STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08A006	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jeanne Jugan Residence	185 Salem Church Road Newark, DE 19713

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and document review, it was determined that the facility failed to comply with the Delaware Food Code Certified Food Protection Manager Requirements. Findings include:Delaware Food Code:2-102.12 Certified Food Protection Manager(A) At least one employee, the PERSON IN CHARGE at the time of inspection, shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.4/7/26 - During the survey of the facility at approximately 10:00 AM, an interview with E8 (Dining Services Manager), revealed that there was only one CFPM. E8 works on Tuesdays and Thursdays and for the other days, there is not a CFPM present. Today 4/7/26 E8 left at 1:00 PM.4/7/26 - During an interview with E8 at approximately 11:00 AM, the findings were confirmed.4/10/26 3:10 PM - Findings were reviewed with E1 (NHA), E2 (DON) and E3 (CEO) 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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, it was determined that the facility failed to comply with Delaware Food Code storage and sanitation procedures.Delaware Food Code:3-305.11 Food Storage.(A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD:(1) In a clean, dry location;(2) Where it is not exposed to splash, dust, or other contamination; and(3) At least 15 cm (6 inches) above the floor.4/7/26 - During the survey of the facility at approximately 10:00 AM, an observation of the outdoor walk-in freezer revealed three turkeys were lying on the floor of the outdoor walk-in freezer.4/7/26 - During an interview with E8 and E6 (Cook) at approximately 11:00 AM, the findings were confirmed.7-204.11 Sanitizers, Criteria.Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACES shall:(A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)4/7/26 - During the survey of the facility at approximately 10:00 AM, an observation of E8 testing the sanitation solution in the red bucket used to sanitize food prep surfaces, revealed the Quat Sanitation Level of 0PPM. E8 immediately prepped a new bucket, and retesting revealed the appropriate level of 300 PPM of Quat Sanitation solution.4/7/26 - During an interview with E8 at approximately 10:00 AM, the findings were confirmed.4/10/26 3:10 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E3 (CEO) during the Exit Conference.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on record review and interview it was determined that for one (R3) out of one resident reviewed for ROM the facility failed to ensure devices to prevent further decline in ROM were applied. Findings include: The facility policy on restorative nursing last updated December 2025 indicated, The interdisciplinary team is responsible for working with residents to assist them in adjusting to their disabilities, to use their prosthetic devices .Review of R3's clinical record revealed:8/22/24 - A physician's orders was written for R3 to receive a short splint to the left hand in the morning and off before supper. If splint is not tolerated, then apply stretch gauze wrap in a figure 8 pattern from the wrist and around the palm.3/25/25 - An initial evaluation and treatment for physical therapy documented that R3 had severe left-hand contracture.1/13/26- An annual MDS assessment documented that R3 had impairments to both upper extremities (hands) and moderate cognitive impairment. 1/28/26 - R3's care plan for Parkinson's Disease was reviewed by the facility's interdisciplinary team. Interventions for the care plan included application of a short splint to the left hand in the morning and off at bedtime as tolerated. If the splint is not tolerated, then apply stretch gauze wrap in a figure 8 pattern from the wrist and around the palm.1/1/26 - 4/9/26 - Review of R3's clinical record revealed only one documented refusal for application of wraps and splints on 3/13/26. 4/7/26 10:57 AM - R3 was observed in the common area of the facility without the ordered splint on her left hand. E13 (CNA) confirmed the observation. E13 was unaware that R3 wore a splint. 4/8/26 9:22 AM - During a medication pass observation completed by E12 (LPN), R3 was observed without the ordered splint on her left hand. 4/8/26 1:36 PM - R3 was observed without the ordered splint device on her left hand. E12 (LPN) confirmed that R3 had not worn the ordered splint and had not refused the application of the splint. E12 then applied R3's splint. 4/9/26 10:47 AM - R3's splint was observed on the bedside table while R3 attended religious services. 4/9/26 10:55 AM - During an interview, E14 (CNA) confirmed that R3's splint device had not been applied. 4/9/26 11:11 AM - During an interview, E2 (DON) confirmed that the facility lacked evidence of refusal of R3 to wear ordered splint devices and wraps. 4/10/26 3:10 PM - Findings were reviewed with E1 (NHA), E2 (DON), and E3 (CEO) during the Exit Conference.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 one (E19) out of five sampled employees. Findings include:4/10/26 10:00 AM - Review of the staff performance evaluations revealed that E19 (CNA) had a hire date of 3/29/22. A record review revealed lack of evidence of a performance evaluation for the past year and was confirmed by E4 (HR). 4/10/26 12:00 PM - Finding was discussed with E1 (NHA)4/10/26 3:10 PM - Finding was reviewed with E1 (NHA), E2 (DON) and E3 (CEO) during the Exit Conference.