

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  085054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2025
NAME OF PROVIDER OR SUPPLIER  Cadia Rehabilitation Pike Creek		STREET ADDRESS, CITY, STATE, ZIP CODE  3540 Three Little Bakers Blvd Wilmington, DE 19808	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32545</p> <p>Based on interview and record review, it was determined that for two (R1 and R3) out of three residents sampled for falls, the facility failed to ensure that each resident received care and services in accordance with physician orders and professional standards of practice for post-fall assessments. For R1, the facility failed to obtain and document current vital signs (VS) every shift after alert charting was initiated for increased monitoring of the resident. For R3, the facility failed to ensure the resident was monitored after a fall which included seizure activity. Findings include:</p> <p>The facility's policy and procedure entitled Alert Charting, last reviewed 1/3/25, stated, . It is the policy . to utilize alert charting for residents experiencing changes in condition that warrant heightened observation as determined through nursing judgment . Procedure: Residents placed on alert charting are assessed by the nurse each shift and assessment data entered into nursing notes. Incidents that may warrant placing a resident on alert charting include; but are not limited to; resident falls . Document objective data related to the resident's condition i.e., vital signs .</p> <p>1. R1's clinical record revealed:</p> <p>1/28/25 4:47 PM - A nurse's note documented, Resident was found by staff lying on the floor in front of his bed . Neuro checks and alert charting initiated.</p> <p>1/28/25 - The following physician's order was entered in R1's record: Alert Charting s/p [status post] fall x [times] 3 days, every shift for 3 days.</p> <p>According to the facility's daily staff posting on 1/28/25, the facility has three shifts for nurses: day shift (7 AM to 3:30 PM); evening shift (3 PM to 11:30 PM); and night shift (11 PM to 7:30 AM).</p> <p>The Alert Charting notes in R1's record were the following:</p> <p>- E7 (LPN) documented, Effective Date: 01/29/2025 04:51 [4:51 AM] . Resident is on Alert Charting for Fall. Vitals: .BP [Blood Pressure] 156/74 - 1/28/2025 22:36 [10:36 PM] . T [Temperature] 98.2 - 1/28/2025 22:36 . P [Pulse] 77 - 1/28/2025 22:36 . R [Respirations] 18.0 - 1/28/2025 22:36 . O2 [Oxygen Saturation] 94.0 % - 1/28/2025 22:36 . E7 failed to obtain and document R1's current vital signs.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- E7 (LPN) documented, Effective Date: 01/30/2025 03:22 [3:22 AM] . Resident is on Alert Charting for S/p [status post] fall. Vitals: . BP 145/66 - 1/29/2025 21:20 [9:20 PM] . T 97.9 - 1/29/2025 21:20 . P 81 - 1/29/2025 21:20 . R 18.0 - 1/29/2025 21:20 . O2 93.0 % - 1/29/2025 21:20 . E7 failed to obtain and document R1's current vital signs.</p> <p>- E8 (LPN) documented, Effective Date: 01/30/2025 11:49 [11:49 AM] . Resident is on Alert Charting for s/p fall. Vitals: . BP 145/66 - 1/29/2025 21:20 [9:20 PM] . T 97.9 - 1/29/2025 21:20 . P 81 - 1/29/2025 21:20 . R 18.0 - 1/29/2025 21:20 . O2 93.0 % - 1/29/2025 21:20 . E8 failed to obtain and document R1's current vital signs.</p> <p>- E9 (LPN) documented, Effective Date: 01/30/2025 22:46 [10:46 PM] . Resident is on Alert Charting for s/p fall. Vitals: . BP 145/66 - 1/29/2025 21:20 [9:20 PM] . T 97.9 - 1/29/2025 21:20 . P 81 - 1/29/2025 21:20 . R 18.0 - 1/29/2025 21:20 . O2 93.0 % - 1/29/2025 21:20 . E9 failed to obtain and document R1's current vital signs.</p> <p>- E7 (LPN) documented, Effective Date: 01/31/2025 03:03 [3:03 AM] . Resident is on Alert Charting for Fall. Vitals: . BP 145/66 - 1/29/2025 21:20 [9:20 PM] . T 97.9 - 1/29/2025 21:20 . P 81 - 1/29/2025 21:20 . R 18.0 - 1/29/2025 21:20 . O2 93.0 % - 1/29/2025 21:20 . E7 failed to obtain and document R1's current vital signs.</p> <p>- E8 (LPN) documented, Effective Date: 01/31/2025 10:16 [10:16 AM] . Resident is on Alert Charting for Fall. Vitals: . BP 145/66 - 1/29/2025 21:20 [9:20 PM] . T 97.9 - 1/29/2025 21:20 . P 81 - 1/29/2025 21:20 . R 18.0 - 1/29/2025 21:20 . O2 93.0 % - 1/29/2025 21:20 . E8 failed to obtain and document R1's current vital signs.</p> <p>2/1/25 - R1 was placed on Alert Charting for signs/symptoms (s/s) of FLU/COVID/RSV, which included the following:</p> <p>- E7 (LPN) documented, Effective Date: 02/1/2025 06:00 [6:00 AM] . Resident is on Alert Charting for S/S OF FLU/COVID/RSV. Vitals: . BP 117/60 - 1/31/2025 21:46 [9:46 PM] . T 98.3 - 1/31/2025 21:46 . P 91 - 1/31/2025 21:46 . R 18.0 - 1/31/2025 21:46 . O2 93.0 % - 1/31/2025 21:46 . E7 failed to obtain and document R1's current vital signs.</p> <p>2/17/25 at 12:46 PM - During an interview, Surveyor reviewed with E12 (NP) and E12 acknowledged that current vital signs were not obtained and documented by nursing staff.</p> <p>2/17/25 2:00 PM - During an interview, findings were reviewed with E3 (CNO). No further information was provided to the Surveyor.</p> <p>48409</p> <p>2. Review of R3's clinical record revealed:</p> <p>12/17/22 - R3 was admitted to the facility with diagnoses including acute and chronic respiratory failure, seizure disorder, ventilator dependence, and persistent vegetative state.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/20/22 - R3's seizure care plan (revised 2/15/23 and 9/9/23) documented, .At risk for falls r/t [related to] seizure d/o [disorder] &amp; involuntary movement .the resident is on hypnotic for seizures .</p> <p>12/9/24 - R3's annual MDS documented, Completely dependent on staff for all activities of daily.</p> <p>1/26/25 11:19 AM - R3's clinical records documented, .Received order to send resident to ER for further evaluation .</p> <p>1/26/25 11:42 AM - R3's clinical records documented, On the floor .no visible injuries noted, but resident was seizing to the point where automatic blood pressure could not be taken on the arms but [sic] taken on the legs. Seizures lasted about 5 minutes .CNA reported that resident was first found on her face then was turned on her back .</p> <p>1/27/25 1:44 AM - R3 returned to facility from the hospital.</p> <p>The facility lacked evidence that R3's vital signs, clinical assessments and seizure monitoring were done on for 1/27/25 on the 7-3 and 3-11 shifts.</p> <p>2/3/25 6:26 PM - The facility's 5-day follow up report submitted to the Division documented, . Resident noted with possible seizure activity.</p> <p>2/14/25 12:00 PM - During a telephone interview E5 (RN supervisor) stated, I was called to the room and saw the resident [R3] laying on her back on the floor. Her arms and legs were shaking. Her arms were shaking so badly that her blood pressure had to be taken on her leg. The surveyor asked E5 whether R3 was coughing, E5 stated, No, but her arms and legs were shaking.</p> <p>12/14/25 12:30 PM - Findings were confirmed with E3 (CNO.)</p> <p>2/17/25 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (CNO), E10 (Corp. Nurse) and E11 (Corp. Nurse).</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48409</p> <p>Based on observation, interview, and record review, it was determined that for five (R2, R3, R4, R5, and R6) out of five residents reviewed for respiratory care, the facility failed to ensure that respiratory care, including tracheostomy care and respiratory mouth care, was provided consistent with professional standards of practice and the comprehensive person-centered care plan. Findings include:</p> <p>1. Review of R2's clinical record revealed:</p> <p>8/3/23 - R2 was admitted to the facility with diagnoses including acute respiratory failure with hypoxia, and tracheostomy. R2 was dependent on the staff for all activities of daily living.</p> <p>8/4/23 - R2's respiratory care plan documented, The resident [R2] has a tracheostomy. The interventions included, Trach care per order . Provide good oral care .</p> <p>8/4/23 - R2's respiratory treatment administration record documented, Respiratory to perform mouth care every shift Trach care every shift.</p> <p>A review of R2's respiratory TAR revealed the following:</p> <p>6/6/24 7:00 PM - R2's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/9/24 7:00 PM - R2's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>The facility failed to provide tracheostomy and respiratory mouth care for two out of 24 opportunities.</p> <p>2. Review of R3's clinical record revealed:</p> <p>12/17/22 - R3 was admitted to the facility with diagnoses including acute and chronic respiratory failure, seizure disorder, ventilator dependence, and persistent vegetative state. R3 was completely dependent on staff for all activities of daily.</p> <p>2/16/23 - R3's respiratory care plan documented, The resident is ventilator dependent r/t [related to] Respiratory Failure. The interventions included, Trach care per order.</p> <p>9/26/23 - R3's respiratory treatment record documented, Respiratory to perform mouth care, Trach care every shift.</p> <p>12/14/25 12:15 PM - A review of R3's respiratory TAR revealed the following:</p> <p>6/9/24 7:00 PM - R3's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care</p> <p>The facility failed to provide tracheostomy and respiratory mouth care for one out of a total of 60 opportunities.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of R4's clinical record revealed:</p> <p>8/22/23 - R4 was admitted to the facility with diagnoses including left sided paralysis status post stroke, chronic respiratory failure and tracheostomy. R4 was dependent on staff for all activities of daily living.</p> <p>8/23/23 - R4's respiratory care plan documented, Has a tracheostomy . The interventions included, Monitor/document respiratory rate, depth and quality. Check and document q [every] shift as ordered.</p> <p>5/17/24 - R4's physician's orders documented, Trach care every shift, Respiratory to perform mouth care every shift.</p> <p>A review of R4's respiratory TAR revealed the following:</p> <p>6/6/24 7:00 PM - R4's respiratory TAR lacked evidence of tracheostomy care.</p> <p>6/9/24 5:00 PM - R4's respiratory TAR lacked evidence of respiratory mouth care, and tracheostomy care at 7:00 PM.</p> <p>6/17/24 5:00 PM - R4's respiratory TAR lacked evidence of respiratory mouth care, and tracheostomy care at 7:00 PM.</p> <p>6/18/24 5:00 PM - R4's respiratory TAR lacked evidence of respiratory mouth care, and tracheostomy care at 7:00 PM.</p> <p>6/23/24 1:00 PM - R4's respiratory TAR lacked evidence of respiratory mouth care.</p> <p>The facility failed to provide tracheostomy and respiratory mouth care for four out of 60 out of opportunities.</p> <p>4. Review of R5's clinical record revealed:</p> <p>8/25/23 - R5 was admitted to the facility with diagnoses including chronic obstructive pulmonary failure, acute respiratory failure, and tracheostomy.</p> <p>2/23/24 - R5's care respiratory care plan documented, .Has a tracheostomy . The interventions included, . Trach care per orders .</p> <p>6/1/24 - R5's respiratory treatment record documented, Trach care every shift. Respiratory to perform mouth care two times a day.</p> <p>A review of R5's respiratory TAR revealed the following:</p> <p>6/6/24 7:00 PM - R5's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/9/24 7:00 PM - R5's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/17/24 7:00 PM - R5's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility failed to perform tracheostomy and respiratory mouth care for three out of total 60 opportunities.</p> <p>5. Review of R6's clinical record revealed:</p> <p>12/6/22 - R6 was admitted to the facility with diagnoses including anoxic brain damage, persistent vegetative state, acute and chronic respiratory failure, and tracheostomy. R6 was completely dependent on staff for all activities of daily living.</p> <p>12/6/22 - R6's respiratory care plan documented, .Resident has a tracheostomy r/t [related to] impaired breathing mechanic . The interventions included, Suction as necessary. Trach care per order.</p> <p>4/24/24 - R6's respiratory TAR documented, Trach care every shift, and respiratory to perform mouth care 2 times a shift.</p> <p>A review of R6's respiratory TAR revealed the following:</p> <p>6/6/24 7:00 PM - R6's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/9/24 7:00 PM - R6's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/17/24 7:00 PM - R6's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>6/18/24 7:00 PM - R6's respiratory TAR lacked evidence of tracheostomy and respiratory mouth care.</p> <p>The facility failed provide tracheostomy and respiratory mouth care for a total of four out of 60 opportunities.</p> <p>2/14/25 2:30 PM - During an interview the Surveyor asked E6 (RT) which department provided tracheostomy and respiratory mouth care for the residents. E6 stated, Respiratory therapy.</p> <p>2/16/25 2:00 PM - Findings were confirmed with E3 (CNO.)</p> <p>2/17/25 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (CNO), E10 (Corp. Nurse) and E11.</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>32545</p> <p>Based on record review and interview, it was determined that for two (R1 and R3) out of three residents reviewed for falls, the facility failed to obtain laboratory services when ordered by a provider. Findings include:</p> <p>1. R1's clinical record revealed:</p> <p>11/4/16 - R1 was admitted to the facility with a diagnosis of seizure disorder.</p> <p>9/23/24 - R1 had the following physician orders for an active diagnosis of seizure disorder:</p> <ul style="list-style-type: none"> <li>- Administer two medications twice daily: Phenobarbital and Keppra; and</li> <li>- Obtain Phenobarbital and Keppra lab levels every six months starting on 10/25/24.</li> </ul> <p>Review of R1's clinical record revealed the absence of 10/25/24 Phenobarbital and Keppra lab results.</p> <p>2/12/25 at 10:30 AM - During an interview, finding was confirmed with E3 (CNO). The two labs were not completed.</p> <p>48409</p> <p>2. Review of R3's clinical record revealed:</p> <p>12/17/22 - R3 was admitted to the facility with diagnoses including acute and chronic respiratory failure, seizure disorder, ventilator dependence, and persistent vegetative state. R3 was completely dependent on staff for all activities of daily.</p> <p>10/24/24 - R3's physician's orders included, Phenobarbital, Keppra Levels every night shift every 6 month(s) starting on the 25th .</p> <p>Lab draw was scheduled for 10/25/24 on the 11-7 shift. R3's clinical records (lab records) documented that the labs were drawn on 10/28/24.</p> <p>2/12/25 11:00 AM - A review of R3's clinical records failed to show evidence of the antiseizure medications laboratory results from 10/28/24. During an interview, E3 (Unit Manager) stated, I will check for the results. E3 confirmed with the Surveyor that the lab results were not available in R3's clinical record.</p> <p>2/12/25 3:08 PM - Phenobarbital results of 33.2 from 10/28/24 was uploaded into R3's clinical record.</p> <p>The clinical record lacked evidence that the labs for Keppra was obtained.</p> <p>(continued on next page)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/14/25 12:14 AM - R3's clinical record revealed that the lab results were reviewed by the NP (more that 3 1/2 months after the labs were drawn.)</p> <p>The facility failed to obtain antiseizure medications lab results per physician's orders for a resident with a diagnosis of seizure disorder.</p> <p>12/14/25 12:30 PM - Findings were confirmed with E3 (CNO.)</p> <p>2/17/25 3:00 PM - Findings were reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (CNO), E10 (Corp. Nurse) and E11 (Corp. Nurse).</p>		