently dated PASARR Screening. Findings include: 1. Review of R104's clinical record revealed: [DATE] - A level I convalescence categorical admission was submitted for R104 and approved for sixty days. [DATE] - R104 was admitted to the facility with the following diagnoses: paranoid schizophrenia and intellectual disability. [DATE] - A review of a level I PASARR submitted to the state PASARR authority lacked evidence of R104's current diagnoses and services provided. [DATE] - R104's concalescence categorical admission PASARR expired. [DATE] 1:07 PM - An interview with E8 (SW) confirmed that the PASARR I submitted did not reflect R104's current condition. E8 confirmed that it lacked current diagnoses and services provided. 47621 2. Review of R366's clinical record revealed: Cross refer to F758. [DATE] - Notice of PASARR Level I Screen documented, .there are no known mental health symptoms affecting the individual's ability to think through or complete tasks which she/he should be physically capable of completing . Mental Health Medications - no medications . [DATE] - R366 underwent a psychiatry consult while hospitalized that documented R366 as having hallucinations and behaviors such as pulling out IV's and EKG leads. E29 (psychiatrist) documented, XXX[AGE] year old male with formal psychiatric history . developed hospital delirium. He was seen to adjust his medications because of more confusion and restlessness at night suggestive of sundowning . Level of care: Pharmacological: We can increase Seroquel to 50 mg at 6:00 PM to prevent sundowning, we can gradually increase the dose if the 50 mg is not working. Patient psychotic? No . [DATE] - R366's discharge summary from [hospital] documented, . Hospital Course: .He [R366] also required a sitter due to sundowning episodes . Prescription Medications: Seroquel (Quetiapine) 25 mg oral tablet, 50 mg = 2 tabs . [DATE] - R366's hospital discharge instructions documented, . Updates to Your Medications . Quetiapine (Seroquel) 25 mg (milligrams) 2 tabs by mouth every 24 hours for delirium . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] - R366 was admitted to the facility. [DATE] 5:40 PM - E12 (MD) ordered in R366's EMR, Quetiapine 50 mg - give 1 tablet by mouth one time a day for delirium. [DATE] - R366's admission MDS documented in Section N Medications that antipsychotics were received on a routine basis only. [DATE] 9:47 PM - E13 (PA) documented in R366's progress note, . History of present illness: . Post-op course was complicated . he was also noted to have sundowning episodes . I spoke with patient son (sic) who stated at home he is AO X 3 (alert and oriented to person, place and time) but became very confused while hospitalized . He also stated that the confusion comes and goes . Diagnosis, Assessment and Plan: . Delirium ,d+[DATE] prolonged hospitalization - continue Seroquel 50 mg daily . [DATE] 8:50 PM - E12 (MD) documented in R366's History and Physical progress note, . Diagnosis, Assessment and Plan: . Delirium - Quetiapine. [DATE] 8:38 AM - Email correspondence with C1 (State PASRR supervisor), C1 stated, . He [R366] should have had a resident review submitted when the facility became aware that the PASARR was not an actual reflection of his current condition The PASARR evaluation would determine if further PASARR evaluation or a full level II would be required or not. It is the receiving facility's responsibility to ensure that the PASARR is an accurate reflection of the individual's current condition so they should be reviewing it prior to admitting the individual to their facility. If the PASARR is not accurate, then they should not be admitting the individual and asking the hospital to resubmit. If they do admit, then they must submit the resident review as soon as they are aware of the omissions . In this case, the Level I was not an accurate reflection of his current status at the time of admission. [DATE] 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 47621 Based on record review and interview, it was determined that for eight (R3, R71, R99, R106, R366, R98, R14 and R47) out of twenty-three residents reviewed for assessments, the facility failed to provide services that meet professional standards of quality by having Licensed Practical Nurses (LPN) complete admission assessments and admission progress notes. Findings include: Delaware State Board of Nursing - RN, LPN and NA/UAP Duties 2024 . Admission Assessments * - RN .* = Once a care plan is established, the LPN may do assessments . 1. Review of R3's clinical record revealed: 1/5/24 - R3 was admitted to the facility. A review of R3's clinical record revealed the following 1/6/24 facility admission forms generated by E14 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 7/1/24 - R3 was readmitted to the facility after a hospitalization . A review of R3's clinical record revealed the following 7/1/24 facility admission forms generated by E15 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 2. Review of R71's clinical record revealed: 11/1/23 - R71 was admitted to the facility. A review of R71's clinical record revealed the following 11/2/23 facility admission forms generated by E16 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 3. Review of R99's clinical record revealed: 2/4/24 - R99 was admitted to the facility. A review of R99's clinical record revealed the following 2/4/24 facility admission forms generated by E16 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 4. Review of R106's clinical record revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2/27/24 - R106 was admitted to the facility. A review of R106's clinical record revealed the following 2/27/24 facility admission forms generated by E21 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 5. Review of R366's clinical record revealed: 7/12/24 - R366 was admitted to the facility. A review of R366's clinical record revealed the following 7/12/24 facility admission forms generated by E20 (LPN): Demographics/Orientation to facility, ADLs, Skin Integrity, Oral/Nutrition, Neurological, Respiratory, Cardiovascular, Gastrointestinal, Reproductive, Bladder/Bowel, Sleep, Pain, Mobility/Safety, and Sensory evaluations. 40260 6. Review of R98's clinical record revealed: 9/26/23 - R98 was admitted to the facility. 9/26/23 - E31 (LPN) completed the Prestige Admit/Readmit Screener, Fall Risk, Dehydration Risk, Wander Elopement screener, Assistive Device & Bed Safety Evaluation, and Respiratory Infection screener. 7. Review of R14's clinical record revealed: 7/9/24 - R14 was admitted to the facility. 7/10/24 - E20 (LPN) completed the Prestige Admit/Readmit Screener, Fall Risk, Dehydration Risk, Wander Elopement screener, Assistive Device & Bed Safety Evaluation, Pain Evaluation, Functional Abilities Assessment and Respiratory Infection screener. An LPN, not an RN, as required by the Delaware State regulation for Board of Nursing Scope of practice, completed the admission assessments for R14. 8/1/24 9:55 AM - During an interview, E23 (DON) stated, The admission paperwork is done by the nurse assigned to the room. Sometimes, the supervisor or charge nurse helps out. Usually they (supervisor/charge nurse) put the orders in. The admission assessments in the Admit/Readmit screener include: demographics/orientation, ALDs, oral/nutrition, neuro, respiratory, cardiovascular, GI (gastrointestinal), reproductive, bladder/bowel, sleep, pain, mobility/safety, dehydration and sensory evaluations. The nurse also does an admission progress note. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 47621 Based on record review and interview, it was determined that for one (R113) out of one resident reviewed for discharge, the facility failed to ensure that R113 had a discharge summary that included a reaccounting of her stay and a review of her pre-discharge medications. Findings include: 4/14/24 - R113 was admitted to the facility with diagnosis, including but not limited to, broken left arm. 4/26/24 10:12 AM - R113's discharge conference note documented it was attended by E8 (SW), R113 and her two sons. 5/2/24 10:39 AM - E21 (LPN) completed R113's nursing discharge plan of care instructions. 5/2/24 - R113 was discharged from the facility in the company of her son. 8/1/24 12:11 PM - A review of R113's clinical record revealed two progress notes from the providers dated 4/15/24 and 4/16/24. The surveyor was not able to find evidence of R113's discharge summary in the EMR (electronic medical record). It should be noted that the two provider notes dated 4/15/24 and 4/16/24 (within the first week of R113's admission) are the only provider notes in R113's EMR for her 19 day stay at the facility. 8/5/24 4:06 PM - During a telephone interview, E12 (MD) stated, Sometimes, the [medical practice] notes don't make it to the chart. I will look for her [R113] discharge summary and send to the facility. 8/6/24 1:36 PM - The surveyor received a copy of R113's discharge summary. The date of service on the discharge summary was 5/2/24. The date the discharge summary document was e-signed in the EMR was 8/5/24 at 5:47 PM. E-signing a note in the EMR marks the time stamp for when a progress note was finalized and made available in the resident's record. Since R113's discharge summary was e-signed on 8/5/24 at 5:47 PM, this discharge summary was not available in the EMR on 5/2/24, the day R113 was discharged from the facility. The discharge summary contains necessary medical information that the facility must furnish at the time the resident leaves the facility. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 46988 Based on observation, interview and record review, it was determined that for one (R37) out of five residents reviewed for ADL's, the facility failed to ensure that residents who are unable to carry out ADL's received the necessary services to maintain good grooming. Findings include: Review of R37's clinical record revealed: 3/1/17 - R37 was admitted to the facility. 5/8/24 - A review of an annual MDS assessment revealed that R37 is dependent for showering and bathing self. June 2024 - A review of the CNA task flow sheet revealed that R37 received thirty two bed baths out of sixty opportunities. July 2024 - A review of the CNA task flow sheet revealed that R37 received twenty nine bed baths out of sixty opportunities. 7/30/24 9:55 AM - An observation revealed that R37 had long nails and a black debris noted underneath. 8/1/24 10:34 AM - An observation revealed that R37 had long nails and a black debris noted underneath. 8/2/24 11:36 AM - An observation revealed that R37 had long nails and a black debris noted underneath. 8/7/24 11:55 AM - An interview, E11 (CNA) confirmed that nail care is expected to be completed daily by staff unless physician's orders indicate otherwise or resident refuses. E11 confirmed that R37's nails were long and a black debris noted underneath. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46988 Based on observation, interview and record review it was determined that for four (R47, R55, R61 and R100) out of five residents reviewed for bowel and bladder, the facility failed to provide services to restore bladder continence. Findings include: 1. Review of R47's clinical record revealed: 6/19/18 - R47 was admitted to the facility. 2/6/24 - A review of a quarterly MDS assessment revealed that R47 is always incontinent of bladder and frequently incontinent of bowel. No toileting program was indicated. 2/2024 - A review of the February CNA task flow sheet revealed that R47 was incontinent of bowel nine out of ninety opportunities. 3/2024 - A review of the March CNA task flow sheet revealed that R47 was incontinent of bowel two out of ninety opportunities. 4/2024 - A review of the March CNA task flow sheet revealed that R47 was incontinent of bowel seven out of ninety opportunities. 5/1/24 - A review of a quarterly MDS assessment revealed that R47 was always incontient of bladder and always incontinent of bowel. No toileting program was indicated. 8/6/24 12:16 PM - An interview with E4 (MDS LPN) revealed that the MDS coordinators are responsible for monitoring residents bowel and bladder continence and establishing toileting programs for the residents who need it. E4 confirmed that R47 was not on a toileting program at this time. 8/7/24 10:50 AM - An interview with E11 (CNA) confirmed that R47 was continent prior to last admission to the hospital and was able to use a bed pain prior. E11 confirmed that R47 is now more incontinent and does not request the bed pan. 2. Review of R55's clinical record revealed: 4/13/22 - R55 was admitted to the facility. 2/28/24 - A review of the annual MDS assessment revealed that R55 was occasionally incontinent of bladder and was always continent of bowel. No toileting program was indicated. 2/2024 - A review of the February CNA task flow sheet revealed that R55 was incontinent of bladder ten out of ninety opportunities. 3/2024 - A review of the March CNA task flow sheet revealed that R55 was incontinent of bladder twenty-seven out of ninety opportunities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/2024 - A review of the April CNA task flow sheet revealed that R55 was incontinent of bladder twenty-four out of ninety opportunities. 5/2024 - A review of the May CNA task flow sheet revealed that R55 was incontinent of bladder thirty-three out of ninety opportunities. 5/29/24 - A review of a quaterly MDS assessment revealed that R55 was frequently incontinent of bladder and occasionally incontinent of bowel. No toileting program was indicated. 8/6/24 12:16 PM - An interview with E4 (MDS LPN) revealed that the MDS coordinators are responsible for monitoring residents bowel and bladder continence and establishing toileting programs for the residents who need it. E4 confirmed that R55 was not on a toileting program at this time. 3. Review of R61's clinical record revealed: 3/12/21 - R61 was admitted to the facility. 12/21/23 - A review of a quarterly MDS assessment revealed that R61 was always incontinent of bladder and frequently incontinent of bowel. No toileting program was indicated. 12/2023 - A review of the December CNA task flow sheet revealed that R61 was incontinent of bowel thirty-nine out of ninety opportunities. 1/2024 - A review of the January CNA task flow sheet revealed that R61 was incontinent of bowel twenty-four out of ninety opportunities. 2/2024 - A review of the February CNA task flow sheet revealed that R61 was incontinent of bowel twelve out of ninety opportunities. 3/2024 - A review of the March CNA task flow sheet revealed that R61 was incontinent of bowel twenty out of ninety opportunities. 3/19/24 - A review of an annual MDS assessment revealed that R61 was always incontient of bladder and always incontinent of bowel. 8/6/24 12:16 PM - An interview with E4 (MDS LPN) revealed that the MDS coordinators are responsible for monitoring residents bowel and bladder continence and establishing toileting programs for the residents who need it. E4 confirmed that R55 was not on a toileting program at this time. 8/7/24 11:04 AM - An interview with E28 (CNA) confirmed that R61 was dependent on staff for toileting and no toileting program was in place. E28 confirmed that R61 was toileted every two hours. 4. Review of R100's clinical record revealed: 10/16/23 - R100 was admitted to the facility. 4/9/24 - A review of a quarterly MDS assessment revealed that R100 was always continent of bladder and always continent of bowel. No toileting program was indicated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/2024 - A review of the May CNA task flow sheet revealed that R100 was incontinent of bladder five out of ninety opportunities. 6/2024 - A review of the June CNA task flow sheet revealed that R100 was incontinent of bladder four out of ninety opportunities. 7/2/24 - A review of a quaterly MDS assessment revealed that R100 was occasionally incontinent of bladder and always continent of bowel. No toileting program is indicated at this time. 7/2024 - A review of the July CNA task flow sheet revealed that R100 was incontinent of bladder eight out of ninety opportunities. 8/6/24 12:16 PM - An interview with E4 (MDS LPN) revealed that the MDS coordinators are responsible for monitoring residents bowel and bladder continence and establishing toileting programs for the residents who need it. E4 confirmed that R55 was not on a toileting program at this time. 8/7/24 10:50 AM - An interview with E19 (CNA) confirmed that R100 was not on a toileting program. E19 stated R100 was always continent and does not require staff assistance for toileting. The facility lacked evidence of responding to decreased continence and failed to provide evidence of services to restore continence for R47, R55, R61, and R100. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47621 Based on record review and interview, it was determined that for one (R366) out of nine residents reviewed for nutrition, the facility failed to recognize and address R366's significant weight loss. Findings include: Cross refer to F711. 7/12/24 - R366 was admitted to the facility with diagnoses including, but not limited to, enterocolitis due to c-diff infection and protein-calorie malnutrition. 7/12/24 10:43 PM - R366's weight was documented in the EMR as 182.5 pounds. 7/12/24 - E12 (MD) ordered in R366's EMR, Regular diet, mechanical soft with ground meats texture. 7/12/24 - E12 ordered in R366's EMR, Weight - daily one time a day. 7/15/24 9:47 PM - E13 (PA) documented in R366's progress notes, . Vital signs: weight 181.2 lbs (pounds) . Patient also does receive TPN (total parental nutrition) due to poor nutritional intake. Diagnosis, Assessment and Plan: Unspecified severe protein-calorie malnutrition - present on admission, Nutrition consult . 7/15/24 - E13 (PA) ordered in R366's EMR, Boost one time a day for PCM (protein-calorie malnutrition) risk. Offer 240 ml Boost q day - prefers chocolate. 7/15/24 11:35 AM - R366's lab work documented an albumin level of 2.9 g/dl, with a normal albumin range as 3.5 to 5.0 g/dl, and a total protein level of 6.3g/dl, with a normal total protein level of 6.3 to 8.2 g/dl. 7/15/24 2:06 PM - E7 (Dietician) documented in R366's progress notes that R366 was seen to review nutrition interventions and collect food/fluid preferences. 7/15/24 4:37 PM - E7 documented in R366's Nutrition Admission assessment, . Res (resident) is at nutritional risk r/t (related to) use of TPN during hospitalization for hydration and nutritional needs; use of mechanically altered texture diet; physical s/s (signs and symptoms) of malnutrition visible- fat loss + muscle wasting; recent Sx + c-diff infection w/increased metabolic stress/increased needs; advanced age . Res w/noted varied % po intakes since admit . No significant weight changes known from hospital wt 6/18 187 lbs to admit weight to facility . Recent labs 7/15/24 . Alb 2.9 .Total pro (protein) 6.3 . Plan: . Goal is for stable weights despite BMI in elevated range given PCM risk . Macronutritient supplementation for therapeutic diet for PCM risk/ skin integrity/increased needs . Monitor PRN and quarterly during LOS. Update interventions and care plan as needed w/ changes. These two nutritional notes were the only nutritional notes in R366's EMR until the surveyor notified the facility of R366's significant weight loss. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/16/24 - E7 initiated a nutritional risk focus on R366's care plan with interventions that included: Monitor/record/report to MD PRN s/sx of malnutrition: emaciation (cachexia), muscle wasting, significant weight loss: 3 lbs in 1 week, >5% in 1 month, > 7.5 % in 3 months, >10% in 6 months. The weight difference from the admission weight on 7/12/24 of 182 pounds to the 7/22/24 weight of 167.4 pounds was a 14.6 pounds weight loss, which represented 8.1 % loss calculated. 7/24/24 1:02 PM - R366's weight was documented in the EMR by E24 (LPN) as 167.0 pounds. 7/30/24 9:35 AM- R366's weight was documented in the EMR by E24 (LPN) as 167.7 pounds. 8/2/24 3:10 PM - During a telephone interview, the surveyor notified E7(Dietician) of R366's 17 pound weight loss. After signing into R366's EMR and looking at the documented weights, E7 confirmed that R366 had a significant weight loss of 17 pounds in 3 weeks. Prior to this conversation, E7 was unaware of R366's weight loss. E7 clarified that PCM in the notes stands for protein-calorie malnutrition. E7 stated, He [R366] does have some dietary interventions that show on his diet ticket. He gets ice cream for lunch daily. E7 confirmed that R366's albumin level on 7/15/24 was 2.9 and that R366 would benefit from protein supplementation. E7 stated. He should have other supplements so I will get with the doctor about it. E7 confirmed that there were only two nutrition notes; both on 7/15/24, which was 3 days after R366's admission. 8/2/24 - E12 ordered in R366's EMR. Boost three times a day for PCM risk; varied % PO intakes, wt loss. Offer 240 ml Boost TID - prefers chocolate. 8/2/24 - E13 (PA) ordered in R366's EMR, Liquid protein one time a day for increased needs for wound healing. Offer 30 ml q/day of [NAME] 20 liquid protein supplement. 8/5/24 4:06 PM - During a telephone interview, E12 stated, We go over the residents with weight changes at the IDT meeting on Tuesdays. Normally I address it in my notes. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 47621 Based on record review and interview, it was determined that for one (R366) out of twenty-three residents reviewed for physician visits, the facility failed to ensure the physician visits included evaluation of R366's condition and total program of care to address R366's significant weight loss. Findings include: Cross refer to F692. 7/12/24 - R366 was admitted to the facility with diagnoses including, but not limited to, enterocolitis due to c-diff infection, S/P abdominal surgery with wound vac (wound management system) in place on his abdominal incision wound and protein-calorie malnutrition. 7/12/24 10:43 PM - R366's weight was documented in the EMR by E20 (LPN) as 182.5 pounds. 7/15/24 9:47 PM - E13 (PA) documented in R366's progress notes, . Vital signs: weight 181.2 lbs . Patient also does receive TPN (total parental nutrition) due to poor nutritional intake. Diagnosis, Assessment and Plan: Unspecified severe protein-calorie malnutrition - present on admission, Nutrition consult . 7/15/24 11:35 AM - R366's lab work documented an albumin level of 2.9 g/dl, with a normal albumin range as 3.5 to 5.0 g/dl, and a total protein level of 6.3g/dl, with a normal total protein level of 6.3 to 8.2 g/dl. 7/15/24 - E13 ordered in R366's EMR, Boost one time a day for PCM risk. Offer 240 ml Boost q day - prefers chocolate. 7/16/24 - E12 (MD) documented in R366's admission History and Physical note, . Vital signs: weight 180.9 lbs 7/16/24 10:17 AM . The physician note dated 7/16/24 failed to provide evidence of interventions with regard to R366's nutritional status. 7/23/24 7:16 PM - E12 documented in R366's progress notes, . Vital signs: weight 167.4 lbs (Warnings : -5% change, False. -7/5% change, False) 7/22/2024 1:11 PM) . Labs: All Labs, images, reports and previous notes reviewed . The provider note dated 7/23/24 did not address the documented 13.5 pound weight loss or document any treatments intiated to intervene regarding the weight loss. 7/24/24 1:02 PM - R366's weight was documented in the EMR by E24 (LPN) as 167.0 pounds. 7/30/24 9:35 AM- R366's weight was documented in the EMR by E24 (LPN) as 167.7 pounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/30/24 7:38 PM - E12 documented in R366's progress notes, . Vital signs: weight 167.7 lbs (Warnings : -5% change, False. -7/5% change, False) 7/30/2024 9:35 AM) . Labs: All Labs, images, reports and previous notes reviewed . The provider note dated 7/23/24 did not address R366's weight loss or document any treatments regarding this weight loss. 8/2/24 3:10 PM - During a telephone interview, E7 (Dietician) confirmed that R366 had a significant weight loss of 17 pounds in 3 weeks. E7 stated, He [R366] does have some dietary interventions that show on his diet ticket. He gets ice cream for lunch daily. E7 confirmed that R366's albumin level on 7/15/24 was 2.9 and that R366 would benefit from protein supplementation. E7 stated. He should have other supplements so I will get with the doctor about it. 8/5/24 4:06 PM - During a telephone interview, E12 (MD) stated, We go over the residents with weight changes at the IDT meeting on Tuesdays. Normally I address it in my notes. The physician failed to identify and address R366's weight loss/nutritional status in the weekly progress notes dated 7/16/24, 7/23/24 and 7/30/24. Upon reviewing the 7/15,24 lab results, the physician failed to order additional nutritional supplementation for R366, who in addition to his c-diff infection, had a gaping abdominal incision. Both of these health issues would increase R366's caloric needs. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 46988 Based on observation, interview and record review, it was determined that for two (R102 and R366) out of five residents sampled for medication review, the facility failed to ensure that the residents were free from unnecessary meds. Findings include: 1. Review of R102's clinical record revealed: 2/22/24 - R102 was admitted to the facility under hospice care. 5/13/24 - A review of the physician's orders for R102 revealed an order for Haldol (antipsychotic medication) 2mg give one tablet two times a day for nausea and vomitting, hospice. The order was entered by E13 (PA) and approved by E12 (MD). 6/21/24 - A review of the physician's orders for R102 revealed an order for Haldol (antipsychotic medication) 5mg give one tablet at bedtime for agitation. 7/30/24 10:35 AM - An interview with FM1 (Son) revealed that R102 was always sleeping when FM1 comes to the facility to visit. FM1 stated he had spoken to the Unit Manager to express his concerns regarding R102's change in status. 8/1/24 12:00 PM - An interview with E26 (CNA) confirmed that R102 was sleeping more often in the dayroom and E26 noticed R102 was missing meals due to sleeping. 8/1/24 12:15 PM - An interview with C2 (RN Hospice) revealed the agency received a call from FM1 about R102's excessive daytime sleeping and C2 was at the facility to assess R102's medications. 8/1/24 12:26 PM - An interview with E25 (UM) revealed that R102 was sleeping more during the day and that E25 shared this information with E13, but is unable to recall when the conversation occurred. 8/1/24 12:30 PM - An interview with C2 confirmed that R102's medication was reduced per C2's recommendation. 8/8/24 10:33 AM Interview with E12 (MD) confirmed that he was not informed of R102's excessive daytime sleepiness. The facility lacked evidence of staff reporting to the providers of R102 increased lethargy and daytime sleepiness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 40260 Based on clinical record review and interview, it was determined that for four (R14, R90, R100, R47 and R366) out of five residents reviewed for unnecessary psychotropic medications, for R14, the physician failed to ensure that that an appropriate diagnosis was reflected in the resident's chart while antipsychotic medications were being administered. For two residents (R90 and R100), the facility failed to limit an as needed (PRN) psychotropic medication to 14 days. For R366, the facility failed to ensure adequate monitoring (AIMS assessments) and adequate indication for quetiapine (Cross refer to 645). Findings include: 1. Review of R14's clinical record reevealed: 7/9/24 - R14 was admitted to the facility. 7/8/24 - A Preadmission screening and Resident Review (PASARR) Level 1 was completed and revealed that R14 has a diagnosis of generalized anxiety disorder for which Seroquel (Quetiapine Fumarate) is prescribed. 7/9/24 - Discharge Instructions from R14's previous rehabilitation center revealed that R14 was prescribed Seroquel for generalized anxiety disorder. 7/9/24 - An order for Quetiapine Fumarate Oral Tablet 50 MG . Give 1 tablet by mouth in the evening for generalized anxiety was added to R14's MAR. 8/8/24 10:18 AM - In an interview, E12 (MD) stated that the absence of generalized anxiety disorder from R14's list of diagnoses was an oversight and needed to be fixed. E12 stated that the diagnoses at least need to match those from the previous facility. 47142 2. Review of R90's clinical record revealed: 3/8/23 - R90 was admitted to the facility with diagnoses including but not limited to Alzheimer's disease. 6/14/23 - A new diagnosis of Generalized anxiety disorder for R90. 5/7/24 - R90 had a Physician's order for xanax 0.5 mg, give 1 tablet by mouth every 6 hours as needed for restlessness/agitation, please renew every 14 days while in use. The aforementioned order did not have an end date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8/6/24 10:19 AM - During an interview E12 (MD) stated that they begin a resident for 14 days and then the order will renew every 180 days. After reading the order to E12 with the order saying to renew every 14 days, E12 stated, We need to take a look at that. There was a lack of documentation by the facility for the rationale in the medical record to extend the order beyond 14 days and no evidence of an evaluation. 46988 3. Review of R100's clinical record revealed: 10/16/23 - R100 was admitted to the facility with the following diagnoses: generalized anxiety disorder, major depressive disorder, and adjustment disorder with depressed mood. 2/20/24 - A review of R102's physician's orders revealed an order for Alprazolam (anti-anxiety medication) 0. 25 mg give one tablet every eight hours as needed for anxiety/tearfulness for 180 days. 8/8/24 10:27 AM - An interview with E12 (MD) confirmed that PRN (as needed) medications are prescribed initially with a 14 day stop date and change to 180 day stop date. E12 confirmed that R102's alprazolam order did not have a rationale for continued use and will update the order. 4. Review of R47's clinical record revealed: 6/19/18 - R47 was admitted to the facility. 9/29/18 - A review of R47's medical diagnoses revealed R47 has insomnia. 5/24/24 - A review of the physician's orders revealed an order for Trazadone 100 mg at bed time for restlessness. 8/8/24 10:29 AM - An interview with E12 (MD) revealed that restlessness is not a common diagnosis for the use of trazadone and most likely was provided by an outside provider. E12 agreed that the provider using sleeplessness is a more appropriate diagnosis. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference. 47621 5. Review of R366's clinical record revealed: Facility's Policy for Utilization of Psychotropic Medications in Skilled Nursing Facility - .1. Assessment and Indication - Clear Indication: Psychotropic medications should only be prescribed for specific, documented indications such as major psychiatric disorders, severe behavioral symptoms, or significant distress where non-pharmacological interventions have been insufficient . 3. Monitoring and Evaluation: Regular Monitoring: Monitor the resident regularly for effectiveness and side effects, including changes in behavior, cognitive function and overall well-being . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/12/24 - R366's discharge summary from [hospital] documented, . Hospital Course: .He [R366] also required a sitter due to sundowning episodes . Prescription Medications: Seroquel (Quetiapine) 25 mg oral tablet, 50 mg = 2 tabs . 7/12/24 - R366 was admitted to the facility. 7/12/24 5:40 PM - E12 (MD) ordered in R366's EMR, Quetiapine 50 mg - give 1 tablet by mouth one time a day for delirium. 7/14/24 - R366's admission MDS documented in Section N Medications that antipsychotics were received on a routine basis only. 7/18/24 - E27 (Consultant pharmacist) documented in R366's July Medication Regimen Review (MRR), . 2. Current Order: High Risk Medication Monitoring: Antipsychotic Medication (Quetiapine): Routine Antipsychotic use must be evaluated by MD on admission for potential dose reduction or discontinuation; Perform AIMS (a tool to assess involuntary movements caused by antipsychotic medicine) test within 30 days of admission & every 6 months. Please provide rationale for use with diagnosis of delirium. 7/31/14 - E12 documented on the July MRR that he agreed with recommendation #2 but did not order AIMS test or provide a rationale for the use of quetiapine with the diagnosis of delirium. 8/5/24 4:06 PM - During a telephone interview, E12 confirmed that he did not order the AIMS test in R366's EMR and he did not document a rationale for the usage of quetiapine in the setting of delirium in R366's EMR. 8/5/24 - E13 (PA) ordered in R366's EMR, AIMS test every 6 months .for anti-psychotic usage. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 38302 Based on observations and interview, it was determined that the facility failed to ensure the dietician approved menus are followed to meet the nutritional needs of the residents and for two (R49 and R97) out of ten sampled residents, the facility failed to ensure that residents received the selected food from the menu. Findings include: 7/30/24 11:20 AM - During a tour of the kitchen, the posted menu indicated that the lunch option for that Tuesday was ravioli, green beans, and mashed potatoes with gravy. Review of the facility submitted menu for the week of July 28th through August 3rd indicated that the planned lunch for July 30 was baked beef patty, green beans, mashed potatoes and gravy. An interview with E6 (Dietary Director) revealed that the ravioli was a substitution for the baked beef patty listed on the original menu. 8/7/24 10:23 AM - An interview with E7 (Dietician) revealed the substitution of ravioli on July 30, 2024 was not brought to the attention of the dietician for approval as an adequate substitute as part of that meal. 47142 2. 7/31/24 9:18 AM - A random observation of R49's breakfast tray revealed missing almond milk and cranberry juice. R49 stated he doesn't get what is on the meal ticket and that he receives fruit punch instead of cranberry juice. The meal ticket showed R49 was supposed to have the almond milk and cranberry juice. 8/1/24 9:13 AM - A random observation of R49's breakfast tray revealed missing breakfast ham, cranberry juice and almond milk. There were no substitutions on the tray form the missing breakfast ham or the almond milk. Instead of cranberry juice there was apple juice on the tray. 8/1/24 9:16 AM - An observation of R49 telling E9 (CNA) that he did not receive what he wanted, E9 apologized and stated she would call the kitchen. 8/1/24 9:23 AM - An interview with E9 revealed that she called the kitchen and they did not have cranberry juice. 8/1/24 12:54 AM - A random observation of R49's lunch tray revealed missing creamed corn and mechanical soft refried beans. The meal ticket showed R49 was supposed to have the creamed corn and mechanical soft refried beans and there were no substitutions provided. 8/2/24 11:14 AM - A interview with E7 (Dietician) revealed that what is printed on the meal ticket should be on the resident's tray. E7 stated that they did not have creamed corn in the kitchen and the facility just recently stopped carrying almond milk, which confirmed there was none in the facility. E7 stated since the kitchen did not have any refried beans they were supposed to substitute mashed potatoes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	46988 3. 8/7/24 1:38 PM - A random observation of R97's lunch tray revealed that chocolate ice cream and iced tea were missing from the tray. A review of the printed lunch ticket confirmed chocolate ice cream and iced tea were on R97's menu order for lunch. 8/7/24 1:42 PM - An interview with E11 (CNA) confirmed that the chocolate ice cream and iced tea were missing from the tray. E11 called down to the kitchen to have the missing items sent to the unit. E11 confirmed that items are consistently missing on trays during meal time. 8/8/24 1:04 PM - A random observation of R97's lunch tray revealed that six ounces of beef and barley soup, four ounces of carrot raisin salad, one cookie, and one carton of milk was missing off the tray. A review of the printed lunch ticket confirmed that the soup, salad, cookie, and milk were on R97's menu order for lunch. 8/8/24 2:00 PM - An interview with E11 (CNA) confirmed the above mentioned items were not delivered on the tray. E11 stated that R97's visitor had provided food that he brought for R97. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38302 Based on observation and interview, it was determined that the facility failed to ensure food was stored, prepared, and served in a manner that prevents food borne illness to the residents. Findings include: 7/30/24 8:58 AM - During the initial tour of the kitchen, there was food and other small bits of debris on the floor near the walk-in refrigerator and adjacent to the back of the tray line. 7/30/24 9:34 AM - During a tour of the kitchen, frozen hot dogs in a pan were being thawed in a sink under warm running water. Acceptable methods for thawing frozen food under running water require the water to be cold. 7/30/24 10:05 AM - During a tour of the kitchen, several food items including, cake slices, leftover cooked meat, and corn kernels in the walk-in refrigerator were missing the date label. 7/30/24 10:58 AM - Observation of the walk-in refrigerator revealed the storage shelves were rusted in numerous areas. 7/30/24 11:05 AM - During a tour of the kitchen, the surveyor observed E6 (Dietary Director) test the sanitizer level of the solution in two red sanitizing buckets. When E6 tested the sanitizing solution, the test strips from each of the two buckets indicated that the level of chemical concentration in the buckets was not at a sufficient level to provide proper sanitization. Further testing of the chemical sanitizer at the three-compartment sink by E6 revealed the sanitizer level at the sink was not at a sufficient level to provide proper sanitization. 7/30/24 1:57 PM - Observation of nourishment refrigerator in the [NAME] hallway revealed two (2) cartons of nutritional shake that were undated. The instructions on the carton indicate that once opened, any remaining product should be discarded after four (4) days. 7/30/24 2:13 PM - Observation of nourishment refrigerator adjacent to the Sussex hallway nurse's station revealed a take-out container labeled with a resident's name, but no date to indicate when the item should be discarded. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47621 Based on observation and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment. It was determined that for two (R101, R165) out of twenty-one residents for infection control, the facility failed to initiate enhanced barrier precautions on residents with MDRO colonization. The facility 's IPCP surveillance program failed to meet national standards and was lacking in process surveillance of staff practices. Findings include: Cross refer F881 and F842. Facility's Infection Surveillance Policy . Procedure: . 2. Identify individual cases and trends of significant infections to intervene and prevent the spread to other residents and staff 5. When infection or colonization with epidemiologically important organisms is suspected, culture may be sent, if appropriate, to a laboratory for identification or confirmation . 9. The Attending physician will determine the treatment plan for the resident . 10. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the Infection Preventionist will ensure staff are educated and interventions are in place . 12. The Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data . The data may include: a. lab reports, including culture and sensitivities . d. vital signs, especially temperature . 13. All multidrug- resistant reports require immediate attention . Facility's Enhanced Barrier Precautions (EBP) Policy . Procedures: 1. EBP will be used in addition to standard precautions and when: a. A resident has an infection or colonized CDC-targeted MDRO and Contact Precautions do not otherwise apply or; b. A resident has a chronic wound or indwelling medical device even if the resident is not known to be infected or colonized with a CDC-targeted MDRO . Per the CDC document, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent the Spread of Multidrug- esistant Organisms (updated July 12, 2022), focusing only on residents with active infections fails to address the continued risk of transmission from residents with MDRO colonization, who, by definition, have no symptoms of illness. MDRO colonization may persist for long periods of time (e.g months) which contributes to the silent spread of MDROs. McGeer Criteria for Infection Surveillance: Syndrome- UTI without indwelling catheter Criteria- Must fulfill both 1 and 2. 1. At least one of the following sign or symptom: -Acute dysuria (pain on urination) or pain, swelling or tenderness of testes, epididymis or prostate -Fever or leukocytosis (elevated white blood cell count), and greater than 1 of the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--acute costovertebral angle pain or tenderness --suprapubic pain --gross hematuria --new or marked increased in incontinence --new or marked increase in urgency --new or marked increase in frequency -If no fever or leukocytosis, then greater than 2 of the following: --suprapubic pain --gross hematuria --new or marked increased in incontinence --new or marked increase in urgency --new or marked increase in frequency 2. At least one of the following microbiologic criteria -greater than 10 to the fifth CFU/ml of no more than 2 species of organisms in a voided urine sample -greater than 10 to the second CFU/ml of any organism(s) in a specimen collected by an in-and-out catheter. 1. Review of R21's clinical record revealed: 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Report dated 4/9/24, which the facility provided as part of their infection line listing, R21 was documented . with infection ESBL no location of this infection was noted on Macrobid 100 mg BID thru (sic) 4/14. This line listing did not specify the name of the pathogen, its location or describe R21's signs and symptoms of infection. The line listing did not document the infection as healthcare-associated infection (HAI) or community-acquired. The line listing also did not document that R21 was on contact precautions. 2. Review of R71's clinical record revealed: 11/1/23 - R71 was admitted to the facility with diagnoses including, but not limited to, dementia and congestive heart failure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/7/24 - E33 documented in R71's progress note, Resident noted to have difficulty holding a lucid conversation today. Husband thinks there is a change. Incontinent of urine. Urine in brief was odorous with red tinge. Will obtain a UA specimen for testing. Afebrile. 98.5. 4/8/24 - E12 (MD) ordered in R71's EMR, STAT UA (urinalysis) . CBC (complete blood count) and BMP (basic metabolic panel) r/t (related to) change in mental status . 4/10/24 - R71's microbiology urine culture final report documented. Final ESBL- producing organism . >100, 000 CFU/ml. Attention: ESBL producing organism, contact isolation required . 1. Klebsiella oxytoca ESBL. The report then listed that the pathogen was resistant to eight antibiotics. Based on McGeer's UTI without indwelling catheter criteria, this progress note along with the microbiology culture results provided documentation that met criteria for a UTI due to hematuria and new incontinence in the setting of no fever. 4/10/24 - E13 (PA) ordered in R71's EMR, Contact precautions for ESBL (extended-spectrum beta-lactamases) in urine until end of abt therapy . 8/7/24 2:16 PM - During a telephone interview regarding R71's urinary tract infection, E12 (MD) stated, Yes, we knew it was an MDRO. When asked about differentiating an infection from a colonization, E12 stated that pathogen had growth of greater than 100,000 CFU/ml is universally considered an infection. 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Report dated 4/9/24, which the facility provided as part of their infection line listing, R71 was documented . with infection UTI on Augmentin 500-125 BID thru (sic) 4/17. This line listing did not specify the name of the pathogen or describe R71's signs and symptoms of infection. The line listing did not document the infection as healthcare- associated infection (HAI), which it was since R71 had not left the facility since being readmitted after a hospitalization on [DATE]. 3. Review of R95's clinical record revealed: 3/5/24 - R95 was admitted to the facility. 5/11/24 3:52 PM - R95's EMR in the Results tab documented, Collection date 5/9/24 7AM, Received date: 5/9/24 12:03 PM, Reported date: 5/11/24 3:52 PM Urine cath - 1 Organism growth final status. This lab result report was documented as Reviewed by E13 (PA) on 6/24/24 at 8:46 AM. The surveyor was not able to find any documentation in R95's EMR of the specific pathogen that grew from this sample. The only documentation of a pathogen was 1 organism growth' in the Results tab of R95's EMR. Upon request for the final microbiology culture with sensitivities, the surveyor was provided the document below. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/11/24 - R95's microbiology urine culture final report documented. Final: .>100,000 CFU/ml. Attention: Multi drug resistant organism, contact isolation required .1. Methicillin Resistant Staphylococcus aureus. The report then listed that the pathogen was resistant to two antibiotics. The microbiology urine culture final report revealed that R95 's urine was infected with MRSA. Of note, both the lab report in the Results tab of R95's EMR and R95's microbiology urine culture final report are dated 5/11/24. It is unclear why the final microbiology culture report was not uploaded into R95's EMR under the Results tab. 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Reports dated 5/14/24, 5/21/24, and 5/28/24, which the facility provided as part of their infection line listings, R95 was documented . with infection UTI on Macrobid 100 mg BID (twice a day) thru (sic) 5/29. This line listing did not specify the name of the pathogen or describe R95's signs and symptoms of infection. The line listings did not document whether R95 was on the required contact precautions. The line listing did not document whether the infection was healthcare-associated infection (HAI) or community-acquired. 4. Review of R101's clinical record revealed: 11/29/23 - R101 was admitted to the facility with diagnoses including, but not limited to, dementia. 4/19/24 - E13 (PA) documented in R101's progress note, . Chief complaint: Behaviors/increased confusion . Diagnosis, Assessment and Plan: . Mood disorder- increased confusion, rule out UTI. UA, C&S requested . 4/19/24 - E13 (PA) ordered in R101's EMR, UA C&S one time. 4/21/24 4:48 AM - E35 (LPN) documented in R101's progress notes, Resident had no complaints of discomfort with urination . 4/22/24 12:21 PM - E36 (LPN) documented in R101's alert charting, . No s/s (signs and symptoms) of UTI. Afebrile . 4/24/24 - R101's microbiology urine culture final report documented. Final ESBL- producing organism . Isolate 1:>50,000 CFU/ml. Attention: ESBL producing organism, contact isolation required .1. Klebsiella pneumoniae ESBL. The report then listed that the pathogen was resistant to six antibiotics. The microbiology urine culture final report revealed that R101 was colonized for Klebsiella pneumoniae ESBL. 4/24/24 - E13 (PA) ordered in R101's EMR, Ciprofloxacin HCL Oral tablet 500 mg - give 1 tablet by mouth two times a day for UTI for 7 days. 4/24/24 - E13 (PA) ordered in R101's EMR, Contact precautions for ESBL in urine. D/C (discontinue) when ABT is completed . The end date for contact precautions documented in R101's EMR was 5/5/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on McGeer's Criteria for Infection Surveillance, R101 did not meet the criteria for an infection and should not have been treated with antibiotics and contact precautions. R101 met criteria for colonization with an ESBL pathogen and therefore required ongoing enhanced barrier precautions. 8/7/24 2:16 PM During a telephone interview, E12 (MD) stated, The pathogen with growth of greater than 100,000 CFU/ml is universally considered an infection. Infections are treated with antibiotics; colonizations are not. 8/8/24- E13 (PA) ordered in R101's EMR, Enhanced barrier precautions for high contact care activities including gown and gloves every shift for transmission precautions for ESBL in urine. There were 94 days (from 5/6 to 8/7/24) that R101 with a known ESBL colonization received direct care in the facility without the appropriate EBP precautions. 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Report dated 4/23/24 and 4/30/24, which the facility provided as part of their infection line listing, R101 was documented . with infection UTI on Cipro (Ciprofloxacin) 500 mg BID thru (sic) 5/1. This line listing did not specify the name of the pathogen. The line listing did not document whether the infection was healthcare-associated infection (HAI), which it was since R101 had not left the facility. 5. Review of R165's clinical record revealed: 4/11/24 - R165 was admitted to the facility with diagnoses, including but not limited to, osteomyelitis of the right ankle and diabetes. 4/11/24 - E12 (MD) ordered in R165's EMR, Piperacillin-Tazobactam in Dex (dextrose) intravenous solution 2-0.25 gm/50 ml. use 50 ml intravenously every 6 hours for osteomyelitis. This order had a documented end date of 5/2/24. 4/11/24 - E12 (MD) ordered in R165's EMR, Contact and droplet precautions x 10 days. Resident to remain in room every shift for ESBL. This order ended on 4/16/24. 4/16/24 - E12 (MD) ordered in R165's EMR, Contact precautions for ESBL in urine every shift. This order ended on 7/16/24. Of note, R165 had an indwelling medical device, a PICC line so R165 required enhanced barrier precautions while this central line was present. Review of the provided facility line listings for April, May and June 2024 revealed no documentation of the ESBL pathogen in R165's urine. The antibiotic ordered on 4/11/24 has an indication of osteomyelitis so it was unclear if this antibiotic also treated the ESBL pathogen in R165's urine. 5/2/24 - E12 (MD) ordered in R165's EMR, Invanz injection solution (Ertapenem Sodium) Use 500 mg intravenously one time a day for wound care until 5/16/24. The only time that R165 was not receiving IV antibiotics was from 5/16 to 7/16/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7/10/24 - E13 (PA) ordered in R165's EMR, Biopsy RLE (right lower extremity) Send to ER (emergency room) [hospital]. 7/10/24 to 7/16/24 - R165 was hospitalized for further management of her right ankle osteomyelitis. R165's discharge summary from the 7/10 to7/16/24 hospitalization documented, . Brief Hospital Course - . status post bone biopsy on 7/12. Patient continues to remain asymptomatic. Normal WBC. Biopsy specimen grew MRSA (methicillin resistant staphylococcus aureus) and gram-negative staph therefore started on Vancomycin by infectious disease during the weekend . Home medications: . Vancomycin 750 mg in 150 ml 5% dextrose IVPB (intravenous piggyback) daily for 5 days. 7/16/24 - E13 ordered in R165's EMR, Contact precautions: MRSA to wound bed RLE every shift . There were 90 days (from 4/16/ to 7/15/24) that R165 with an indwelling medical device received direct care in the facility without the appropriate EBP precautions. 7/17/24 - E12 ordered in R165's EMR, Vancomycin HCL intravenous solution 750 mg/150 ml. Use 750 mg intravenously one time a day for wound for 42 days. Infuse over 60 minutes. This order has an end date of 9/12/24. 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Report dated 4/16/24, which the facility provided as part of their infection line listing, R165 was documented as housed in room K03, with infection osteomyelitis on Piperacillin-Tazobactam (antibiotic) 2-0.25 q (every) 6 hrs (hours) with no end date. The 4/23/24, 4/30/24 line listing documented the Piperacillin-Tazobatam ended on 5/12/24. The 5/7/24, 5/14/24, and 5/21/24 line listings documented the antibiotic was changed to Invanz 500mg IVPB with an end date of 5/16/24. This line listing did not specify the name of the pathogen or describe R165's signs and symptoms of infection. There were some lab results listed on the 4/16/24 line listing. The line listing did not document whether the infection was healthcare-associated infection (HAI) or community-acquired. None of the line listings documented whether R165 was on any precautions. The facility failed to update the line listing to reflect that R165 was diagnosed by biopsy on 7/12/24 with MRSA infection and again failed to document on the line listing that R165 required contact precautions. The facility failed to include documentation of R165's ESBL pathogen in her urine on their line listings. 6. Review of R367's clinical record revealed: 5/8/24 - R367 was admitted to the facility with diagnoses including, but not limited to, heart failure. 5/14/24 - E12 (MD) ordered in R367's EMR, Urinalysis C&S r/t UTI one time for burning, urgency, frequency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/18/24 - R367's microbiology urine culture final report documented. Final ESBL- producing organism . Isolate 1:>100,000 CFU/ml. Attention: ESBL producing organism, contact isolation required .1. Klebsiella pneumoniae ESBL. The report then listed that the pathogen was resistant to six antibiotics. The microbiology urine culture final report revealed that R367's urine was infected with Klebsiella pneumoniae ESBL. Based on McGeer's UTI criteria, the documentation met the criteria for a UTI with increased urgency and frequency. 5/19/24 - E12 ordered in R367's EMR, Macrobid oral capsule 100 mg (nitrofurantoin) give 1 capsule by mouth two times a day for UTI/ESBL. This order had an end date of 5/28/24. 5/19/24 - E12 ordered in R367's EMR, Contact precautions + ESBL in urine every shift. 8/8/24 10:27 AM - Review of the IP (Infection Prevention) Weekly Antibiotic Report dated 5/21/24, which the facility provided as part of their infection line listing, R367 was documented as housed in room K01d, with infection UTI/ESBL on Macrobid 100 mg BID thru. There was no end date documented. This line listing did not specify the name of the pathogen or describe R1367's signs and symptoms of infection, which included burning, urgency and frequency. The line listing did not document whether the infection was healthcare-associated infection (HAI) or community-acquired. The line listing did not documented whether R165 was on any precautions; R367 was ordered contact precautions on 5/19/24. 8/7/24 1:58 PM - During an interview, E31 (IP) stated, Ultimately, it is up to the provider to determine if the resident is colonized. I suspect that it would be noted in the chart if the resident is colonized. Then the facility would put the resident on EBP precautions if it is an MDRO. 8/8/24 10:27 AM - Review of the facility's ongoing infection prevention program system of surveillance (infection line listing) revealed the data collection tool lacked multiple significant data points. The data collection tool provided was a weekly document that failed to capture the specific name of the pathogen that was causing the infection, the infection site, the signs and symptoms of the infection such as temperature and elevated white blood cell (WBC) count, the start and stop date of any antibiotics prescribed, precautions (if any) that were implemented, invasive procedure/risk factors, and whether the infection was community-acquired or healthcare-associated infections (HAIs). It should be noted that the document that the facility provided as the facility's infection line listing was titled IP (infection Prevent) Weekly Antibiotic Report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The surveillance documents provided by the facility for April, May and June 2024 failed to have the necessary monthly summary, analysis and interpretation of the data. These documents did not identify any infection trends or patterns. The facility infection surveillance policy lists tools called Facility-Wide Monthly Infection Report by Pathogen, Facility-Wide 12-Month Pathogen Trends and Facility-Wide 12-Month Infection Site Trends. The facility was not able to provide these documents for review. The surveillance documents that were provided did not include any documentation of any follow-up activities such as staff education or random observations on all shifts of the staff appropriately implementing enhanced barrier or contact precautions on residents who were ordered those precautions. 8/9/24 9AM - In an email correspondence, E31 (Infection Preventionist) stated the facility utilizes McGeer's Criteria for Infection Surveillance. E31 also stated, It is the provider who ultimately makes the diagnosis. Our lab provider interfaces with PCC (facility's EMR). They also email results of which our providers are part of the email thread. Regarding final culture reports, E31 stated, We are aware they are having technical problems with their interfacing. They are working on a resolution. It is also why they email the results. It's my understanding that they are moving and when they get set up in their new spot theses (sic) issues should resolve. The paper copies we receive are placed in the paper chart. 8/9/24 9:32 AM - During a telephone interview, E12 (MD) stated, No, the providers do not have access to the [laboratory provider]'s website to look up results when the physician is out of the facility. the providers are not given the final culture report. Regarding colonization, E12 clarified, Anything less than 100,000 CFU/ml is considered colonized unless the resident is symptomatic. The facility uses McGeer's criteria to determine if it is an infection with regard to symptoms. 8/9/24 10:05 AM - In an email correspondence, E2 (ADON) stated the status date on the [lab] report is what day they are in in (sic) the culture series for whatever they are growing. The date we receive is when they email us. The providers are on the email blast, and E13 (PA) is in the facility 5 days a week. The supervisor is responsible for calling the provider with any updates and confirming they received the reports if they are not on site at that time and if it has not yet been addressed. 38302 7. 7/30/24 1:29 PM - E5 (Laundry Aide) was observed placing soiled laundry into the washing machine using ungloved hands. An interview revealed that E5 was not aware of safe handling practices for general soiled laundry or for laundry belonging to residents who were on various types of precautions due to illness. During the interview, E5 stated that since being transferred to the laundry several months ago, no training regarding the safe handling of soiled laundry, including the proper use of PPE when processing the soiled laundry has been provided. 8/9/24 11:33 AM - Findings were reveiwed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 47621 Based on record review and interview, it was determined that for four (R71, R101, R165, R368) out of twenty-one residents reviewed for infection control, the facility failed to implement an antibiotic stewardship program that monitored the final result of cultures to ensure antibiotics were utilized for the correct indication and duration. Findings include: McGeer Criteria for Infection Surveillance: Syndrome - UTI without indwelling catheter Criteria- Must fulfill both 1 and 2. 1. At least one of the following sign or symptom: -Acute dysuria (pain on urination) or pain, swelling or tenderness of testes, epididymis or prostate -Fever or leukocytosis (elevated white blood cell count), and greater than 1 of the following: --acute costovertebral angle pain or tenderness --suprapubic pain --gross hematuria --new or marked increased in incontinence --new or marked increase in urgency --new or marked increase in frequency -If no fever or leukocytosis, then greater than 2 of the following: --suprapubic pain --gross hematuria --new or marked increased in incontinence --new or marked increase in urgency --new or marked increase in frequency 2. At least one of the following microbiologic criteria -greater than 10 to the fifth CFU/ml of no more than 2 species of organisms in a voided urine sample (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-greater than 10 to the second CFU/ml of any organism(s) in a specimen collected by an in-and-out catheter. 1. Review of R71's clinical record revealed: 11/1/23 - R71 was admitted to the facility with diagnoses including, but not limited to, dementia and congestive heart failure. R71 was documented as having allergies to: hydrocortisone, Bactrim, Iodinated contrast media, sulfa antibiotics, seafood, shellfish in the EMR. 4/7/24 - E33 documented in R71's progress note, Resident noted to have difficulty holding a lucid conversation today. Husband thinks there is a change. Incontinent of urine. Urine in brief was odorous with red tinge. Will obtain a UA specimen for testing. Afebrile. 98.5. Based on McGeer's UTI without indwelling catheter criteria, this progress note provided documentation that met criteria for a UTI, hematuria and new incontinence in the setting of no fever. 4/10/24 - R71's microbiology urine culture final report documented. Final ESBL-producing organism .>100, 000 CFU/ml. Attention: ESBL producing organism, contact isolation required .1. Klebsiella oxytoca ESBL. The report then listed that the pathogen was resistant to eight antibiotics. 4/10/24 - E12 ordered in R71's EMR, Augmentin oral tablet 500-125 mg (Amoxicillin & pot Clavulanate) - give 1 tablet by mouth two times a day for UTI (urinary tract infection) for 7 days. Of note, Augmentin was not a drug that the final microbiology report tested for sensitivity. Levaquin, a fluroquinolone antibiotic, was the only drug listed on the microbiology sensitivities that came in an oral form and did not contain sulfa, which R71 was allergic to. It was unclear why the physician chose to use Augmentin rather than Levaquin, which was documented as an effective antibiotic for this pathogen. 4/11/24 10:05 AM - E34 (LPN) documented in R71's progress note, Resident has continued to decline physically and mentally, recently diagnosed with UTI 1st dose of antibiotic administered. MD assessed and advised to send resident to ER for further evaluation r/t (related to) tachycardia and low-grade fever. Resident will be transported via ambulance to [hospital]. POA (power of attorney) advised. R71 was hospitalized for UTI and encephalopathy from 4/11/24 to 4/15/24. 2. Review of R101's clinical record revealed: 11/29/23 - R101 was admitted to the facility with diagnoses including, but not limited to, dementia. 4/19/24 - E13 (PA) documented in R101's progress note, . Chief complaint: Behaviors/increased confusion . Diagnosis, Assessment and Plan: . Mood disorder - increased confusion, rule out UTI. UA, C&S requested . 4/19/24 - E13 ordered in R101's EMR, UA C&S one time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R101's documented temperatures from 4/21/24 to 4/30/24 revealed R101 to have no documented fevers during this time span. Review of R101's orders during April 2024 revealed that no CBC lab work was ordered so the provider was not able to confirm any elevation in WBCs. 4/21/24 4:48 AM - E35 (LPN) documented in R101's progress notes, Resident had no complaints of discomfort with urination . 4/22/24 12:21 PM - E36 (LPN) documented in R101's alert charting, .No s/s of UTI. Afebrile . Based on McGeer's UTI without indwelling catheter criteria, the documentation in R101's EMR does not meet criteria for UTI without indwelling catheter. 4/24/24 - R101's microbiology urine culture final report documented. Final ESBL-producing organism . >50, 000 CFU/ml. Attention: ESBL-producing organism, contact isolation required .1. Klebsiella pneumoniae ESBL. The report then listed that the pathogen was resistant to six antibiotics. The microbiology urine culture final report revealed that R101 was colonized for Klebsiella pneumoniae ESBL. 4/24/24 - E13 ordered in R101's EMR, Ciprofloxacin HCL Oral tablet 500 mg - give 1 tablet by mouth two times a day for UTI for 7 days. Based on McGeer's Criteria for Infection Surveillance, R101 did not meet the criteria for an infection and should not have been treated with antibiotics. R101 met criteria for colonization with an ESBL pathogen. 8/7/24 2:16 PM - During a telephone interview, E12 (MD) stated, The pathogen with growth of greater than 100,000 CFU/ml is universally considered an infection. Infections are treated with antibiotics; colonizations are not. 3. Review of R165's clinical record revealed: 4/11/24 - R165 was admitted to the facility with diagnoses, including but not limited to, osteomyelitis of the right ankle and diabetes. 4/11/24 - E12 (MD) ordered in R165's EMR, Piperacillin-Tazobactam in Dex (dextrose) intravenous solution 2-0.25 gm (grams)/50 ml. use 50 ml intravenously every 6 hours for osteomyelitis. This order had a documented end date of 5/2/24. 4/11/24 - E12 ordered in R165's EMR, Contact and droplet precautions x 10 days. Resident to remain in room every shift for ESBL. This order ended on 4/16/24. 4/16/24 - E12 ordered in R165's EMR, Contact precautions for ESBL in urine every shift. This order ended on 7/16/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the provided facility line listings for April, May and June 2024 revealed no documentation of the ESBL pathogen in R165's urine. The antibiotic ordered on 4/11/24 has an indication of osteomyelitis so it was unclear if this antibiotic also treated the ESBL pathogen in R165's urine. The facility line listing failed to document the ESBL pathogen in R165's urine and therefore also failed to monitor if the antibiotic prescribed for the osteomyelitis would also treat the ESBL UTI. 4. Review of R368's clinical record revealed: 3/4/24 - R368 was admitted to the facility. 3/5/24 - E12 (MD) ordered in R368's EMR, Foley catheter care every shift. This order was discontinued on 4/1/24. 3/28/24 - E13 (PA) ordered in R368's EMR, Remove foley catheter for trial void. 3/28/24 - E24 (LPN) documented in R368's progress notes, [foley] removed for trial void, 400 ml noted in collection bag and Pt (patient) urinated immediately after removal. 3/29/24 11:58 AM - E37 (LPN) documented in R368's progress notes, . resident verbally requested to go to the restroom to urinate . urinated in toilet . Resident denies any pain/discomfort. 3/30/24 10:42 PM - E38 (LPN) documented in R368's progress notes, . voided large amount yellow urine, denies urinary pain or discomfort. 3/31/24 3:01 AM - E39 (RN) documented in R368's progress notes, . Resident voiding large amounts without difficulty, no pain . 4/3/24 - E12 ordered in R368's EMR, UA, C&S d/t (due to) decline in ADLs . 4/4/24 9:48 PM - R368's lab results report documented a WBC of 5.5 with a normal range of 3.7 to 8.9. R368 had a normal white blood cell count. 4/5/24 12:22 AM- E33 (LPN) documented in R368's progress notes, . No complaints of pain with urination . Review of R368's progress notes from 3/28/24 to 4/12/24 revealed no documentation noting any fevers, increased incontinence, frequency or urgency. 4/6/24 - R368's Microbiology urine culture final report documented. Final - >25,000 CFU/ml .1. Proteus mirabilis. The report then listed that the pathogen was resistant to two antibiotics. This pathogen was sensitive to Ciprofloxacin. 4/6/24 - Cipro oral tablet 250 mg (Ciprofloxacin) (antibiotic) - give 250 mg by mouth two times a day for UTI for 5 days entered in R368's EMR as a verbal order from E12 (MD). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/6/24 6:46 PM - E22 (LPN) documented in R368's progress notes, . Report received positive UTI on call notified with N.O. (new order) for Cipro 250 mg BID x 5 days . 4/8/24 - E13 documented in R368's progress notes, .Vital signs: . T 97.6 . History of present illness: . daughter noticed increased confusion so UA culture was sent on 4/5/24. Culture result positive, Cipro started . This provider note did not document the pathogen or the isolate count. 4/9/24 - E12 documented in R368's progress notes, .Vital signs: . T 97.7 . Chief complaint: COPD . All labs, images, reports and previous notes reviewed . E12's 4/9/24 progress note failed to mention R368's UTI, lab results or course of antibiotics. Based on McGeer's Criteria for Infection Surveillance, R368 did not meet the criteria for an infection and should not have been treated with antibiotics. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delaware Bay Rehabilitation and Healthcare Center	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 38302 Based on observation and interview it was determined that the facility failed to ensure that essential kitchen equipment is maintained in safe operating condition. Findings include: 7/30/24 11:11 AM - An observation of the walk-in freezer revealed significant ice build-up on a damaged protective grate covering the freezer fans. 8/9/24 11:33 AM - Findings were reviewed with E1 (NHA), E2 (ADON), E3 (QA RN) and E4 (MDS LPN) during the exit conference.