STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085034	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excelcare at Lewes LLC	301 Ocean View Blvd Lewes, DE 19958

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, it was determined that for one (R3) out of one resident reviewed for dialysis, the facility failed to ensure that the provider was consulted when R3 refused dialysis services. Findings include:Review of R3's clinical record revealed:12/18/25 - R3 was admitted to the facility.12/26/25 - A physician's order documented R3 dialysis appointment Monday, Wednesday and Friday transport via stretcher. 2/9/26 11:30 AM - A progress note documented that R3 left for dialysis. 2/9/26 - A dialysis communication form documented that R3 attended dialysis but refused treatment and R3 was returned to facility without interventions. 2/12/26 1:01 PM - During an interview, E20 (LPN) stated dialysis center called the facility to notify them that R3 did not receive dialysis on 2/9/26. E20 stated she did not write a progress note documenting that R3 did not receive dialysis and stated the Nurse Manager was notified that R3 did not receive dialysis.2/12/26 1:15 PM - During an interview, E17 (UM) stated that R3 went to dialysis on 2/9/26 and was not aware R3 did not receive dialysis.2/12/26 1:30 PM - During an interview, E21 (NP) stated that neither the nurse nor the dialysis center notified her that R3 did not receive dialysis on 2/9/26 and that the expectation would be to notify her. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review and interview, it was determined that for one (R41) of one resident reviewed for grievances, the facility failed to ensure prompt resolution of a grievance regarding missing dentures. Findings include:5/14/25 - A facility provided grievance form completed by E14 (LPN) documented that FM1 reported R41's top dentures were missing. E14 conducted a room sweep and documented that the 11:00 PM - 7:00 AM shift would complete a second room sweep. The concern was reported to the Director of Nursing.5/14/25 - A grievance documented that E28 (Former Social Worker) was in receipt of the grievance and reported receiving an email from the Director of Nursing requesting that E28 contact FM1. On 5/16/25 during that contact, FM1 was informed that if the resident was approved for Medicaid and no longer Medicaid-pending, Medicaid would replace the dentures. FM1 stated the resident had transferred from another facility and was already approved in Delaware. The family agreed to wait until E28 verified Medicaid status with the Business Office. A discussion with the Business Office was scheduled for 5/19/25.5/19/25 through 7/28/25 - A record review did not reveal documented investigative findings, corrective actions, or grievance closure following the scheduled Business Office discussion.7/28/25 at 11:49 AM - A facility provided email thread documented E15 (Social Worker) emailed the dentist requesting enrollment for R41 and indicated the resident needed to be fitted for dentures.7/29/25 at 10:35 AM - The dentist responded requesting confirmation that E29 (Former Business Office Manager) was the resident's representative payee.8/11/25 at 1:45 PM - The dentist notified E15 that R41 did not qualify for the dental program. FM1 was informed that the resident did not qualify due to lack of income required for program eligibility.2/18/26 at 1:45 PM - During an interview, E15 reviewed the grievance documentation and confirmed the facility's grievance process includes receipt of the grievance, forwarding it to the appropriate unit or manager to search for the missing item, and, if not located, forwarding the matter to the Nursing Home Administrator. E15 was unable to explain the extended timeframe and stated uncertainty as to why a meeting with E29 was required before proceeding with denture replacement. E15 further stated the events that occurred during her absence. 2/18/26 at 1:53 PM - During a joint interview with E12 (Current Business Office Manager) and E15 it was revealed and confirmed by E12 that the facility could have obtained dental services on a fee-for-service basis and was not required to wait for Medicaid eligibility determination to proceed. E12 further confirmed the resident did not qualify for the dental program because program eligibility required income, which R41 did not have.Record review indicated resolution of the denture replacement did not occur until January 2026, approximately eight months after the grievance was initiated.The facility was unable to demonstrate a grievance was promptly resolved or managed in accordance with its stated grievance process.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview it was determined that for one (R11) out of six residents reviewed for unnecessary medication review the facility failed to ensure that an ordered as needed psychotropic medication extended beyond 14 days had a documented rationale and duration. Findings include:Cross refer F756The facility policy on Psychotropic drug use last updated 5/1/25 indicated PRN orders for psychotropic drugs are limited to fourteen days. Except if the attending physicians or prescribing practitioner believes that it is appropriate for the PRN order to be extended, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.Review of R11's clinical record revealed:1/22/25 - R11 was admitted to the facility with multiple diagnoses including dementia, psychotic disturbance, mood disturbance, and anxiety. 10/15/25 - A significant change MDS assessment documented that R11 was cognitively impaired and receiving psychotropic medications. R11 exhibited physical behaviors 4 - 6 days in a seven-day period. 10/16/25 11:32 - A progress note in R11's clinical record documented, Hospice nurse was in to visit. New [physicians] orders received from hospice for Lorazepam 6 hours PRN [for] anxiety/agitation. NP concurs with said orders hospice.10/16/25 - A physician's order was written for R11 to receive Lorazepam 0.5 MG every six hours as needed for anxiety. This order was extended on 10/23/25. The clinical record lacked evidence of a rationale for the extension.10/19/25 - An MRR for R11 documented A duration must be specified for PRN psychoactive [psychotropic] medications. First order is limited to only fourteen days, but if the rationale documented by the prescriber to continue order .Please update Lorazepam per CMS regulations. Note: There is no exception to this regulation for hospice patients. The MRR lacked evidence of review by an attending provider E27 (LPN) signed the comments section. 10/23/25 - A physician's order was written for R11 to receive Lorazepam 0.5 MG every six hours as needed for anxiety. This order was discontinued on 11/6/25.11/12/25 - A physician's order was written for R11 to receive Lorazepam 0.5 MG every six hours as needed for anxiety. This order was discontinued on 12/30/25.12/10/25 - A quarterly MDS assessment documented that R11 was severely cognitively impaired and receiving psychotropic medications. R11 exhibited physical behaviors daily in a seven-day period. 12/29/25 - A physician's order was written for R11 to receive one Lorazepam 0.5 MG every six hours as needed for anxiety. The order was extended 1/2/26. The clinical record lacked evidence of a rationale for the extension.1/2/26 - A physician's order was written for R11 to receive one Lorazepam 0.5 MG every six hours as needed for anxiety. This order was extended 1/22/26. The clinical record lacked evidence of a rationale for the extension.1/14/26 - An MRR for R11 documented A duration must be specified for PRN psychoactive [psychotropic] medications. First order is limited to only fourteen days, but if the rationale documented by the prescriber to continue order .Please update Lorazepam per CMS regulations. Note: There is no exception to this regulation for hospice patients. The MRR lacked evidence of review by an attending E4 (ADON) signed the comments section This is not a first order for this patient. 1/22/26 - A physician's order was written for R11 to receive one Lorazepam 0.5 MG every six hours as needed for anxiety. This order is listed as indefinite with no indicated duration. The clinical record lacked evidence of a rationale for the extension.1/22/26 - A psychiatric follow up note in R11's clinical record documented a rationale for extending provider 11's Lorazepam. The note did not contain a duration/end date. 2/13/26 11:19 AM - During an interview E22 (RN) stated that she was unaware of documented rationale to extend R11's order for Lorazepam or a duration. E22 stated the psychiatric team had discussed the residents continued anxious behavior. 2/13/26 11:52 AM - E1 (NHA) confirmed that the facility lacked evidence of rationale for extension of R11's Lorazepam except for the 1/22/26 psychiatric note.2/13/26 2:10 PM - During an interview E4 (ADON) confirmed review of the 1/14/26 MRR and that it was not given to a provider because the order was not new.2/16/26 12:08 PM - During an interview E26 (NP) confirmed the finding, E26 reported that R11's (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Lorazepam was reordered without duration and rationale because he's on hospice. E26 was unable to recall reviewing the MRR that addressed the extension of R11's Lorazepam. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interviews, record review and review of other facility documentation it was determined that for one (R174) out of three residents sampled for discharge, the facility failed to ensure a referral for home health care services was completed prior to discharge. R174 was discharged to home on 8/12/25. R174's home health services did not begin until 8/20/25 eight days after discharge from the facility. Findings include:A facility policy titled Notice Requirements before Transfer/Discharge dated 5/1/25 documented The facility will provide sufficient preparation and orientation to residents to ensure an orderly transfer or discharge from the facility.A review of R174's clinical record revealed:7/28/25 - R174 was admitted to the facility with the following diagnoses: aortic valve replacement, aortic regurgitation, and congestive heart failure.8/11/25 - A review of R174's discharge summary documented, Discharge summary and post-discharge plan for home health aide, home health RN/LPN, occupational and physical therapy.8/12/25 - R174 was discharged to home with a family member.9/30/25 9:40 AM - A review of a complaint to the Division documented, [R174] was discharged to a family member's home without a home health care agency referral. Further review of the complaint documented that R174 had been in the home for one week and had not received any physical or occupational therapy and had not received a wellness check from a nurse.2/16/26 11:00 AM - During an interview, E15 (SW) reported, I would need to check if a referral was made for [R174].2/16/26 12:17 PM - During an interview, E15 confirmed R174's referral for home health and therapy services was not requested until 8/15/25. E15 then stated, [R174's] referral for home health care was opened for recommended services on 8/20/25.2/16/26 1:48 PM - During an interview, E35 (DT) reported, [R174] already had therapy equipment at home. E35 confirmed and stated, Physical therapy and occupational therapy were recommended for [R174]. E35 then reported, Typically, recommendations are communicated to social services to set up home care.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interviews, it was determined for three (R6, R17 and R43) out of sixty-seven sampled residents, the facility failed to ensure the MDS was accurate. Findings include:1.Review of R6's clinical record revealed:12/16/25 - R6 was admitted to the facility.12/20/25 - An MDS assessment documented that R6 had an infection of the foot.2/18/26 9:30 AM - During an interview, E33 (MDS Coordinator) and E34 (MDS Coordinator) confirmed that R6 was marked for an infection of the foot on the MDS assessment and stated they are coded with infection of the foot related to a fungal infection documented by the podiatrist. 2. Review of R17's clinical record revealed:1/8/26 - R17 was admitted to the facility.1/15/26 - An MDS assessment documented that R17 had an infection of the foot.2/18/26 9:30 AM - During an interview, E33 (MDS Coordinator) and E34 (MDS Coordinator) confirmed that R17 was marked for an infection of the foot on the MDS assessment and stated they are coded with infection of the foot related to a fungal infection documented by the podiatrist. 3. Review of R143's clinical record revealed:9/21/25 - R143 was admitted to the facility.11/11/25 - A quarterly MDS assessment documented that R143 had an infection of the foot. 2/18/26 9:30 AM - During an interview, E33 (MDS Coordinator) and E34 (MDS Coordinator) confirmed that R143 was marked for an infection of the foot on the MDS assessment and stated they are coded with infection of the foot related to a fungal infection documented by the podiatrist. The facility failed to ensure the MDS was accurate for R6, R17 and R143.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, it was determined that for four (R2, R9, R22, R41 and R46) out of forty-nine sampled residents the facility failed to revise the residents care plans to reflect their individualized needs. Additionally, it was determined that for R2 the facility failed to ensure that the resident and the resident representative were involved in developing the care plan. Findings include:1. Review of R2's clinical record revealed: 11/15/24 – R2 was admitted to the facility. 11/4/25 – A Brief Interview for Mental Status (BIMS) evaluation documented R2 with a score of 15 out of 15, showing an intact cognitive status. 2/9/26 9:27 AM – During an interview, R2 stated that he did not recall having quarterly care plan meetings since his admission. 2/10/26 – A review of R2's electronic chart documented a care conference meeting on 11/29/24, where R2 was present and no further meetings afterwards. Furthermore, the electronic chart for R2 documented a care plan completed on 3/10/25, 5/21/25 and 12/2/25. 2/16/26 8:50 AM – During an interview, E15 (SW) confirmed that R2's last care conference meeting was 11/29/24 and that there were no care conference meetings in 2025. There was a lack of evidence that R2 was involved in developing a care plan for 3/10/25, 5/21/25 and 12/2/25. 2. Review of R9's clinical record revealed: 3/17/23 - A physician's order was written for R9 to wear a right palm protector at all times, as tolerated, may use rolled gauze [wash cloth] if replacement unavailable. 12/8/25 - Reviews to R9's care plan for potential for further contractures related to impaired mobility and existing contractures was completed, the palm guard/replacement was listed as an intervention. The care plan lacked evidence of any potential refusals from R9 to wear the palm guard or a replacement such as a rolled washcloth or gauze. 2/9/26 10:00 AM - R9 was observed without a palm guard or replacement. R9 answered no when offered a palm guard/replacement. E19 (LPN) stated he usually refuses. 2/11/26 12:10 PM - R9 was observed without a palm guard or replacement. 2/16/26 1:13 PM - R9 was observed without a palm guard or replacement. R9 answered no when offered a palm guard/replacement. 2/16/26 1:17 PM - During an interview E18(CNA) confirmed that R9's palm guard/replacement was not in place and stated, I haven't seen the palm guard recently, but we use a washcloth then, he takes it out or sometimes says no. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/16/26 1:25 PM - During an interview E23 (LPN) stated he gets the washcloth I have not seen the palm guard he takes them out. E22(RN) then immediately confirmed that R9's care plan for a palm guard should have been updated to reflect the residents' potential refusals. 3. Review of R22's clinical record revealed: 9/16/25 - A quarterly MDS assessment documented that R22 was cognitively impaired and dependent for bathing. 12/15/25 Annual MDS assessment documented that R22 was cognitively impaired and dependent for bathing. 12/29/25 - A review of R22's care plan for self-care deficit was completed. The care plan documented that R22 required set up assistance for bathing. 12/15/25 Annual MDS assessment documented that R22 was cognitively impaired and dependent for bathing. 2/12/26 2:28 PM - During an interview E24(CNA) confirmed that R22 was dependent for bathing and occasionally refuses care. E24 stated, She needs me to pretty much do everything now for her now. She hasn't been able to without help in a while. 2/12/26 2:28 PM - During an interview E3 (DON) confirmed the finding and stated she would revise R22's care plan to include the R22's dependence for bathing. 4. Review of R41's clinical record revealed: 11/3/25 - A quarterly MDS assessment documented that R41 was cognitively impaired and dependent for bathing. 11/17/25 - R41's care plan for self-care deficit was reviewed by the facility and indicated that R41 required one person to assist them with bathing. The care plan lacked documentation of R41's dependance for bathing. 2/18/26 12:19 PM - During an interview E4 (ADON) confirmed the facility failed to ensure that R41's self-care deficit care plan was revised to reflect residents' dependence for bathing. 5. Review of R46's clinical record revealed: 10/27/25 R46's behavior care plan for safety hazard to others as evidenced by resident is combative during care, attempts to hit staff with bed remote and call bell was created. 1/13/26 - A quarterly MDS assessment documented that R46 was cognitively impaired and had physical behaviors four to six times in a seven-day period. 1/13/26 - An incident report was submitted to the State Agency that alleged R46 aggressed another resident during an altercation when R46 swung a television remote and hit another resident. 1/19/26 - A five day follow up to the previous incident report was submitted that documented, care (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	plans were reviewed. 2/12/26 - Review of R46's behavior care plans lacked evidence of revision to include R46's new behavior of an attempt to hit residents. 2/12/26 1:37 PM - During an interview E3 (DON) confirmed that the facility failed to revise R46's behavioral care plan to include the new potential for resident-to-resident altercations. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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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. Based on observation, interview, and record review, it was determined that for one (R131) out of one resident reviewed for ADL (Activities of Daily Living), the facility failed to provide ADL care for dependent residents. Findings include Review of R131's clinical record revealed:3/12/25 - R131 was admitted to the facility with a diagnosis of stroke infarction, affecting the right side.12/3/25 - A quarterly MDS assessment documented that R131 was dependent on staff for bathing and dressing.12/15/25 - A review of R131's care plan for ADL's documented that the resident is dependent for ADL care. The care plan did not include a refusal of nail care. 2/9/26 9:00 AM - An observation revealed that R131's left and right hands had long fingernails, and there was black debris under the fingernails of his right hand.2/10/26 10:00 AM - An observation revealed that R131's left and right hands had long fingernails, and there was black debris under the fingernails of his right hand. 2/11/26 12:51 PM - During an interview, E10 (CNA) stated that when she gives a bath, she washes the resident and does hair and nails. R131's bath days are Mondays and Thursdays. 2/11/26-1:00 PM - During an interview, E5 (UM) confirmed that the 3:00 PM to 11:00 PM shift documented that R131 received his bath, R131's left and right hands had long fingernails and that his fingernails on the right hand had black debris underneath.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review it was determined that for one (R183) out one resident sampled for respiratory care, the facility failed to provide professional standards of practice. Findings include:A review of R183's clinical record revealed:1/31/26 - R183 was admitted to the facility with diagnoses of chronic obstructive pulmonary disease and chronic respiratory failure.2/7/26 - An initial MDS documented that R183 was moderately impaired BIMS 11.2/10/26 - A physician's order for R183 documented place nebulizer face mask after each use in a plastic bag.2/15/26 - A review of the treatment administration record lacked evidence of an order directing that the mask and tubing be stored in a protective plastic bag when not in use.2/9/26 at 11:35 AM - An observation revealed that R183's oxygen tubing was on the floor, and not in a protective plastic bag. The nebulizer face mask was on the bedside table and not in a protective plastic bag.2/10/26 at 9:00 AM - An observation revealed that R183's oxygen tubing was on the floor and not in a protective plastic bag. The nebulizer face mask was on the bedside table and not in a protective plastic bag.2/10/26 AM 10:30 AM - During an interview, E5 (LPN) confirmed that oxygen tubing and a nebulizer face mask are required to be stored in a protective plastic bag when not in use. E5 immediately placed the oxygen tubing and mini neb into a protective plastic bag.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that for one (R141) out of one resident reviewed for pain, the facility failed to provide pain management according to professional standards of practice Findings include:Review of R141's clinical record revealed:[DATE] - R141 was admitted to the facility with a diagnosis of spondylopathy cervical region and muscle weaknessXXX[DATE] - A quarterly MDS assessment documented that R141was alert and oriented. Additionally, the MDS documented that R141 had painXXX[DATE] - A baseline care plan was initiated for potential for pain and actual for spinal stenosis of the cervical region, mobility impairment, spondylopathy, and chronic pain syndromeXXX[DATE] - A progress note revealed R141 had a surgical cervical fusionXXX[DATE] - A physician's order for oxycodone 5 mg, take 2 tablets by mouth as needed for pain for 14 days. The order was discontinued [DATE]XXX[DATE] - A physician's order was reissued for Oxycodone 2 tablets 5mg by mouth for chronic pain as needed for painXXX[DATE] 4:40 AM - A review of R141's MAR (Medication Administration Record) revealed oxycodone 5mg, take 2 tablets by mouth, was not givenXXX[DATE] 7:10 AM - A progress note documented E3 (DON) was called to R141's room, R141 was complaining of neck pain, and the pain level was 7 of 0-10 pain scale. The nurse practitioner was made aware, and a new order was received to give Oxycodone 2 tabs 5 mg by mouthXXX[DATE] 9:45 AM -During an interview, R141 stated experiencing significant pain throughout the night and specifically requested her prescribed oxycodone for pain and was told by E7 (RN) they did not have it. [DATE] 4:40 AM - A late entry progress note by E7 (RN) documented not given. E7 called the provider for an order for Oxycodone 5mg 2 tabs by mouth so they can pull the medication out of the Pyxix but was unsuccessful. [DATE] 9:32 AM - An interview with E7 confirmed the prescription expired for R141's oxycodone on [DATE] and failed to get a new order to use back-up pain medication at the facility to treat R141's pain. [DATE] 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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	085034	A. Building B. Wing	02/18/2026

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record review, interview and review of other facility documentation, it was determined that for one (R3) out of one sampled residents reviewed for dialysis, the facility failed to monitor R3's dialysis catheter and failed to complete R3's before (pre) and after (post) dialysis assessments. Findings include: Review of R3's clinical record revealed:12/18/25 - R3 was admitted to the facility.12/19/25 - A care plan documented R3 needs dialysis related to renal failure with the following interventions: encourage resident to go for scheduled dialysis appointments; monitor/document/report any sign and symptoms of infection to the access site: redness, swelling, warmth or drainage; monitor/document/report signs and symptoms of renal insufficiency: change in level of consciousness, changes in skin turgor, change in heart or lung sounds; monitor/document/report signs and symptoms of the following: bleeding, hemorrhage, bacteremia or septic shock.12/25/25 - An admission MDS documented that R3 was receiving hemodialysis and dependent for ADL's. 12/26/25 - A physician's order documented R3 dialysis appointment Monday, Wednesday and Friday transport via stretcher. 2/12/26 - A review of physician's order lacked evidence of an order to assess R3's dialysis catheter. 2/12/26 1:01 PM - During an interview, E20 (LPN) stated the expectation is for the nurse to complete a pre and post dialysis assessment on R3, including assessment of the dialysis catheter. E20 confirmed pre and post assessments should be completed and documented in a progress note in the medical record. 2/12/26 - A review of the progress notes and assessments in R3's medical record lacked evidence of pre and post dialysis assessments. A review of the dialysis assessment revealed an assessment of the dialysis port or catheter is included. 2/12/26 1:15 PM - During an interview, E17 (UM) confirmed the expectation is to assess R3 before and after dialysis and the progress notes lacked evidence of those assessments being completed.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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	085034	A. Building B. Wing	02/18/2026

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, it was determined that for three (R11, R14 and R15) out of six residents reviewed for unnecessary medication review, the facility failed to ensure for the medication regimen review (MRR) that irregularities identified were reviewed by the attending/designee. Findings include:A facility policy titled, Pharmacy Services – Drug Regimen Review, dated 5/1/25, documented, . the pharmacist will report any irregularities to the attending physician, the facility's medical director and the director of nursing . The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it . 1. Review of R15's clinical record revealed: 8/26/25 – R15 was admitted to the facility with a diagnosis including, but not limited to, hypothyroidism. 12/8/25 – A medication regimen review for R15 documented that charting omissions are noted for levothyroxine for 11/21/25. A nursing comment documented, Omitted? Not sure why, and was signed by E27 (UM). There was a lack of an attending or designee signature on the aforementioned medication regimen review document. 2/16/26 2:44 PM – During an interview, E26 (NP) stated that when the MRR is submitted to the facility, some of the recommendations can be added by the nurses. However, if the medication or frequency changes, they give it to the provider. The UM or DON gets the medication review and then gives it to us, the provider, to review. The surveyor noted the following irregularity: Charting omissions are noted for levothyroxine on 11/21/25. E26 stated that she would need to know that information. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON). 2. Review of R11's clinical record revealed: 6/20/25 - An MRR completed for R11 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 9/14/25 - An MRR completed for R11 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 10/19/25 - An MRR completed for R11 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 12/7/25 - An MRR completed for R11 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 1/14/26 - An MRR completed for R11 identified an irregularity. The MRR lacked evidence of review (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from an attending E4 (ADON) signed the comments section. 2/13/26 2:10 PM - During an interview with E4 (ADON) it was confirmed that all MRR's with irregularities were not reviewed by providers. 3. Review of R14's clinical record revealed: 4/6/25 - An MRR completed for R14 identified and irregularity. The MRR lacked evidence of review from an attending E4 (ADON) signed the comments section. 6/8/25 - An MRR completed for R14 identified an irregularity. The MRR lacked evidence of review from an attending E4 (ADON) signed the comments section. 10/16/25 - An MRR completed for R14 identified an irregularity. The MRR lacked evidence of review from an attending. 11/9/25 - An MRR completed for R14 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 12/7/25 - An MRR completed for R14 identified an irregularity. The MRR lacked evidence of review from an attending E27 (LPN) signed the comments section. 2/16/26 12:10 PM - During an interview E26 (NP) confirmed the findings, E26 reported that providers do not review all MRR's with documented irregularities, providers review irregularities after a referral from the nurses. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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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. Based on record review and interview it was determined that for one (R11) out of six residents reviewed for unnecessary medication review the facility failed to ensure that the resident was free from unnecessary medications. Findings include: Review of R11's clinical record revealed: 9/23/25 - A physician's order was written for R11 to receive Metoprolol, a blood pressure medication one time a day for hypertension, hold for systolic blood pressure greater than 130 or heart rate less than sixty. October 2025 - Review of R11's MAR revealed that nineteen out of thirty-one doses of Metoprolol were not given to R11 because of lower systolic blood pressure or heart rate. November 2025 - Review of R11's MAR revealed that twenty-five out of thirty doses of Metoprolol were not given to R11 because of lower systolic blood pressure or heart rate. December 2025 - Review of R11's MAR revealed that eleven out of thirty-one doses of Metoprolol were not given to R11 because of lower systolic blood pressure or heart rate. January 2026 - Review of R11's MAR revealed that nine out of thirty-one doses of Metoprolol were not given to R11 because of lower systolic blood pressure or heart rate. 2/9/26 - A physician's order was written to discontinue R11's Metoprolol. 2/16/26 12:08 PM - During an interview E26 (NP) confirmed the finding, E26 reported, I discontinued the medication in February because with low blood pressure it was no longer appropriate. E26 was not made aware of the frequency that R11's Metoprolol was held and stated, If I would have been notified of the holds, I would have discontinued it at that time. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on record review, interview and review of physician orders it was determined that for one (R11) out of six residents' sampled for unnecessary medication review the facility failed to ensure that R11's blood pressure medication was held when vital signs were below ordered parameters. Findings include:The facility policy on medication administration last updated 5/1/25 indicated, Medications are administered as prescribed in accordance with good nursing principles and practices.Review of R11's clinical record revealed:9/22/25 - A physicians' order was written for R11 to receive metoprolol daily for blood pressure; hold for systolic blood pressure (SBP) less than 130 or hear rate (HR) less than 60. October 2025 - R11 was administered metoprolol with below ordered parameters on the following dates:10/7 with a SBP of 11810/28 with a SBP of 125. November 2025 - R11 was administered metoprolol with below ordered parameters on the following dates:11/24 with a HR of 52.12/7/25 - An MRR irregularity report documented, metoprolol is not always held as required by the physician's order. The report lacked evidence of review by R11's attending and was signed by E27 (LPN). December 2025 - R11 was administered metoprolol with below ordered parameters on the following dates:12/3 with a SBP of 12312/10 with a SBP of 12612/12 with a HR of 5812/16 with a SBP of 11312/20 with a SBP of 12112/24 with a SBP of 126 and HR of 5612/26 with a SBP of 127.January 2026 - R11 was administered metoprolol with below ordered parameters on the following dates:1/3 with a SBP of 1101/4 with a SBP of 1141/5 with a SBP of 1141/6 with a SBP of 1091/10 with a SBP of 1261/11 with a SBP of 1161/13 with a SBP of 1161/17 with a SBP of 1171/18 with a SBP of 107 and a HR of 541/19 with a SBP of 1031/22 with a SBP of 1191/30 with a SBP of 116. February 2026 - R11 was administered metoprolol with below ordered parameters on the following dates:2/1 with a SBP of 1292/2 with a SBP of 1252/4 with a SBP of 121 and HR of 592/7/26 - An MRR irregularity report documented metoprolol not always held consider discontinuing. MRR was signed by E26 (NP) on 2/11/26 who documented that the metoprolol was discontinued. 2/9/26 - R11's physician's order for metoprolol was discontinued. 2/13/26 11:08 AM - During an interview E50 (LPN) one nurses who administered R11's metoprolol in February and January confirmed the finding that R11 received their metoprolol when vital signs did not meet ordered parameters. E50 stated, If the one vital sign is good [within parameters] then I give the medication based on that. 2/13/26 11:19 AM - During an interview E26 (NP) confirmed that R11's metoprolol was to be held for either parameter and that she was unaware that R11 was administered the metoprolol outside of parameters. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on record review and interview, it was determined that for one (R41) of one resident reviewed for grievance, the facility failed to promptly to initiate the replacement of lost dentures within three days after notification of loss.Findings include:5/14/25 - A facility-provided grievance form documented that FM1 reported R41's top dentures were missing. E14 (LPN) completed a room sweep and documented that the 11:00 PM - 7:00 AM shift would complete a second room sweep. The concern was reported to the Director of Nursing. The grievance included a note that a meeting with the Business Office to explore Medicaid eligibility for denture replacement.2/18/26 at 1:45 PM - During an interview, E15 stated she was unable to explain the extended timeframe for replacement of the dentures and was unsure why a meeting with the Business Office was required prior to proceeding with replacement. E15 further stated the events that occurred while she was on leave from the facility.2/18/26 at 1:53 PM - During a joint interview with E12 (Current Business Office Manager) and E15 (Social Worker), E12 confirmed the facility could have obtained dental services on a fee-for-service basis and was not required to wait for Medicaid eligibility determination prior to replacing the dentures.The facility failed to initiate the replacement of the lost dentures within three days of notification and did not document extenuating circumstances that would justify delay.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, interview and record review, it was determined that for two (R2 and R56) out of 2 sampled residents for dental services, the facility failed to assist the resident in obtaining routine dental services. Findings include:A facility policy and procedure titled, Dental Services, dated 5/1/25, documented, It is the policy of the facility to accommodate needed dental services, including routine dental services; to ensure the facility provides the assistance needed or requested to obtain these services. The facility will, if necessary or if requested, assist the resident: a. Making appointments . 1. Review of R2's clinical record revealed: 11/15/24 – R2 was admitted to the facility. 11/25/24 – A care plan was initiated for R2 with broken/carious teeth, including interventions to coordinate dental care and transportation as needed. 11/4/25 – The annual MDS assessment documented that R2 was cognitively intact and had obvious or likely cavity or broken natural teeth. 2/9/26 9:28 AM – During an observation and interview, R2 stated that they have had broken teeth and has told the facility that he wanted them pulled since he was admitted . R2 stated he has not seen a dentist since arriving at the facility. An observation was made of missing teeth, broken teeth on the bottom right, and miscolored teeth and gums. 2/16/26 9:25 AM – During an interview, E5 (UM) stated that if a resident has a broken tooth, abscess, or dental pain, the Nurse Practitioner would assess them if medication is needed, then let the social worker know to see if they are part of the facility's dental program. If they are not part of the program, then they can schedule the resident to go outside the facility. 2/16/26 10:08 AM – During an interview, E15 (SW) explained that if a resident is interested in the facility's dental program, they can request information from anyone, specifically mentioning her or the business office. The request is then sent via fax to the dental program. E15 confirmed that R2 was not enrolled in the facility's dental program and had no dentist appointment. 2/17/26 – An oral cavity assessment for R2 documented that he had some natural teeth lost and has broken, loose, or carious teeth. There was a lack of evidence of any routine dental consultation since 11/15/24. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON). 2. Review of R56's clinical record revealed: 10/24/23 - R56 was admitted to the facility. 11/6/23 - A care plan documented that R56 had dental health problems related to poor oral hygiene with broken carious teeth with the following interventions: coordinate arrangements for dental care; diet as ordered; monitor, document, report any oral dental problems needing attention; provide mouth (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care as per ADL personal hygiene. 10/9/24 - A progress note documented R56 had a new patient dental exam. 2/09/2026 11:37 AM - During an interview, R56 stated he had not seen the dentist and was interested in a cleaning. 2/16/26 2:45 PM - During an interview, E15 (SW) stated when a resident verbalizes they are interested in dental services she will send the documents over to the dental office. E15 stated that caseworkers for insurance provider are responsible to offer services to the residents and she just sends the paperwork over to dental office. E15 provided a list of resident's receiving dental services and confirmed that R56 was not on the list to receive services and did not have an appointment on 10/1/25 or 11/24/25 when the dentist was at the facility. 2/16/26 3:00 PM - During an interview, E32 (Unit Clerk) stated she was responsible to set up transportation if the resident utilizes an outside dental provider. E32 confirmed that R56 does not have an outside provider for dental. The facility failed to assist R56 in obtaining routine dental care since 10/9/24. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD) and E3 (DON).

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	085034	A. Building B. Wing	02/18/2026

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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. 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. 02/09/2026 9:14 AM Sussex Hall nutrition refrigerator contained three (3) opened cartons of thickened water that were incorrectly dated to reflect the date of disposal as per manufacture recommendations. One container was dated February 3, 2026 and the other two cartons were dated January 31, 2026. The manufacturer's instructions on the cartons state that once opend, any remaining product should be discarded after four (4) days. 02/09/2026 10:08 AM Henelopen Hall Nutrition Refrigerator contained 1 carton of Thickened water that wereincorrectly dated

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. Based on record review and interview it was determined that the facility failed to the ensure the Medical Director fulfilled his/her responsibility of ensuring implementation of the Drug Regimen Review policy to be consist with current professional standards of care regarding provider documentation in response to identified irregularities. Findings include: Cross refer F756The facility job description for responsibilities of the medical director indicated, Provider Supervision and &Consultation: Provide guidance and education to physicians, nurse practitioners, and physician assistants regarding best practices in long-term care. Policy Development & Implementation: Ensure compliance with federal, state, and local healthcare regulations, including CMS and CDC guidelines.The facility policy on Drug Regimen Review last updated 5/1/25 indicated, The attending physician must document in the residents medical record that the identified irregularity has been reviewed and what, if any action has been taken to address it.2/18/26 8:52 AM - During an interview E2 (ROD) confirmed that the facility's Medical Director was not ensuring provider compliance with the drug regimen review policy. E2 stated, Our DON position reviews them and then notifies the provider, but we will be changing that.2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview it was determined that the facility failed to ensure accuracy of resident records for one (R41) out of six residents reviewed for falls when R41's fall incident report contained inaccurate information regarding an injury. Findings include:Review of R41's clinical record revealed; 12/15/25 1:09 PM - A progress note in R41's clinical record documented, At 1235, while this writer was at the meds cart giving out afternoon med, heard a bomb sound behind in the dining area, immediately turned and saw patient lying face down on the floor. Immediately assessed patient and a hematoma noted on patient forehead . 12/15/25 - The incident report for R41's fall documented, No injuries observed at time of incident in the injuries observed at time of incident section. 2/18/26 12:03 PM - During an interview E40 (R--) confirmed the finding and stated, they did write it in the other section. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).

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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 0584 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview it was determined that the facility failed to ensure a homelike environment when the facility repeatedly utilized an overhead paging system to communicate with other staff. Findings include:During random observations overhead paging for non-emergent communication was heard the following times: 2/12/26 10:45 AM.2/12/26 10:47 AM.2/12/26 11:01 AM.2/13/26 11:58 AM.2/13/26 1:12 PM.2/16/26 1:24 PM.2/16/26 1:59 PM.2/16/26 2:59 PM.2/13/26 9:58 AM - During the facility resident council meeting an anonymous resident confirmed the overhead paging by facility staff was unpleasant. 2/17/26 3:21 PM - During an interview E1 (NHA) confirmed the facility utilized overhead paging to communicate with other staff members. E1 stated We use it during the day, but we stop at 7:00 PM. 2/18/26 3:40 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (ROD), and E3 (DON).