

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from separation (from other residents, his/her room, or confinement to his/her room). Based on record review and interview it was determined that for one (R182) out of sixteen residents reviewed for abuse the facility failed to ensure the resident was free from involuntary seclusion. Findings include: Review of R182's clinical record revealed:10/2/24 - R182 was admitted to the facility with multiple diagnoses including anxiety and depression. 10/7/24 - An admission MDS assessment documented R182 as cognitively intact with a BIMS score of 15. There were no behaviors and no diagnosis of dementia documented.3/24/26 - R182 was transferred from a long-term care unit to the facilities locked dementia unit. 3/24/26 11:36 AM - A social services progress note in R182's clinical record documented, SW spoke with [R182's] daughter via telephone. SW informed daughter that [resident] will be changing rooms to room (xxx). Daughter verbalized understanding and is agreeable to room change. SW spoke with [R182] regarding room change. Resident verbalized understanding and is agreeable to room change. 3/25/26 12:24 PM - A progress note in R182's clinical record documented Resident evaluated by psyche; Resident continues to refuse any intervention for increased anxiety. Nursing will continue to monitor mood, behavior, and sleep in new environment. Resident transferred to another unit.3/25/26 untimed - A psychiatric evaluation and consultation written by E34 (PMHNP) in R182's clinical record documented, Seen for routine psychiatric follow-up. She expresses distress regarding her move to dementia unit. Per staff, resident has a history of difficulty getting along with roommates and is being transitioned to the dementia unit for better support and management. Adjustment difficulty related to environmental changes (unit transfer).3/30/36 1:49 pm - A psychological progress note in R182's clinical record written by E35 (LCSW) documented, [R182] observed in new room on the dementia unit and reported that she is still adjusting to the new environment. She expressed discomfort with her current situation.4/5/26 untimed - A psychiatric evaluation and consultation written by E34 (PMHNP) in R182's clinical record documented, Resident reports difficulty coping with recent transfer to the dementia unit, stating 'I don't belong over here'. Per staff she is tearful, frequently isolating, and exhibits emotional outburst. She demonstrates anxiety symptoms and distress related to the unit transition. Resident is alert and oriented .though process is logical. No evidence of psychosis. Adjustment reaction with anxiety and mood lability related to unit transfer.4/6/26 9:21 AM - A psychological progress note in R182's clinical record written by E35 (LCSW) documented, [R182] alert and oriented throughout the session .verbalized significant dissatisfaction with her placement on the dementia unit stating that she does not feel she belongs there and believes she still has all her mental faculties. 4/6/26 10:26 AM - A progress note in R182's clinical record written by E4 (RN) documented Resident evaluated by psych NP. Resident is Alert and oriented to [person, place, time, situation] with anxiety, tearfulness, and mood lability related to recent transfer to the dementia unit, exhibiting perseveration, social isolation, and intermittent emotional outbursts without psychosis . 4/7/26 - A quarterly MDS assessment (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 085037 If continuation sheet Page 1 of 17

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented that R182 exhibited verbal behaviors one to three days during the assessment period. The assessment did not document dementia as a diagnosis, physical behaviors or elopement risk.7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, it was determined that for four (R1, R32, R184 and R188) out of twenty-six residents reviewed for abuse and neglect, the facility failed to identify and report the allegations of abuse, neglect or suspicion of a crime to the State Agency within appropriate timeframe. Findings include: The facility policy on abuse last updated May 2026, indicated, The facility will have written procedures that include: 1. Reporting of all violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. law enforcement when applicable) within specified time frames. 1. Review of R184's clinical record revealed: 1/26/26 - R184 was admitted to the facility with multiple diagnoses including dementia and cognitive communication deficit. R184 was admitted with Medicare Advantage insurance coverage and an admission agreement that was signed by RP1, R184's POA since of June 2010. 2/1/26 - An admission MDS assessment documented that R184 has severe cognitive impairment and upper extremity impairments of range of motion on both sides. 2/26/26 - A disenrollment form was completed and dated by E18 (BOM) and signed by R184. 3/16/26 1:10 PM - A social services note in R184's clinical record documented, Family expressed concerns regarding insurance being converted and are upset about the change. 7/27/26 1:24 PM - During an interview, RP 1 confirmed that R184's insurance coverage was disenrolled to change to another insurance provider without permission. 7/28/26 9:57 AM - During an interview, E18 (BOM) stated, [R184] was able to sign. A lot of times residents won't do the date, so I plug that in for them. When asked if R184's responsible party was consulted prior to the disenrollment E18 confirmed that [RP1] was not consulted prior to the disenrollment to change R184's insurance provider. E18 (BOM) confirmed documenting the date next to the signature on R184's insurance disenrollment form and that now a resident's mental status is reviewed prior to obtaining signatures. 7/28/26 10:07 AM - During an interview, E1 (NHA) confirmed that the facility was aware that RP1 did not sign consents to change insurance providers for R184 and that E18 (BOM) assisted with R184, a cognitively impaired resident with signing the insurance disenrollment form. E1 did not recognize this as suspicion of the crime of forgery and subsequently did not report the incident to the State Agency. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference. 2. Review of R32's clinical record revealed: (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9/5/24 - A physician's order was written for R32 to have their blood sugar checked at 2:00 AM for diabetes. 3/16/26 - R32's MAR documented that at 2:00 AM a blood sugar level was obtained with a result of 225. 2. Review of R188's clinical record revealed: 2/25/26 - A physician's order was written for R188 to have their blood sugar checked at 6:00 AM for diabetes. 3/16/26 - R188's MAR documented that at 6:00 AM a blood sugar level was obtained with a result of 235. 7/27/26 10:36 AM - The surveyor requested a copy of any investigations involving allegations that included R32 and R188 from E2 (DON). 7/27/26 11:00 AM - A statement written by E2 (DON) on 3/20/26 documented Two LPN's came to the DON office expressing concerns about blood sugars for residents .They believed the results were inaccurate and possibly made up. 7/27/26 11:43 AM - During an interview E2 (DON) stated, On March 16th two nurses came and said we don't believe [E46 (LPN)] is doing the blood sugars correctly on [R32] and [R188]. There were a lot of suspicions, but I believe it was the nurse wanted the full-time position given to [E46]. E2 confirmed that the facility did not recognize the allegation as neglect and as a result did not report the allegation to the State Agency. 3. Review of R1's clinical record revealed: 5/2/25 - R1 was admitted to the facility. 3/4/26 6:45 PM - An incident alleging that a staff member pushed R1 when attempting to get up from the floor post fall. 3/5/26 11:27 AM - A facility reported incident was submitted to the State Agency. 7/28/26 12:01 PM - During an interview, E2 (DON) stated the staff member failed to recognize the incident as an allegation of abuse. E2 confirmed that the report was not submitted to the agency within the appropriate timeframe. E1 (NHA) and E2 stated facility wide education was completed regarding recognizing abuse and reporting requirements. 7/29/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review it was determined that the facility failed to ensure protection of resident rights to promote dignity and respect when residents were not notified of mealtimes. Additionally, for one (R155) out of seventy-four residents sampled the facility failed to promote care in a manner that maintained or enhanced dignity and respect. Findings include: 1. 7/20/26 &ndash; During entrance conference, the facility provided a copy of its meal schedule indicating lunch on Unit One was scheduled from 12:00 PM to 12:08 PM and in the Main Dining Room at 12:00 PM. 7/20/26 10:19 AM - During an interview, R161, a resident on unit one reported the meals are never on time. 7/20/26 12:17 PM - During an interview, R80, a resident on unit one reported lunch is never on time. 7/20/26 1:00 PM - During an interview, R158, a resident on unit one, reported meals served at inconsistent times. Observed lunch cart deliver times on unit one: 7/20/26 1:06 PM - 1:16 PM 7/21/26 12:53 PM - 1:04 PM 7/22/26 12:57 PM - 1:00 PM 7/24/26 12:09 PM - Observations on unit one, unit two, unit three and unit four and the facility main dining room lacked evidence of posted mealtimes notifying residents of current mealtimes. 7/24/26 12:30 PM - During an interview, R168 (acting RCP) stated that a change of mealtimes was communicated at the Food Committee Meeting but not posted. 7/24/26 1:58 PM - During an interview E13 (Dietary Director) provided a second copy of the facility mealtimes. Review of the mealtimes indicated that lunch would be served on unit one at 12:45 PM - 12:50 PM with the Main Dining room continued to open at noon. E13 stated the meal schedule had been changed in 2026 and that R168 (acting RCP) was informed. E1 (NHA), who was present during the interview, confirmed the revised meal schedule had not been posted for residents. 2. Review of R155's clinical record revealed: 11/15/23 - R155 was admitted to the facility. 5/7/26 - A quarterly MDS assessment documented that R155 had a BIMs of 12 indicating moderate cognitive impairment. The MDS also documented that R155 required supervision or touching (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supervision for ADL's and lower body dressing. 7/20/26 6:35 AM - A direct observation of E10 (CNA) providing ADL care to R155 in the corner of the room with the door open and curtain open. R155 was not clothed and E10 was washing, drying and assisting R155 into a clean brief. 7/20/26 6:43 AM - During an interview, E10 confirmed that R155 received ADL care with the door and curtain open. E10 stated that the door and curtain should have been closed to maintain dignity. 7/29/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. Based on interview and record review it was determined that for one (R184) out of seventeen residents reviewed for abuse the facility failed to ensure that the rights of resident representative were exercised. Findings include: Review of R184's clinical record revealed:1/26/26 - R184 was admitted to the facility with diagnoses that included dementia and cognitive communication deficit. The admission agreement was signed by RP1, who had served as R184's durable power of attorney since June 2010.1/26/26 6:54 PM - A progress note in R184's clinical record documented, Code status confirmed with spouse [RP1], demonstrating the facility recognized RP1 as the resident's decision-maker.2/1/26 - An admission MDS assessment documented that R184 had severe cognitive impairment.2/26/26 - A disenrollment form changing the resident's insurance coverage was completed by E18 (BOM) and signed by R184 rather than RP1.3/16/26 1:10 PM - A social services note in R184's clinical record documented, Family expressed concerns regarding insurance being converted and are upset about the change.'7/27/26 1:24 PM - During an interview, RP 1 confirmed that R184's insurance coverage had been changed without RP1's knowledge or permission. RP1 stated. When asked did the facility discuss the change prior to completing the disenrollment RP1 stated, No. They didn't say anything about it beforehand. I found out when I got a letter in the mail. Me and my daughter had told them after we found out to change it back!7/28/26 9:57 AM - During an interview E18 (BOM) confirmed that a disenrollment form was completed to change R184's insurance coverage without involvement of R184's responsible party, RP1. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 (R17) out of two residents reviewed for behavioral/emotional condition the facility failed to ensure adequate monitoring of antipsychotic medication use. Findings include: Review of R17's clinical record revealed: 12/22/23 - R17 was admitted to the facility with multiple diagnoses including anxiety, schizophrenia, and depression. 6/25/25 - An AIM's assessment documented R17 as a 0.0 score indicating no side effects from use of antipsychotic medications. 9/17/25 - An AIM's assessment documented R17 as a 4.0 score indicating the presence side effects from use of antipsychotic medications. 11/19/25 - A psychiatric evaluation and consultation was completed for R17. The evaluation lacked documentation of R17's increased AIM's score, the AIM's section was blank and recommended continued use of antipsychotic medication. 12/10/25 - An AIM's assessment documented R17 as a 3.0 score indicating the presence side effects from use of antipsychotic medications. 12/25/25 - An annual MDS assessment documented that R17 experienced hallucinations, and delusions and received antipsychotic medications. 1/9/26 - A psychiatric evaluation and consultation was completed for R17. The evaluation lacked documentation of R17's AIM's score, the AIM's section was blank and recommended continued use of antipsychotic medication. 4/27/26 - An AIM's assessment documented R17 as a 27.0 score indicating the presence side effects from use of antipsychotic medications. 6/22/26 - R17's care plan for use of antipsychotic medications was reviewed. Interventions in the care plan included monitor for side effects. Monitor /document/report and adverse reactions of psychotropic medications. 7/6/26 - An quarterly MDS assessment documented R17 experienced hallucinations, and delusions and was given antipsychotics and antidepressant 9/26/25 9:32 AM - A progress note in R17's clinical record written by E4 (RN) documented, Resident seen by psych NP for auditory hallucinations, paranoia, recently starting Clozapine, lethargic, isolation and confusion. Resident stated he is constipated and has rash. Requests 1 chocolate milk with meals. Tremors noted. Resident reports auditory hallucination but cannot determine if they are worsening or getting better. Denies visual hallucination. Scored poorly on AIMS. Major fall risks, resident on precautions already. The note lacked evidence that the psych NP or R17's primary care provider were made aware of the AIMS assessments. 7/28/26 1:03 PM - During an interview, E4 (RN) confirmed completing R17's AIMS assessment. E4 stated, I usually would notify [E2 (DON)] and [E34 (PMHNP)] but [R17] waxed and waned sometimes more symptoms than others. E4 could not confirm notification of the increased side effects documented from R17's AIMS assessments. 7/28/26 2:52 PM - During an interview E2 (DON) confirmed the facility did notify R17's provider of the increased side effects of antipsychotic medication use. 7/30/26 8:57 AM - During an interview, E34 (PMHNP) confirmed that the facility did not relay that R17 was having an increase in side effects related to antipsychotic medication use. E34 stated, I believe that the person who completed it should have notified me. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 interview it was determined that for three (R158, R180 and R182) out of fifty-seven (57) residents reviewed the facility failed to ensure accuracy of the MDS assessment. Findings include: 1. Review of R158's clinical record revealed: 6/8/26 - A quarterly MDS assessment documented that R158's cognitive status was not assessed and contained no BIM's score. 6/17/26 - A social services assessment was completed for R158, and the resident was documented with a BIM's score of 15 indicating cognitively intact. 7/23/26 12:02 PM - During an interview, E19 (RNAC) confirmed that R158's quarterly MDS assessment was inaccurate as evidenced by an omitted BIMS score. E19 stated The social worker did not complete it on time. 2. Review of R180's clinical record revealed: 8/20/25 4:13 PM - A progress note in R180's clinical record documented, Staff report resident witnessed cursing at and threatening female resident . 8/24/25 - A quarterly MDS assessment was completed for R180 who was assessed as having no behaviors. 7/29/26 11:10 AM - During an interview E19 (RNAC) confirmed that R180's 8/24/25 quarterly MDS was incorrect and that threatening should have been coded on the behavior segment of the assessment. 3. Review of R182's clinical record revealed: 4/7/26 - A quarterly MDS assessment section documented the resident had a BIMS score of 00. 4/8/26 - A social work assessment documented, Resident refused to answer assessment questions for BIMS. 7/29/26 11:10 AM - During an interview E19 (RNAC) confirmed that R184's 4/7/26 quarterly MDS assessment was incorrect and that a score of 99 should have been documented for refusal. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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. Based on observations, interviews, record review and review of other facility records, it was determined that for two (R137 and R128) out of fifty-seven (57) residents reviewed for care plans, the facility failed to revise care plans for identified changes in care. Findings include: Cross Refer F677 1. R137's clinical record revealed: 7/12/25 &ndash; E137 was admitted to the facility. 7/16/26 &ndash; A review of an annual MDS assessment revealed R137 was dependent for personal hygiene. 7/21/26, 7/22/26 and 7/23/26 &ndash; Observations revealed R137 had visible facial hair growth to the upper lip, chin, cheeks and sideburns. 7/21/26 2:10 PM &ndash; R137's care plans were reviewed. The care plans lacked evidence that R137 refuses personal grooming services for facial hair. 7/23/26 9:05 AM &ndash; During an interview E11 (CNA) reported [R137] refuses personal grooming services for facial hair. 7/23/26 9:15 AM &ndash; During an interview and observation of R137's care plan with E12 (RN), it was revealed that R137's care plan lacked evidence documenting the resident's refusal to be shaved. E12 confirmed this during the review of the care plan and stated, I don't know if [R137] is care planned to refuse to be shaved. E12 further stated, No I don't see it in the care plan, but we can add it to the care plan. 2. Review of R128's clinical record revealed: 5/23/23 - R128 was admitted to the facility. 4/23/26 - A quarterly MDS documented that R128 was not on a mechanically altered diet. 4/23/26 10:28 AM - A progress note by E16 (Dietitian) documented that R128 was experiencing difficulty chewing certain foods, which is common in advanced age. They agreed to switch R128 to a mechanical soft diet to help with this issue. R128 will continue to be monitored. 4/23/26 10:36 AM - A dietitian ordered R128 to have a no-added-salt diet, mechanically soft texture, and thin liquid consistency for meals. 5/12/26 - A revised care plan goal documented that R128 would tolerate the current diet and liquid consistency, with one intervention being to provide a diet as ordered of no added salt, low concentrated sweets, regular texture, and thin liquids. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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	7/20/26 8:10 AM - An observation of R128's breakfast tray revealed mechanically soft food, and the meal ticket documented the mechanically soft diet. 7/23/26 - A quarterly MDS documented that R128 was on a mechanically altered diet. 7/24/26 12:46 PM - An observation of R128's lunch tray revealed mechanically soft food, and the meal ticket documented the mechanically soft diet. 7/27/26 1:51 PM - During an interview, E16 stated that on 4/23/26 R128 was downgraded to a mechanically soft diet due to difficulty chewing food with a regular diet with teeth. E16 confirmed that the care plan was not updated from a regular diet to a mechanically soft diet and that this would be corrected immediately. 7/29/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 three residents (R13, R76, and R137) out of eight residents reviewed for ADL's, the facility failed to provide care and services reviewed for dependent residents. Findings include:1. Review of R13's clinical record revealed: 6/24/26 - R13 was admitted to the facility with dementia. 6/30/26 - An annual MDS documented that R13 was severely cognitively impaired and was dependent on staff for bathing and hygiene. 7/2026 - The CNA's task list documented that R13's shower days were Tuesday and Thursday. 7/20/26 9:15 AM - The resident was observed with visible facial hair growth and an untrimmed beard. 7/21/26 10:00 AM - The resident was observed with visible facial hair growth and an untrimmed beard. 7/22/26 10:15 AM - The resident was observed with visible facial hair growth and an untrimmed beard. 7/24/26 9:30 AM - The resident was observed with visible facial hair growth and an untrimmed beard. 7/24/26 9:30 AM - During an interview, E5 (RN) confirmed that the resident had not been shaved and stated that the resident required an electric razor for shaving. 7/24/26 9:30 AM &ndash; During an interview, E7 (CNA) stated that when providing a complete bath, she cleans the resident's nails, washes the resident's hair, and shaves male residents. 7/24/26 9:45 AM &ndash; During an interview, E6 (CNA) stated that when providing a shower or bath, she washes residents from head to toe. She further stated that she washes residents' hair and shaves male residents as needed. 7/24/26 10:30 AM - During an interview, E2 (DON) confirmed that the resident had not been shaved and stated that he would ensure the resident was shaved. 2. Review of R76's clinical record revealed: 6/16/26 - A quarterly MDS assessment documented that R76 required staff to set up and assistance with eating meals. 7/9/26 - R76 was admitted to hospice care. 7/15/26 - A nutrition care plan was reviewed for R76. Interventions in the care plan included to (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provide and serve diet as ordered. 7/15/26 - A significant change nutrition assessment recommended pleasure feeds of food as tolerated. 7/15/26 11:59 PM - A functional abilities and goals evaluation documented, Significant Correction. Self-Care: Eating: Resident is dependent on staff assistance. 7/20/26 8:01 AM - 8:08 AM - During a dining observation R76's tray remained in the holding cabinet while other residents were served breakfast. When the surveyor inquired if anyone would be assisting R76 with breakfast E42 (CNA) and E43 (CNA) both stated that R76 would not be served breakfast because he's on hospice, comfort measures. 7/20/26 8:15 AM - During an interview E44 (RN) R76's assigned nurse reviewed R76's physicians orders with the surveyor. R76 confirmed that R76's did not have an order for food to be held. 7/20/26 12:20 PM - During an interview R76 responded verbally to the surveyor when called by name. 7/20/26 1:06 -1:20 PM- During a dining observation R76's tray remained in the holding cabinet while other residents were served lunch. R76's meal ticket was torn in half. E42 (CNA) confirmed that a torn ticket meant not to serve that resident's meal. 7/20/26 1:28 PM - During an interview E44 (RN) confirmed that R76 was alert and able to take medication by mouth that day without difficulty. E33 (LPN) unit manager confirmed that staff should have offered R76 both meals. E33 then checked R76's tray for warmth and instructed staff to attempt to feed R76 and verbally educated staff that hospice residents must still be offered their meal and assistance attempted. Cross Refer F657 3. R137's clinical record revealed: 7/12/25 &ndash; R137 was admitted to the facility. 4/16/26 &ndash; A review of a quarterly MDS assessment revealed R137 required substantial to maximum assistance by staff with showers, bathing, and personal hygiene. 7/16/26 &ndash; A review of the annual MDS assessment revealed R137 was dependent on staff for personal hygiene. 7/21/26 2:05 PM &ndash; During a telephone interview, FM1 (Family) reported I left plenty of shaving cream and razors for [R137] to be shaved. They told me [R137] won't allow them to do it. But I know [R137] likes a clean-shaven face. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/21/26 2:21 PM &ndash; R137 was observed with visible facial hair growth on the chin, lip, cheeks and sideburns. 7/22/26 9:25 AM &ndash; During a second - day observation, R137 was sitting up in the wheelchair at the nurse's station with visible facial hair growth on the chin, lip, cheeks and sideburns. 7/23/26 9:00 AM &ndash; During a third-day observation, R137 was in bed and dressed. R137 was rubbing his facial hair and stated, I would like to be shaved. R137 then stated, It's too long. 7/23/26 9:05 AM &ndash; During an interview E11 (CNA) reported [R137] refuses to allow us and tells us not to shave him. The surveyor asked E11 was the resident's refusal to be shaved reported to anyone. E11 further stated, I report it to E12 (RN) or E14 (UM). 7/23/26 9:15 AM &ndash; During an interview, E12 (RN) reported, [R137] usually refuses to be shaved. [E12] further stated, We can attempt to shave [R137] today. 7/23/26 9:50 AM &ndash; An observation revealed R137 was being shaved by E11. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interview it was determined that for two (R3 and R182) out of eight residents reviewed for infection control the facility to follow physicians' orders related to antibiotics. Findings include: 1. Review of R182's clinical record revealed: 5/4/26 3:00 PM - An after care summary from a walk-in care clinic documented that R182, You are being treated for cellulitis of the right foot due to injury. Oral antibiotic prescribed take as directed. The antibiotic was called in to a local pharmacy near the facility. 5/4/26 10:43 PM - A nurses note in R182's clinical record documented, Resident approached this writer and reported that she had gone to urgent care for her right foot, where she was told she had an infection. Resident stated she was prescribed an antibiotic and provided the medication bottle to this writer. Per MD instructions, the antibiotic is to be held, and resident will be evaluated in the morning. 5/5/26 - E45 (NP) documented in a progress note in R182's clinical record, Verbal order given to nurse to start antibiotic [for foot]. 5/7/26 3:21 PM - A progress note in R182's clinical record documented, Chief Complaint: Seen in follow-up for ongoing right foot pain. History of Presenting Illness: As above seen in follow-up. Patient was on LOA with family a couple of days ago when she went to urgent care, they diagnosed her with an infection in her foot and prescribed [antibiotic]. She returned here and the next day was seen by nurse practitioner who did not feel she had an infection. He gave verbal order to start antibiotic after he could not convince her she was not infected (in order to prevent ER visit). The order was not put in. 5/7/26 - A physician's order was written for R182 to receive an antibiotic three times a day for seven days for infection of foot wound. Three days after the original prescription for an antibiotic to treat infection of R182's wound to the foot was provided by the walk-in clinic on 5/4/26 and two days after the verbal order provided on 5/5/26. May 2026 - Review of R182's MAR documented the resident was given the ordered antibiotic starting 5/7/26. 7/28/26 1:24 PM - During an interview, RP2 stated, I had to take my mom to a walk-in clinic because her foot was infected and they were ignoring it. Even after that I went and got the prescription filled and bought the antibiotic to the facility and they still didn't give it to her. 7/29/26 12:46 PM - During an interview E14 (LPN) confirmed that R182 received a prescription from the walk-in medical center for an antibiotic for infection of her foot wound. E14 stated that R182, Complained of discomfort. Her daughter took her to the ER or walk-in clinic. They prescribed her an antibiotic. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/30/26 10:47 AM - During an interview E30 (RNICP) confirmed that the physicians order for an antibiotic to treat R182 was not completed upon receiving the verbal order. E30 stated, I spoke with the nurse, who's on vacation and she said the physician didn't give her all the information for the verbal order so it wasn't put in. 2. Review of R3's clinical record revealed: 9/7/21 - R3 was admitted to the facility. 5/10/26 5:22 PM - A provider's progress note documented R3 was seen by telehealth services with E24 (LPN) present during exam. The progress note documented that R3 had a purulent filled pustule noted to right upper arm with swelling, redness and warm to touch. The provider documented the following orders: warm compresses three times a day, wound culture of right upper extremity, labs in AM and Augmentin 875/125 mg one tablet by mouth for 10 days after obtaining wound culture. 5/10/26 5:39 PM - An Omnicell (emergency medication system) transcript documented that E24 removed 1 tablet of Augmentin 875/125 mg from the machine. 5/10/26 9:13 PM - A physician's order documented Augmentin 875/125 mg give one tablet by mouth every 12 hours for 10 days. The order was scheduled for a one-time administration and was documented as administered at 10:36 PM. 5/10/26 11:00 PM - A physician's order documented to obtain a wound culture of the right upper extremity abscess. 5/11/26 7:51 PM - An Omnicell (emergency medication system) transcript documented that E25 (LPN) removed 1 tablet of Augmentin 875/125 mg from the machine. 5/11/26 9:00 PM - A physician's order documented Augmentin 875/125 mg give one tablet by mouth every 12 hours for 10 days. 7/24/26 10:48 AM - During an interview, E26 (CNO) confirmed that the antibiotic was to be started after culture was obtained and that it was ordered for twice a day for 10 days. 7/24/26 1:46 PM - During an interview, E27 (LPN) stated the expectation when a nurse receives a verbal order to input the order as soon as possible into the EMR. 7/29/26 12:24 PM - During an interview, E24 stated that she was unable to recall if she was present on 5/10/26 during the telehealth visit for E3 and could not recall if she received the verbal order for the antibiotic. E24 stated the expectation that the nurse who receives the verbal order would place it in the EMR. E24 also stated she is usually the person who calls the on-call provider due to being familiar how to operate the telehealth system. The facility failed to transcribe, input and follow a physician's order for R3. 7/29/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ocean Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 interview and record review it was determined that for one (R180) out of seventy-four residents reviewed the facility failed to ensure resident records were complete and accurately documented. Findings include: Review of R180's clinical record revealed: 7/24/25 12:15 PM - A progress note in R180's clinical record documented, Resident verbally agitated yelling .staff report concerns related to residents' anger towards them and felt threatened by his tone. July 2025 - Review of R180's behavior monitoring sheet lacked evidence documentation of any behaviors. 8/8/25 9:20 AM - A progress note in R180's clinical record documented, Staff reporting they are concerned for their safety related to resident's behavior of verbally harassing staff and threatening comments. 8/20/25 4:13 PM - A progress note in R180's clinical record documented, Staff report resident witnessed cursing at and threatening female resident .resident began making false accusations against staff. 8/21/25 11:12 AM - A progress note in R180's clinical record documented, Resident with re-occurring behaviors of verbal aggression towards staff. August 2025 - Review of R180's behavior monitoring sheet lacked evidence documentation of any behaviors. 7/28/26 12:10 PM - During an interview E2 (DON) confirmed that R180's behavior monitoring was incomplete as evidenced by lack of documentation in the point of care task sheets to reflect R180s' episodes of behaviors. 7/30/26 2:00 PM - Findings reviewed with E1 (NHA) and E2 (DON) during the exit conference.		