

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2019
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - WILMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 700 FOULK ROAD WILMINGTON, DE 19803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness complaint survey was conducted at this facility beginning and ending on July 26, 2019. The survey totaled one complaint and was a closed record review in the areas of Abuse (Family/Visitor to Resident) and Death. Due to the complaint having the ability to affect all residents in the facility, all of the residents in the Arcadia Unit (locked dementia unit where the event occurred) were reviewed (36), as well as a subset of all other residents in the facility (90, including one bed hold) as of July 20, 2019. The total sample size was 126 residents.	E 000			
F 000	No deficiencies were found at the time of the survey in accordance with 42 CFR 483.73 INITIAL COMMENTS An unannounced complaint survey was conducted at this facility beginning and ending on July 26, 2019. The survey totaled one complaint and was a closed record review in the areas of Abuse (Family/Visitor to Resident) and Death. Due to the complaint having the ability to affect all residents in the facility, all of the residents in the Arcadia Unit (locked dementia unit where the event occurred) were reviewed (36), as well as a subset of all other residents in the facility (90, including one bed hold) as of July 20, 2019. The total sample size was 126 residents. No deficiencies were found at the time of the survey.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/02/2019

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.



DELAWARE HEALTH AND SOCIAL SERVICES

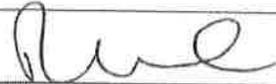
Division of Health Care Quality
Office of Long Term Care Residents Protection

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: **ManorCare Health Services - Wilmington** DATE SURVEY COMPLETED: **July 26, 2019**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility beginning and ending on July 26, 2019. The survey totaled one complaint and was a closed record review in the areas of Abuse (Family/Visitor to Resident) and Death. Due to the complaint having the ability to affect all residents in the facility, all of the residents in the Arcadia Unit (locked dementia unit where the event occurred) were reviewed (36), as well as a subset of all other residents in the facility (90, including one bed hold) as of July 20, 2019. The total sample size was 126 residents.</p>		
3201.1.0	<p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p>		
3201.1.2	<p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>No deficiencies were identified during the survey.</p>		

Provider's Signature 

Title NHT

Date 8/2/19