

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

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>36190</p> <p>Based on observation, interview, record review, and policy review, the facility failed to inform seven of seven residents in the resident council about the facility's grievance policy, the grievance official responsible for overseeing the grievance process was with their contact information and resolve grievances for three (Residents (R)158, R34, and R59) of three residents reviewed for grievances. This failure could prevent residents from addressing concerns and seeking resolution, leading to frustration and potentially impacting their well-being.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Grievances, review date 01/03/25, provided by the facility revealed All grievances reported by a resident, responsible party, resident representative or family member will be promptly investigated and resolved. Follow up will be reported to the resident and/or reporting party. The facility will post guidance on how to file a grievance or complaint in prominent locations throughout the facility. a. All grievance decisions shall be documented on the Resident Concern Form.</p> <p>1. Review of the resident council minutes for March 2024 through February 2025 did not include any discussion of the facility's grievance process.</p> <p>On 03/12/25 at 01:48 PM, the grievance policy was observed posted in the glass case in the front hallway at the second-floor main entrance. The posting was high above the standard height, making it difficult to read.</p> <p>On 03/11/25 at 2:29 PM, seven of seven residents in the resident council stated they were unaware of any formal complaint process the facility had. They were also unaware of any posting that would inform them. None of them knew of anyone designated to report complaints to, except the social worker.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/11/25 at 5:03 PM, the Social Service Director (SSD) was asked who the facility's grievance officer was. SSD stated it was the Administrator. SSD stated most complaints come through her department. SSD stated she writes out the concern and gives it to that department to be investigated and resolved. The Administrator then reviews it and signs off on them. SSD was asked how residents learned how to make a complaint. SSD stated they asked during resident council if anyone has a concern, and the policy was also posted. SSD was asked how residents that don't attend resident council find out about the grievance process. SSD stated she wasn't sure but going forward they will find a way to better educate.</p> <p>During an interview on 03/14/25 at 2:11 PM, the Administrator was informed during the resident council interview, seven of seven residents stated they were unaware of the facility's grievance process, how to make an anonymous complaint or who the grievance officer was. The Administrator stated there was a complaint box in front of the building residents could use and she has received complaints from residents from the box.</p> <p>2. Review of the undated Admission Record in the electronic medical record (EMR) under the Profile tab revealed R158 was admitted to the facility on [DATE] and was discharged on [DATE]. R158's closed record was reviewed.</p> <p>During an interview on 03/11/25 at 3:47 PM, Family Member (FM)1, the responsible party for R158, stated there were multiple concerns occurring during R158's stay at the facility. FM1 stated she had filed grievances and talked with numerous staff including the SSD, Director of Nursing (DON), and the Administrator. FM1 stated one of her concerns was poor housekeeping services. FM1 stated the housekeeper assigned to R158's room did not clean the room and bathroom adequately. FM1 stated R158's toilet went five days one time without getting cleaned. FM1 stated public areas were also not cleaned and there were dirty floors, furniture etc. R158 stated staff did not address her concerns adequately and filed housekeeping grievance more than once.</p> <p>Review of a Resident Concern Form dated 09/03/24 and provided by the facility revealed FM1's grievance was taken by the SSD and included two concerns. One concern related to nursing and call bells and the other concern was about housekeeping. The housekeeping concern indicated there was a lack of housekeeping over the weekend, the garbage was full, and there were flies. The Resident Concern Form investigation was completed by the DON and addressed the nursing concern; however, did not address the housekeeping concerns. There was no response to the Resident Concern Form addressing the housekeeping issues.</p> <p>Review of a Resident Concern Form dated 10/11/24 revealed FM1 filed a grievance on this date with the SSD due to R158's room and bathroom not being cleaned for days at a time, feces on the bathroom floor and the dining room not getting cleaned from the previous day. The Resident Concern Form investigation was completed by the Housekeeping Director (HD) and FM1 was contacted on 10/18/24 with the results. Resolutions included inservicing housekeeping staff about the importance of cleaning rooms.</p> <p>During an interview on 03/12/25 at 3:10 PM, the SSD stated she did not remember FM1 expressing any concerns to her. The SSD stated when residents or family brought her concerns, she initiated the Resident Concern Form and then forwarded the form to the relevant department to do the investigation, document their response and contact the complainant once the investigation was completed. The SSD stated once the investigation was completed, the department head brought her the completed form, and she took it to the Administrator for signature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 03/12/25 at 3:27 PM, the Housekeeping Director (HD) stated she remembered speaking to FM1 about housekeeping concerns and had responded to a Resident Concern Form. The HD stated when she received a Resident Concern Form she investigated the concern, documented the information on the form, and then contacted the complainant to discuss the results. The HD reviewed two Resident Concern Forms one dated 09/03/24 and one dated 10/11/24. The HD stated she completed the investigation and responded to the Resident Concern Form dated 10/11/24. The HD stated she personally checked R158's room for cleanliness after the grievance filed on 10/11/24. The HD reviewed the Resident Concern Form dated 09/10/24 and verified she had not responded to that grievance and there was no response on the form related to the housekeeping concerns. The HD stated she did not remember responding to more than one Resident Concern Form from FM1.</p> <p>During an interview on 03/14/25 at 11:30 AM, the DON stated she met with FM1 several times about her concerns. The DON verified she responded to the nursing concerns on the Resident Concern Form dated 09/03/24. The DON stated when a grievance had concerns that addressed two departments such as nursing and housekeeping, two copies of the form were made with each copy going to the appropriate department head. The DON stated she did not investigate or respond to the housekeeping concerns on the Resident Concern Form dated 09/03/24.</p> <p>During an interview on 03/14/25 at 1:46 PM, the Administrator stated she was not employed when the grievance in September 2024 was filed by FM1. The Administrator stated the Administrator oversaw the grievance process and signed off on the grievance once completed. The Administrator stated if there were allegations for two different departments, each department should get a copy of the grievance and each department should respond. The Administrator stated the two responses should get combined for the total response.</p> <p>During an interview on 03/14/25 at 4:05 PM, the Administrator stated she could not find where the housekeeping part of the grievance dated 09/03/25 had been addressed.</p> <p>3. Review of R34's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/10/24 and located in the EMR under the MDS tab, revealed R34 had an admitted [DATE] and a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R34's cognition was intact. The MDS assessment indicated R34 had diagnoses that included depression, anxiety, and cerebrovascular disease.</p> <p>Review of R34's care plan, dated 03/20/20, located in the EMR under the Care Plan tab revealed an intervention R34 states that it is important to her to take care of her personal belongings and things. R34 prefers to use personal products she has purchased (dollar store/trips) but will also use facility issued personal products. She performs her own oral care and for hygiene requests that the staff keep her well groomed and nice. She prefers to have her personal items kept in order in her room.</p> <p>Review of R34's orders, dated 07/01/20, located in the EMR under the Order tab revealed Palliative Care .</p> <p>Review of the facility's grievances, dated 03/2024 to 03/2025, revealed no grievance addressing R34's personal property.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the resident council interview on 03/11/25 at 2:29 PM, R34 stated she had a small refrigerator for two or three years in her room and staff recently took it out of her room with no explanation. R34 stated the small refrigerator was currently at the nurse's station for her family to pick up. R34 went on to say it was only big enough to hold two or three cans of soda.</p> <p>During an interview on 03/11/25 at 3:48 PM, Licensed Practical Nurse Supervisor (LPNS)2 confirmed R34's small refrigerator was removed from her room and stored in a drawer at the nurses' station. LPNS2 opened the drawer, and the refrigerator was observed to be a mini box cooler only big enough to hold a few canned drinks. LPNS2 was asked why R34's refrigerator was removed from her room. LPNS2 stated because it's the facility's policy no personal refrigerators in resident rooms as they have a designated refrigerator for residents behind the nurses' station.</p> <p>On 03/12/25 at 9:24 AM, R34 was awake in bed watching television. R34 was asked in what manner was her refrigerator removed and how long ago. R34 stated two nurses came into her room sometime after Christmas saying they were conducting room checks. R34 stated the nurses walked around her bed and spotted her small refrigerator. They told her You can't have this and took it. They gave her no explanation. R34 stated she was so upset over the manner she called her granddaughter. Her granddaughter came in and the staff told her It's unsafe without further explanation.</p> <p>During an interview on 03/12/25 at 9:34 AM, the Social Service Director (SSD), was asked if she was aware R34's small refrigerator was removed earlier this year. SSD stated, Yes, it was an administrative decision. SSD stated the reason was because the refrigerator was a fire safety risk, she but she wasn't sure how it was a safety risk. SSD was asked if it was a new policy and SSD stated, No. SSD was asked why R34 wasn't given an explanation. SSD stated she didn't know.</p> <p>During an interview on 03/12/25 at 9:41 AM, the Administrator was asked if she was aware of R34's mini box cooler was removed sometime after Christmas. The Administrator stated, Yes for safety, as R34 was unable to maintain its cleanliness, ensured it was at the correct temperature and food was dated. The Administrator stated, the company doesn't allow it, and the reason was explained to R34's niece. The Administrator was asked for a personal property policy. The Administrator stated they didn't have a policy addressing personal property, just the grievance policy. The Administrator was asked if the admission packet included no small refrigerators allowed. The Administrator stated she wasn't sure. The Administrator was asked why the facility's outside food policy didn't mention the designated resident refrigerator at the nurses' station and only addressed perishable foods (time/temperature controlled foods). The Administrator was informed that R34's small refrigerator was a box cooler that only held soda cans which aren't perishable foods. The Administrator stated she would look at the policy and update it as indicated. The Administrator was asked if there was documentation of the staff's right to take R34's property. The Administrator stated, No after reviewing the EMR and finding no documentation.</p> <p>4. Review of R59's quarterly MDS, with an ARD of 12/04/24 and located in the EMR under the MDS tab, revealed R34 had an admitted [DATE] and a BIMS score of 15 out of 15, which indicated R59s cognition was intact. The MDS assessment indicated R59 had impairment on one side of this upper extremity, was dependent with transfers and had diagnoses that included other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side, epilepsy, and muscle weakness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R59's care plan, dated 06/13/22, located in the EMR under the Care Plan tab revealed an intervention R59 states that it is important to him to: take care of his personal belongings and things .</p> <p>Review of R59's social service note, dated 01/07/25, located in the EMR under the Progress Note tab revealed Met with resident about several issues today and called his [family member] to keep her in the loop. His electric razor is missing, but his [family member] doesn't want to buy another one and is just encouraging him to get used to disposable razors, which he used today. Also - per [family member], resident will need reminders about phone scams and to be more cautious. Nsg [nursing] already aware and SS [social services] discussed this with him today .</p> <p>On 03/14/25 at 11:10 AM, R59 was awake in bed holding his cell phone. R59 stated the facility does a good job with care, except his electric razor had been missing recently. R59 stated he ordered it off Amazon and it cost \$60. R59 stated he asked Certified Nursing Aide (CNA)11 to plug it in to charge and that's when it was discovered gone. He reported it to the Unit Managers and maintenance looked around his bed for it and it was not found. R59 stated the electric razor kept him more independent as it's easier to do a good job shaving. R59 stated that other razors have been broken when the CNAs pushed his overbed table away during care very fast and his razor flies off, breaking it.</p> <p>During an interview on 03/14/25 on 11:15 AM, CNA11 was asked about R59's missing electric razor. CNA11 confirmed R59 had an electric razor, and he asked her a while ago to plug the razor in to charge and it wasn't there. CNA11 stated the razor was there the shift before her's.</p> <p>During an interview on 03/14/25 at 12:22 PM, the Director of Nurses (DON) asked about R59's missing razor on or around January 2025. The DON stated she thought she remembered something about this, and the social worker made a note. The DON asked if the missing razor should have been written as a grievance. The DON stated she thought so.</p> <p>During an interview on 03/14/25 at 1:41 PM, Licensed Practical Nurse Supervisor (LPNS)2 was asked if she was aware R59's electric razor was missing. LPNS2 stated, Yes, she was aware, but it was already reported to social services. LPNS2 stated his [family member] said she wasn't going to buy him any more razors as he keeps breaking them. LPNS2 was asked if R59 was his own representative and LPNS2 stated, Yes but it was the [family member's] Amazon account that he ordered the razors from. LPNS2 informed R59 stated the CNAs push his overbed table away during care very fast and his razor flies off it and they break. LPNS2 stated she was unaware of that.</p> <p>During a telephone interview on 03/14/25 at 6:38 PM, the Activity Assistant (AA) stated she assisted SSD and was asked if she was aware R59's electric razor was missing. AA stated, Yes she knew about it in January 2025 and R59's [family member] wanted R59 to use disposable razors because he's broken too many electric razors. AA was asked if R59 was his own representative and AA stated, Yes but R59 wants his [family member] in on his financial business. AA was asked if a written report was made about the missing razor. AA stated, No because R59's [family member] was not overly concerned about it. AA was asked could R59 had lost his electric razor since he was confined to the bed and required total assistance to get out of bed. AA stated, No. AA was asked if anyone looked for his razor beyond his room such as laundry in case it got caught in his bedding or if it fell in the trash or if it was stolen. AA stated she wasn't sure and would have to check with SSD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/14/25 at 7:16 PM, the Administrator was asked why R59's missing electric razor wasn't written as a grievance per their policy. The Administrator stated R59 broke it and his [family member] said she wasn't going to get him anymore. The Administrator was informed the R59 reported it as missing and not broken. However, R59 reported the other electric razors had been broken when the CNAs pushed his overbed table aside quickly to give care. The Administrator stated she visits R59 regularly and he has never told her that.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26446</p> <p>Based on observations, interviews, record review, and policy review, the facility failed to ensure that a resident with a urinary catheter bag was properly positioned in a manner to prevent potential urinary tract infections due to contamination for one of six residents (Resident (R)99) reviewed for urinary catheters and urinary tract infections out of a total sample of 41 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Indwelling Urinary Catheter Management, revised 01/03/25, revealed It is the policy of [facility name] that residents with indwelling catheters are assessed for appropriate catheter use and that the resident's medical record reflects the supporting diagnosis .The medical record of residents admitted with an indwelling catheter is reviewed to determine the diagnosis and necessity of continued catheter use .The care plan is updated to reflect the resident's toileting needs .Residents with an indwelling catheter will receive daily/prn [as needed] catheter care. Catheters and drainage bags will be changed every 60 days or s needed.</p> <p>Review of R99's Admission Record, found in the Profile tab of the electronic medical record (EMR), revealed he was originally admitted on [DATE], with diagnoses including retroperitoneal hematoma, urinary tract infection, and hydronephrosis.</p> <p>Review of R99's five day Minimum Data Set (MDS) assessment located in the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 02/08/25, revealed a Brief Interview for Mental Status (BIMS) assessment with a recorded score of six out of 15 which indicated severe cognitive impairment. R99 was documented to require a catheter and was administered antibiotic. R99 did not reject care.</p> <p>Review of the Physician Orders located in the EMR under the Orders tab revealed a 03/06/25 order for Urinary Catheter Type: indwelling Size 18 French balloon .10 ml (milliliters) one time a day every 28 day(s) . Interventions included to check tubing for kinks, to position the catheter bag and tubing below the level of the bladder, and to provide catheter are as ordered.</p> <p>Record review for R99 revealed there was no care plan initiated or revised for non-compliance with catheter care management.</p> <p>During an observation on 03/10/25 at 2:05 PM, R99 was observed sleeping in bed. The catheter bag was observed hanging from the right side of the bed, visible form the hallway. The bag was observed uncovered, skimming in contact along the floor.</p> <p>During an observation on 03/11/25 at 9:50 AM, R99 was again observed sleeping in bed. The catheter bag was hung from the right side of the bed, visible from the hallway. The uncovered bag was in contact with the floor.</p> <p>During an additional observation on 03/12/25 from 8:45 AM through 9:20 AM, R99 was observed in bed. The uncovered catheter bag, and tubing, was observed resting completely on the floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/12/25 at 8:47 AM, Certified Nursing Assistant (CNA) 5 said that the CNAs empty catheter bags once or twice in a shift. She said the bags should be hung below the resident's waist, off the ground when in a wheelchair or in bed.</p> <p>During an interview on 03/12/25 at 8:54 AM, CNA6 said that catheter bags were managed and handled by the nurses. She stated that the catheter bags were hung on the side of the bed, above the floor.</p> <p>During an interview on 03/12/25 at 9:05 AM, Licensed Practical Nurse (LPN)2 observed R99 sleeping in bed and confirmed the catheter bag as on the floor. LPN2 confirmed the catheter bag should be hanging from the side of the bed, off the floor. LPN2 stated that the resident constantly pulled the bag off the hook. CNA5 entered the resident's room and also confirmed the catheter bag was on the floor and should have been hanging on the side of the bed off the floor. CNA5 said the resident took the bag off the hook all the time. CNA5 rehung the catheter bag.</p> <p>During an interview on 03/13/25 at 11:56 AM, the Director of Nursing stated that catheter bags should be placed below the bladder and should be covered in a privacy bag. She stated that catheter bags should be monitored for no kinks and no backflow. She said that catheter bags should not be on the floor, and that there was a place for staff to hang them when the resident was in bed. The Director of Nursing stated that both CNAs and nurses should be aware of where to place the catheter bag. She said her expectation was that nurses and CNAs monitored R99's catheter when they went into his room. She stated that if the resident was doing something to keep putting the catheter bag on the floor, the facility would want to know so they could care plan for it. She said the staff should be telling her. She stated that she was not sure R99 was able to be reasoned with regarding catheter care management, so the facility would want to mitigate any issues.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>15406</p> <p>Based on observation and interview, the facility failed to ensure the outdoor garbage/dumpster area was maintained in a manner to prevent pests from accessing garbage. A large dumpster contained garbage; there was no lid, and the bags were observed with holes and food.</p> <p>Findings include:</p> <p>During an observation on 03/10/25 at 9:45 AM with the Dietary Manager (DM), there was garbage on the ground around the garbage compactor including cigarette butts, paper, and pieces of cardboard. The DM verified the presence of the garbage on the ground and stated maintenance was responsible for keeping the area cleaned up. In addition, there was an extra-large dumpster that did not have a lid, and it could not be closed. This dumpster contained a lot of garbage, including large plastic bags of waste from the kitchen. There were five bags visible that had rips or torn areas with garbage such as food scraps/containers visible. The DM stated the compactor was gone for a while due to being repaired and that was why the large dumpster was present. The compactor had been repaired and returned to the premises; however, the large dumpster had not been removed.</p> <p>During an observation on 03/11/25 at 10:13 AM, the large dumpster was observed with the same garbage from 03/10/25 including the ripped garbage bags with food scraps/containers visible.</p> <p>During an observation on 03/11/25 at 7:05 PM, a large dumpster was observed with the same garbage noted at 10:13 AM with holes in the bags and food scraps/containers visible.</p> <p>During an observation on 03/12/25 at 10:01 AM, the DM and surveyor checked the dumpster area. The large dumpster continued to have ripped bags of garbage visible which was verified by the DM. The DM stated it was important to have a lid to cover the garbage so animals could not get into it. The DM stated the dumpster would be removed today. The garbage on the ground around the garbage compactor observed on 03/10/25 continued to be present (cigarette butts, paper, cardboard).</p> <p>During an interview on 02/12/25 at 10:18 AM, the Maintenance Director (MD) stated the large dumpster had been present for a couple of weeks while the compactor was repaired. The MD stated he had reached out to waste management to come and remove the dumpster. The MD stated waste management did not provide dumpsters that had lids. The MD stated the maintenance staff typically cleaned the garbage area twice a week on Mondays and Fridays. The MD stated the large dumpster was scheduled to be picked up on 02/13/25.</p> <p>During an interview on 03/13/25 at 10:29 AM, the Administrator stated there was no facility policy related to maintenance of the dumpster area.</p> <p>During an interview on 03/13/25 at 5:35 PM, the Registered Dietitian (RD) stated she completed sanitation inspections of the kitchen which included checking the dumpster area. The RD stated she looked to ensure the dumpster was not overfilled, that the lid was closed, and that there was no food/garbage on the ground. The RD stated the lid should be closed to ensure animals did not get into the garbage.</p> <p>(continued on next page)</p>		

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

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/13/25 at 6:59 PM, the Administrator stated the large dumpster was picked up today. She stated she was not sure how long the dumpster had been present at the facility. The Administrator stated the dumpster should have had a lid so the garbage would be enclosed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>25232</p> <p>36190</p> <p>Based on observation, interview and policy review, the facility failed to follow Transmission Based Precautions, use proper hand hygiene, and change gloves during incontinent care. These breaches in infection control could cause a spread in disease and affect all the residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Infection Prevention and Control Program Policy, revised 04/14/21, provided by the facility revealed individuals with suspected or diagnosed communicable disease are placed on the appropriate precaution for that disease, as recommended by the Centers for Disease Control and Prevention (CDC) . Employees will follow hand hygiene practices consistent with standards of care .</p> <p>Review of facility provided poster titled, Stop: Enhanced Barrier Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following high-contact resident care activities: .changing linen .changing briefs or assisting with toileting, device care or use: .feeding tube.</p> <p>Review of facility provided policy titled, Standard and Transmission Based Precautions, revised 01/02/25, indicated, .Policy: [name of the facility] institutes the following precautionary measures to help prevent the spread of Multi-Drug-Resistant Organisms (MDRO) and highly contagious infections/outbreaks. Our goal is to use these infection prevention principles to protect our residents and staff from spread of infections related to MDRO.</p> <p>The types of precautions and when to implement are defined below.</p> <p>Type of Precautions:</p> <p>1. Standard Precautions-Applies to all residents. No room restrictions. Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions, or excretions. Remove gloves after use. Discard before touching non-contaminated items or environmental surfaces and before providing care to another resident. Hand Hygiene/alcohol-based hand gel/hand washing</p> <p>2. Enhanced Barrier Precautions-Applies to all residents with wounds and/or indwelling medical devices (central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization as well as for residents with MDRO infection or colonization, when contact precautions do not otherwise apply. No room restrictions.</p> <p>Hand Hygiene/alcohol-based hand gel/hand washing Personal protective equipment (PPE)-gloves and gown and/or face protection during high- contact resident care activities: i.e.changing linens, changing briefs or assisting with toileting, device care or use.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Contact Precautions - Applies to all residents infected or colonized with a MDRO [multidrug-resistant bacteria] in the following situations: presence of acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained, .</p> <p>1. Observation on 03/10/25 at 12:09 PM, Licensed Practical Nurse (LPN) 2 entered R68's enhanced barrier precaution (EBP) room with any person protective equipment (PPE) on and hung R68's tube feeding, removed the cap from the tube. LPN2 primed the line, dropped the tubing on the floor, and picked the tubing up off the floor. At the time of picking the tubing off the floor, there was no observed cap at the end of the tubing, and LPN2 flung it over the tube feed (TF) pole. LPN2 sat the two cups of liquid medications on the overbed table, then gave the medications. After incontinent care was completed, LPN2 went over to the TF pole, obtained the tubing that was hung over the pole, and placed the tip of the tube into the g-tube without wiping it off.</p> <p>Observation on 03/10/25 at 12:24 PM, Certified Nursing Assistant (CNA) 12, entered R68's EBP room with PPE on. CNA12 had a gown, gloves, and mask. CNA12 brought another gown which she placed on R68's bed toward LPN2. LPN2 was on the right side of the bed that was closest to the window. CNA12 removed R68's wedges, and pillows. With the same gloves, CNA12 went to the bathroom got a gray basin, filled it with water, came back out and placed it onto the overbed table, and got R68's soap out of the top drawer of the nightstand. CNA12 removed R68's soiled brief tucking it under R68's bottom, then washing R68's perineal area. With the same gloves, CNA12 rinses and dries R68. CNA12 assists R68 in turning over to LPN2, and then CNA12 changed her. CNA12 removed fitted sheet, and bunched up brief which was soiled with bowel movement (BM) and washed, rinsed, and dried R68 all with the same gloves. CNA12 then placed a new brief on R68, and turned R68 towards her, while LPN2 removed linen, without LPN2 wearing PPE. After LPN2 removed the linen, LPN2 did not change gloves, but finished fixing R68's brief. CNA12 placed new linen on R68's bed with the same gloves.</p> <p>Review of Order Summary Report, dated 12/18/24, under the Orders tab, located in the Electronic Medical Record (EMR), indicated, EBP related to peg tube and history of extended-spectrum beta-lactamase (ESBL) in urine.</p> <p>Interview on 03/13/25 at 12:05 PM, LPN2 was unaware of EBP for tube feeding residents, stating that she has never worn a gown before giving tube feed. Indicated that the tube had a cap on it and that cap was present prior to her inserting the tip into the g-tube.</p> <p>Interview on 03/13/25 at 1:00 PM, CNA12 confirmed that she did not change her gloves when going from a dirty area to a clean area and indicated that she should have.</p> <p>2. During observation on 03/11/25 at 10:06 AM, the Assistant Director of Nursing (ADON) went into R53's room without washing and/or sanitizing her hands prior to entering the room. R53 is on enhanced barrier precautions (EBP) and there was a sign on the door to let staff know what to do and a clear bin next to R53's door for personal protective equipment (PPE).</p> <p>Review of Order Summary Report, dated 12/02/24, under the Orders tab, located in the EMR, indicated, EBP related to gastrojejunostomy (GJ) tube.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During the medication observation pass on 03/11/25 at 10:39 AM, Registered Nurse (RN) 3 observed popping R74's seven medications into his left hand from the medication blister package followed by placing them into a clear medication cup on top of the medication cart. RN3 then gave R74 his medication.</p> <p>Interview on 03/13/25 at 10:53 AM, RN3 confirmed that he popped the medication into his hand; however, RN3 said that he sanitized his hands first and it was better than dropping the medication.</p> <p>Interview on 03/13/25 at 11:30 AM, the Director of Nursing (DON), she said that she expects nurses to pop medications directly into the medication cup, not into their hands.</p> <p>4. Observation on 03/12/25 at 9:40 AM, the ADON entered R11's EBP room without washing her hands and/or sanitizing her hands; however, placed a gown on. Along with the ADON, Licensed Practical Nurse Supervisor (LPNS)2, entered the room at the same time, without putting on a gown, and did not wash hands and/or sanitize hands before entering the room but put on gloves. LPNS2 picked up linen off the floor near bed B and ADON left the room at 9:43 AM, removing her gown without sanitizing her hands or washing her hands, going down the hallway to get a hamper, and returned to the room. At 9:46 AM, ADON went back inside the room without washing hands and/or sanitizing hands and delivered hamper to LPNS2. LPNS2 finished gathering linen up off the floor and gathered linen off bed B, placing all linen in the hamper.</p> <p>Interview on 03/12/25 at 9:52 AM, the LPNS2 confirmed that she did not wear any PPE and should have. Confirmed that linen should not have been on the floor.</p> <p>5. Observation on 03/13/25 at 3:25 PM, the ADON entered and exited R82's EBP room without washing and/or sanitizing her hands.</p> <p>Review of R82's Order Summary Report, dated 12/11/24, located under Orders tab in the EMR, documented, Enhanced Barrier Precautions related to history of Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>Interview on 03/14/25 at 2:00 PM, the ADON confirmed that she did not sanitize hands and/or wash her hands prior to and/or exiting EBP rooms as she should.</p> <p>Interview on 03/13/25 at 10:01 AM, the Infection Preventionist (IP) confirmed that medications should be popped directly into a medication cup, not into a nurse's hand. Said that when providing peri-care, gloves are to be changed when going from a dirty area to a clean area. She said that when giving medications through a gastrostomy tube (g-tube), if the tubing falls on the floor, that tubing is not to be used. If a resident is on EBP donning (putting on) is to occur prior to entering the room along with washing and/or sanitizing hands, and doffing (taking off) PPE prior to exiting the room, placing PPE in the bins provided in the room. After staff exit an EBP room, staff are to wash their hands and/or sanitize their hands.</p> <p>6. Review of R15's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/05/25 and located in the electronic medical record (EMR) under the MDS tab, revealed R15 had an admitted [DATE] and a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R15's cognition was intact. The MDS assessment indicated R15 had diagnoses of aftercare following joint replacement surgery, cancer, and disorder involving the immune mechanism, unspecified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of R15's nurses notes, dated 03/08/25, located in the EMR under the Progress Note tab revealed Received Urinalysis culture report. Urine positive for ESBL [extended-spectrum beta-lactamase (a bacteria resistant to many antibiotics)]. Notified on call nurse [name] and obtained order for 1gm [gram] of Ertapenem [antibiotic] daily x 7 days. Notified Infection Control Nurse. Awit [sic] further recommendations. Called Mr. [name] and informed of UA [urine analysis] Culture report and the start of the antibiotics.</p> <p>Review of R15's orders, dated 03/08/25, located in the EMR under the Order tab revealed Contact Precautions r/t [related to] ESBL in urine with ABT [antibiotic] tx [treatment] every shift for ESBL UTI [urinary tract infection] for 10 Days.</p> <p>On 03/10/25 at 2:12 PM, R15's room was noted to have a sign that read Stop, Contact Precautions everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. A supply of protective personnel equipment (PPE) that included gowns and gloves were hanging on the outside of the door.</p> <p>On 03/10/25 at 2:13 PM, Heavy Housekeeping (HH)1 was observed to knock on R15's closed door, enter the room without donning a gown and gloves and started sweeping the floor. R15 was sitting in the room dressed and groomed and talking on her phone as HH1 swept the floor around her.</p> <p>On 03/10/25 at 2:15 PM, HH1 came out of R15's room and briefly went across the hall to another room to sweep with the same broom and then back to his cart. HH1 was asked if he was supposed to wear a gown and gloves when cleaning R15's room. The contact precaution sign and the supply of PPE supplies were pointed to on the door. HH1 stated he wouldn't have known if he should use the gowns as no one told him. HH1 confirmed he didn't wear a gown and gloves into R15's room.</p> <p>On 03/12/25 at 12:22 PM, Licensed Practical Nurse (LPN)2 was observed entering R15's room without donning a gown to give R15's medications and stayed in the room for a few minutes talking with R15. LPN2 came out of R15's room and back to the medication cart. LPN2 was asked if R15 was still under contact precautions and LPN2 stated, No. LPN was asked if she should have used PPE to give medications and the supply of PPE and the contact precaution sign were pointed to on the door. LPN2 stated, No, only if she came in contact with R15's urine.</p> <p>During an interview on 03/13/25 at 10:30 AM, the Infection Preventionist (IP) was asked about R15. The IP stated R15 was currently taking an antibiotic for a urinary tract infection with ESBL. The IP stated R15 was complaining of burning upon urination and that's when a urinary analysis was conducted. The laboratory results came back with ESBL. The IP went on to say R15 was receiving treatment and contact precautions were started. The IP was asked if housekeeping should use PPE when cleaning R15's room since she has ESBL. The IP stated, Yes, housekeeping should use PPE. The IP was informed that HH1 didn't use PPE on 03/10/25. The DON was present and stated housekeeping were contract and they are responsible for their own training. The IP stated she will assist with additional training with housekeeping if she identifies a need.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Cadia Rehabilitation Silverside		STREET ADDRESS, CITY, STATE, ZIP CODE 3322 Silverside Road Wilmington, DE 19810	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/13/25 at 10:35 AM, the IP asked if LPN2 should wear PPE while passing medications to R15 while in her room. The IP stated, Yes. The IP was informed that LPN2 entered R15's room without donning PPE to give medications on 03/12/25. The IP was informed that LPN2 stated R15 wasn't under contact precautions and that she should only wear PPE if she encountered R15's urine.</p> <p>7. Review of the COVID-19 policy dated 01/03/25 and provided by the facility revealed it was the policy of the facility, to prevent the spread of COVID-19 (Coronavirus) . When a resident meets the criteria to be a Person Under investigation (PUI) for symptoms identified or confirmed COVID, staff must contact the Provider and the Director of Nursing (DON). The resident will immediately be placed in isolation with contact/droplet precautions using Personal Protective Equipment (PPE) as described below . Personnel entering the room should use PPE, including gown, gloves, N95 respirator (or equivalent or higher level respirator), and eye protection. Facemasks can be used if N95 respirator (or equivalent or higher level respirator) is not available. For residents with suspected or confirmed COVID-19, an N95 (or equivalent or higher level respirator) mask, eye protection, gloves, and gown must be worn while performing any of the above procedures.</p> <p>Review of the undated Admission Record in the electronic medical record (EMR) under the Profile tab revealed R158 was admitted to the facility on [DATE] and was discharged on [DATE]. R158's closed record was reviewed.</p> <p>Review of a Physician's Order dated 10/13/24 and provided by the facility revealed the Physician ordered droplet and contact precautions for R158 from 10/13/24 through 10/21/24.</p> <p>During an interview on 03/11/25 at 3:47 PM, Family Member (FM)1 stated R158 was quarantined during her stay due to being exposed to someone in the facility with COVID in October 2024.</p> <p>During an interview on 03/13/25 at 10:12 AM with the IP and the DON, they stated if a resident was exposed to COVID, they were placed on quarantine with both contact and droplet precautions in place for eight days. All staff were required to don a gown, wear gloves, an N95 mask, eye protection, and a face shield to go into a COVID quarantine room. The IP and DON stated that the door to the room should remain closed.</p> <p>During an interview on 03/13/25 at 10:49 AM, LPN4 stated she remembered R158 being quarantined due to exposure to staff that tested positive for COVID. LPN4 stated R158 was under quarantine for seven days and there should have been a sign regarding isolation and PPE requirements posted outside the door. LPN4 stated contact isolation would have been in effect and nursing staff would have been required to wear full PPE if providing resident care: however, she did not think other staff such as housekeepers would have been required to wear PPE. LPN4 did not indicate that droplet precautions should also be in effect.</p>		