

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Kutz Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 704 River Road Wilmington, DE 19809	
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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and review of facility documentation, it was determined that the facility failed to ensure that a performance review was completed at least every twelve months for five (E17, E18, E19, E20 and E21) out of five sampled employees. Findings include: 3/3/26 1:38 PM - Review of the following staff performance evaluations revealed a lack of evidence of a performance evaluation for the past year and was confirmed by E24 (former DON):1. E17 (CNA) had a hire date of 10/29/24. 2. E18 (CNA) had a hire date of 3/3/20.3. E19 (CNA) had a hire date of 3/26/15. 4. E20 (CNA) had a hire date of 6/29/23.5. E21 (CNA) had a hire date of 1/20/12. 3/3/26 3:10 PM - Findings were discussed with E2 (DON).3/4/26 3:30 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (ADON) 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

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(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 - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview, record review, and review of other facility documents, it was determined for one (R10) out of three residents reviewed for abuse, the facility failed to ensure that the allegation of verbal abuse from a staff member was reported to the State Survey Agency within the required time. Findings included: 9/10/25 5:54 PM - A facility reported incident submitted to the State Survey Agency documented, Resident [R10] reported to [E6] SSD (Social Services Director) that on 8/22/25 during the 11 PM to 7 AM shift he went outside off campus to smoke and when he returned to the facility and started walking toward the [unit number] unit's nursing station and he had an encounter with [E7] (RN.) Per R10, E7 stated, [R10] when I am here on the night shift, you are not allowed to [expletive] go outside. E10 reported that he replied, I don't know who the [expletive] you are talking to, but you can't talk to me like a piece of [expletive.] R7 replied, If you go out that door, I am telling the staff not to buzz you back in. 2/26/26 11:00 AM - During an interview, the Surveyor asked E1 about why the incident report was submitted to the State Survey Agency on 9/10/26 when the resident reported the incident on 8/23/25. E1 stated, We thought it was more like a grievance and was investigating it that way. When we realized that it was actually a reportable incident and we reported it right away. The facility failed to report the allegation of verbal abuse with the 2-hour reporting requirement. 2/26/26 2:20 PM - Findings were confirmed with E1 (NHA) and E2 (DON.) 3/4/26 3:30 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (ADON) during the exit conference.		