

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: 085056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
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 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 and interview it was determined that for one (R23) out of thirty-four residents sampled for resident rights the facility failed to ensure R23 was provided with a dignified dining experience during lunch. Findings include: R23's clinical record revealed: 6/13/22 - R23 was admitted to the facility. 4/22/26 12:39 PM - During an observation R23 was in bed, E27 (CNA) entered the resident's room with R23's lunch tray. E27 placed the lunch tray on the overbed table and then began assisting R23 to eat while standing. E27 remained standing during the time frame that R23 was being assisted with the lunch meal. 4/22/26 1:00 PM - During an interview E27 reported [R23] needs assistance with eating. The surveyor asked E27 If you were in the dining room and assisting a resident with their meal would you be sitting or standing E27 stated, I would be sitting E27 then stated and confirmed, I was standing I know that I should have been sitting down, I'm sorry. 4/22/26 1:12 PM - Findings were confirmed with E28 (RN).		

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 04/27/2026
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observations and interviews it was determined for one (R23) out of thirty four residents sampled for accommodations the facility failed to ensure R23's call light was within reach. Findings include:R23's clinical record revealed:6/13/22 - R23 was admitted to the facility. 4/22/26 10:39 AM - During an observation R23 was sitting up in the wheelchair near the left side of the foot of the bed. The call light cord was wrapped around the left side enabler at the head of the bed with the call light dangling near the floor.4/22/26 11:52 AM - A second observation revealed R23 sitting up in the wheelchair in the same position and the call light was not within reach.4/22/26 11:57 AM - During an observation E27 (CNA) and another staff CNA entered R23's room with a Hoyer lift to transfer R23 back to the bed.4/22/26 12:06 PM - R23 was observed in bed the call light remained wrapped around the enabler and not within the resident's reach.4/22/26 12:28 PM - E27 was observed in R23's room at this time and then exited the room. Call light remained not within R23's reach.4/22/26 12:43 PM - E27 observed leaving R23's room with the resident's lunch tray. R23's call light was not within reach.4/22/26 1:00 PM - During an interview E27 was asked by the surveyor If you have transferred a resident from the bed to the wheelchair and or from the wheelchair to the bed what would be the most important thing that you would do before leaving the resident. E27 stated, I would make sure the call light was within reach. Surveyor, then asked E27 is R23's call light within reach. E27 then stated, No, I'm sorry I apologize. E27 unwrapped the call light from the enabler and placed it within R23's reach.4/22/26 1:12 PM - Findings were confirmed with E28 (RN).		

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 04/27/2026
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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on observation, interview, record review, and other documentation as indicated, it was determined that one (R76) out of three residents sampled for choices, the facility failed to ensure that R76, a resident who was completely dependent on the staff for showers, received showers per his preference to maintain good grooming and hygiene. Findings include: R76's clinical records revealed: 6/2/22 - R76 was admitted to the facility with diagnoses, including but not limited to, brain bleed, seizure disorder and craniotomy which resulted in left sided paralysis. 6/13/22 - R76's activities of daily living care plan (revised 3/7/24) included, . [R76] has an ADL [Activities of Daily Living] self-care performance deficit r/t [related to] CVA [cardiovascular accident] with left sided hemi [paralysis.] The interventions included, [R76] prefers to have afternoon or evening showers, he is scheduled for hair care/nail care and shower/bed bath weekly on Tuesday and Friday 3-11 shift, notify nurse if [R76] refuses. 3/3/26 - R76's quarterly MDS assessment documented a BIMS score of 15, indicating a completely intact cognitive status, and a complete dependence on staff for all bathing and transfer needs. 3/31/26 - An incident report submitted to Division reporting department included, [R76] stated that he has not taken a shower in 3 weeks and to beg for [one]. 4/21/26 11:30 AM - During an interview, the Surveyor asked R76 what his bathing preference was. R76 stated, I prefer to take showers. The Surveyor asked R76 when was the last time he received a shower. R76 stated, It's been a long time, and I begged for one and got it on the evening when the lift fell on my head. 4/22/26 11:30 AM - During an interview, the Surveyor asked R76 if he received his shower that was scheduled for the previous evening. R76 stated, No, I was not offered a shower. R76's scheduled shower record revealed: 2/26 - Five bed baths, one shower and three episodes of refusals. 3/26 - Five bed baths, one shower and three episodes of refusals. 4/3/26 to 4/19/26 - Four bed baths, 2 showers and 1 episode of refusal. 4/24/26 12:00 PM - During an interview, the Surveyor asked E4 (UM) what process should be followed if a resident refused a shower. E4 stated, The aide will offer the shower again and try to arrange a time more suitable for the resident. The aide will then inform the nurse if the resident continued to refuse. The nurse will speak to the resident about the shower and if the resident still refuses, the unit manager will be informed. The unit will speak to the resident, and the refusal will be documented in the progress notes. The Surveyor asked E4 what would happen on the evening shift if the unit manager was not there. E4 stated, The evening supervisor will be informed, and a note will be written in the resident's record. R76's clinical record lacked evidence that he was offered a shower on 21 out of 27 opportunities. 4/24/26 2:20 PM - Findings were confirmed with E1 and E3. 4/27/26 1:35 PM - Finding was reviewed during the exit conference with E1 (NHA), E2 (DON), E3 (COO), E16 (CN) and E17 (CN).		