

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2025
NAME OF PROVIDER OR SUPPLIER  Encore at Wilmington		STREET ADDRESS, CITY, STATE, ZIP CODE  2723 Shipley Road Wilmington, DE 19810	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, it was determined that for one (R13) out of two residents reviewed for hospitalizations, the facility failed to notify the Ombudsman of R13's transfers to the hospital on [DATE], 12/26/24, and 5/11/25. Findings include:</p> <p>1/6/22 - R13 was admitted to the facility.</p> <p>11/13/24 - Per R13's progress notes, F1 (R13's POA) was notified by the facility that R13 was hospitalized on [DATE] after his nephrostomy (a tube that drains the kidneys) tube was dislodged.</p> <p>12/27/24 - Per R13's progress notes, F1 was notified by the facility that R13 was hospitalized on [DATE] with pain at his nephrostomy site and was diagnosed with a urinary tract infection.</p> <p>5/12/25 - F1 was notified by the facility that R13 was hospitalized on [DATE] due to the dislodgement of his nephrostomy tube.</p> <p>6/5/25 11:30 AM - A review of R13's hospital transfer paperwork revealed that the Ombudsman was not notified on the facility's monthly Ombudsman report of R13's hospital transfers on 11/13/24, 12/26/24 and 5/11/25.</p> <p>The facility failed to notify the Ombudsman as required of R13's frequent hospitalizations.</p> <p>6/5/25 2:45 PM - E1 (NHA) confirmed that R13's name did not appear on the November 2024, December 2024 and May 2025 monthly Ombudsman reports.</p> <p>6/6/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E8 (regional nurse) and E9 (regional reimbursement) (via phone) at the exit conference.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview and record review, it was determined that for one (R44) out of 15 residents reviewed, the facility failed to ensure that R44's toileting care plan was revised when toileting plan changed. Findings include:</p> <p>Review of R44's clinical records revealed:</p> <p>12/18/24 - R44's quarterly MDS documented a BIMS score of 15, indicating a cognitively intact status. R44's clinical record also documented, Always incontinent of bowel and bladder, dependent on staff for toileting.</p> <p>3/12/25 - R44's quarterly MDS documented a BIMS score of 15, indicating a cognitively intact status. R44's clinical records also documented, Always incontinent of bowel and bladder Partial to moderate assistance of (staff) to get on and off the toilet.</p> <p>6/6/25 9:00 AM - A review of R44's revealed that the facility failed to review her care plan when her transfer status changed from dependent to partial/moderate assistance to promoted continence .</p> <p>6/6/25 10:00 AM - During an interview E1, (NHA) stated, No, the care plan was not reviewed or revised.</p> <p>6/6/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E8 (Regional Nurse) and E9 (Regional Reimbursement) (via phone) at the exit conference.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview and record review, it was determined that for two (R35 and R44) out of three residents reviewed for bowel and bladder incontinence, the facility failed to ensure that R35 and R44 received appropriate services and treatment to promote continence of bladder and bowel to the extent possible. Findings include:</p> <p>2001 - A facility document entitled, Behavioral Programs and Toileting Plans for Urinary Incontinence, and revised 10/2010, included, The purpose of this procedure is to provide guidelines for the initiation and monitoring of behavioral interventions and/or a toileting plan for the resident with urinary incontinence.</p> <p>1. Review of R35's clinical record revealed:</p> <p>5/20/25 - R35 was admitted to the facility with diagnoses including acute respiratory failure and muscle weakness.</p> <p>5/21/25 - R35's toileting care plan documented, At risk for altered bladder elimination d/t (due to) requiring assist of one with toileting. The goals included, Resident will regain prior level of elimination. The interventions included, 3 day voiding to establish and need for bladder training/voiding diary.</p> <p>5/26/25 - R35's admission MDS documented a BIMS score of 15, indicating a cognitively intact status. The MDS also documented that R35 required partial to moderate assistance of one staff member for transfers from the bed to the wheelchair and was occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>6/2/25 - R35's Kardex lacked evidence of the formulation of a toileting program.</p> <p>6/3/25 12:30 PM - During an interview R35 stated, I am going home back with my husband after I am done here. I really want to be able to use the toilet. I am tired of wetting myself. The Surveyor asked R35 if she was on a toileting program or if she was encouraged or assisted by staff members to use the toilet. R35 stated, I don't know anything about a toileting program. They change my diapers when I am wet. I am wet right now.</p> <p>6/5/25 1:30 PM - During an interview, the Surveyor asked E6 (CNA) if R35 uses the toilet. E6 stated, No, I change her in the bed when she is wet. E6 stated that R35 required minimum assistance with transfers.</p> <p>6/5/25 3:00 PM - During an interview E7 (CNA) stated, I don't know if the resident is able to use the toilet. I usually just change her when she is wet. E7 stated that R35 required minimum assistance with transfers.</p> <p>6/6/25 12:30 PM - A review of R35's clinical record from 5/20/25 through 6/6/25 revealed forty-one (41) episodes of urinary incontinence out of 51 (fifty-one) opportunities for continence.</p> <p>6/6/25 1:00 PM - During an interview E8 (RN) stated, We do the voiding diary on admission. The facility was unable to provide evidence of the assessment of the voiding diary.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R44's clinical record revealed:</p> <p>6/3/24 - R44 was admitted to the facility with diagnoses including a fracture of the left lower extremity and congestive heart disease.</p> <p>12/18/24 - R44's quarterly MDS documented a BIMS score of 15, indicating a cognitively intact status. R44's clinical record also documented, Always incontinent of bowel and bladder, dependent on staff for toileting.</p> <p>3/12/25 - R44's quarterly MDS documented a BIMS score of 15, indicating a cognitively intact status. R44's clinical records also documented, Always incontinent of bowel and bladder Partial to moderate assistance of (staff) to get on and off the toilet.</p> <p>R44's clinical documents lacked evidence of an assessment or interventions for a toileting program (to improve continence status) when her transfer status improved from dependent on staff to partial to moderate assistance.</p> <p>6/6/25- 8:30 AM - During an interview R44 stated, I would really like to use the toilet. I would like to get rid of these diapers and use pullups instead. R44 was observed sitting up in bed independently. R44 stated, I am wet right now. I think I might be able to move back to the Assisted Living if I can use the toilet. The aides change me when I am wet.</p> <p>6/6/25 11:20 AM - During an interview, the Surveyor asked E6 (CNA) if R44 uses the toilet. E6 stated, No, I change her in the bed when she is wet. I don't know if she is on a toileting program or anything.</p> <p>6/6/25 12:30 PM - During an interview E7 (CNA) stated, I don't know if she (R44) can use the toilet. I usually just change her when she is wet. The Surveyor asked E7 how much assistance was provided to R44 for toileting, E7 stated, She is easy to take care of. She uses the walker to stand up and I change her.</p> <p>6/6/25 1:00 PM - A review of R44's clinical record from 5/8/25 through 6/6/25 revealed seventy-nine (79) episodes of urinary incontinence out of 90 (ninety) opportunities for continence.</p> <p>6/6/25 1:30 PM - During an interview E2 (DON) stated that E35's and R44's 3 day voiding diaries were completed but the person centered toileting interventions were not implemented because the residents were incontinent on admission.</p> <p>The facility failed ensure that R35's and R44's received person centered services and treatment to promote continence to the extent possible.</p> <p>6/6/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E8 (Regional Nurse) and E9 (Regional Reimbursement) (via phone) at the exit conference.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, it was determined that the facility failed to provide a satisfactory water management plan to prevent the growth of Legionella and other water borne pathogens. Findings include:</p> <p>6/5/25 1:17 PM - During the document review and interview with E3 (DPO), the surveyor found the water management plan lacked description and diagram of water flow in the facility, potential infection sites, prevention and treatment plans. The findings were confirmed with E3.</p> <p>6/5/25 2:31 PM - Findings were reviewed with E1 (NHA).</p> <p>6/6/25 1:30 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (ADON), E8 (regional nurse) and E9 (regional reimbursement) (via phone) at the exit conference.</p>