STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085037	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ocean Grove Post Acute	231 South Washington Street Millsboro, DE 19966

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined for one (R1) out of three residents in the investigative sample the facility failed revise the care plan. Findings include:[DATE] - R1 was admitted to the facility. [DATE] - A care plan documented that R1 was a full code status and accepting of CPR. [DATE] - A physician's order documented that R1 was a DNR and RN to pronounce. [DATE] - A care plan documented that R1 made the following end of life decisions: Do not resuscitate, do not hospitalize and do not intubate. [DATE] - A review of the care plan showed both aforementioned care plans were activeXXX[DATE] 2:58 PM - During an interview, E3 (LPN) stated that the Social Worker is expected to update care plans in regards to code status and confirmed that the care plan had not been updated for R1 when reviewed. The facility failed to discontinue the care plan that documented that R1 was a full code. [DATE] 3:00 PM - Findings were reviewed with E1 (NHA) and E2 (DON) during the exit conference.

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