STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and policy review, the facility failed to ensure medications were not left at bedside for a resident that was not assessed to self-administer medications for two resident (Resident (R) 24 and R298) out of 47 residents in the sample. This had the potential to affect all residents who received medications. Findings include: Review of the facility's policy titled, Resident Self-Administration of Medication, undated, indicated, It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medication may be self-administered safely .Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication .All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage . 1. During an observation and interview on 02/03/25 at 3:26 PM of R24's room revealed two inhalation aerosols lying on the bedside table. The resident stated that they had been left there since the night before when the nurse brought in the treatment. Review of the Face Sheet located in the Profile tab of the electronic medical record (EMR) revealed R24 was admitted to the facility on [DATE] with diagnosis of stroke affecting the right dominant side and unspecified asthma. Review of R24's annual Minimum Data Set (MDS), located in the EMR under the MDS tab with an Assessment Reference Date of 12/15/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated no cognitive impairment. Review of R24's Orders located in the Orders tab of the EMR revealed the inhaler Beclomethasone Diprop HFA Inhalation Aerosol Breath Activated 80 MCG/ACT, to be given two times a day (one puff) for asthma. The other inhaler was Olodaterol HCl Inhalation Aerosol Solution 2.5 MCG/ACT, to be given (two puff) one time a day for asthma. There were not orders for self-administration. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/03/25 at 4:02 PM, the Director of Nursing (DON) observed the two inhalers on R24's bedside table. The resident again told the DON that they had been left since the night before by the nurse. The DON stated, R24 does not have orders to have these at bedside. I am removing these and putting them back on the medication cart. 2. Review of R298's Face Sheet, located in the electronic medical record (EMR) under the Profile tab revealed the resident was re-admitted to the facility on [DATE] with diagnoses which included muscle weakness, and polyneuropathy. Review of R298's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/23/25 and located in the resident's EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was not impaired. Review of R298's Care Plan, dated 01/23/25 and located in the resident's EMR under the Care Plan tab, revealed the resident was not care planned for self-administration of medications. Review of R298's Physician Order Summary, dated 01/23/25 and located in the resident's EMR under the Orders tab revealed, resident MAY NOT administer own medications. During an observation on 02/04/25 at 9:35 AM and again on 02/05/25 at 9:50 AM, R298 had an inhaler lying on the bedside table that was in plain sight. R298 stated he has had the inhaler since he was admitted , and that staff were aware. During an interview on 02/05/25 at 9:55 AM, Registered Nurse (RN)1 stated R298 was assessed to self-administer medications, but she was unaware he had an inhaler. She asked R298 if he had an inhaler, and he lifted the inhaler up that was lying on the bedside table. She said he should not have the inhaler and corrected herself and stated he was not assessed to self-administer medications. RN1 stated again that he should not have the inhaler at all. During an interview on 02/05/25 at 10:27 AM, the Infection Preventionist (IP) said she was made aware of the inhaler on Monday by a nurse. The IP said she spoke with R298, and he agreed to put the inhaler away, but she did not document anything about the conversation. During an interview on 02/06/25 at 12:33 PM, the Director of Education stated any medications a resident is admitted with would have had to be checked in by the nurses and that staff should be observing anything in the room and removing any medications they find in the resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and facility policy review, the facility failed to ensure call lights were within reach for one(Residents (R)85) out of a sample of 47 residents reviewed for accommodation of needs and preferences. Specifically, the facility failed to ensure residents had access to their call lights to best assist the residents in maintaining and/or achieving their independent functioning, dignity, and well-being to the extent possible. Findings include: 1. Review of R85's admission Record, found in the Profile tab of the electronic medical record (EMR), revealed he was originally admitted on [DATE], with diagnoses including diabetes mellitus type two, polyneuropathy, epilepsy, and acquired absence of left leg below the knee. Review of R85's quarterly Minimum Data Set (MDS) assessment located in the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 12/04/24, revealed a Brief Interview for Mental Status (BIMS) assessment with no recorded score due to the resident refused to participate in the BIMS portion of the MDS. R85's quarterly MDS with an ARD of 09/04/24 revealed a BIMS score of 15 out of 15 indicating that R85 was cognitively intact. R85 was dependent for toileting hygiene, shower/bathing, dressing, and personal hygiene. R85 was observed on 02/04/25 at 9:01 AM in bed with the call light button clipped to the call system on the wall behind the resident, out of reach. He stated he could not reach it from his bed and was able to use the call light. Additional observations on 02/04/25 at 4:50 PM and 02/05/25 at 8:59 AM, revealed R85 in bed with his call light button again clipped to the call system on the wall behind him out of reach. During an interview on 02/05/25 at 9:00 AM, Licensed Practical Nurse (LPN 4 stated that call lights should be kept in close reach of residents when they were in their bed. LPN4 observed R85's call light attached to the call system on the wall and stated it should be attached and within his reach. LPN4 moved the call light to within reach of R85. She said that she was not sure why his call light had not been placed appropriately. She confirmed the resident was alert and oriented and able to use the call light. During an interview on 02/06/25 at 10:20 AM, the Administrator stated that call lights should be answered as promptly as possible. If the residents were in their room, the call light should be reachable. The Administrator stated R85 was an interviewable resident. She stated she would want the resident to have access to his call light. During an interview on 02/06/25 at 10:40 AM, Infection Preventionist/Educator Nurse Practice (IP/ENP) stated that the call lights should always be in reach of the resident when they were in their room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to investigate misappropriation of property for two of four residents (Resident (R)84 and R108), This failure has the potential to affect all residents who choose to keep money and/or personal property in their rooms. Findings include: Review of the facility policy titled Abuse, Neglect, Exploitation, dated 09/12/24 indicated Investigation. the facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for reporting/response as described below.the facility will perform an investigation that focuses on whether abuse or neglect occurred and to what extent, clinical evaluation for any signs of injury, causative factors, and interventions to prevent further injury. 1. Review of R84's admission Record located in the electronic medical records (EMR) under the Profile tab indicated the resident was admitted to the facility on [DATE]. 2. Review of R108's admission Record located in the EMR under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of the Facility Reported Incident (FRI) dated 05/01/24 which revealed R84 had informed the Administrator that Certified Nurse Aide (CNA)1 took cigarettes from him and in addition, took money from R108. The FRI failed to contain evidence of interviews with other residents or potential staff as witnesses. During an interview on 02/06/25 at 12:32 PM, the Administrator stated she did not remember how CNA1 accessed R108's secured drawer. The Administrator stated she typically does interview other residents and staff during the investigation. The Administrator was provided with an opportunity to identify additional information on the investigations of theft that involved R84 and R108, and no further information was provided by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to develop comprehensive care plans related to nebulizer treatment for one resident (Resident (R) 12) out of a total sample of 47 residents. This failure had the potential to negatively impact the resident's quality of life, as well as the quality of care and services received. Findings include: Review of the facility-provided policy titled Care Plans, Comprehensive Person-Centered, dated 10/2019, revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .Assessments of residents are ongoing and care plans are revised as information about the residents and residents condition change . Review of the Face Sheet located in the Profile tab of the Electronic Medical Record (EMR) revealed R12 was admitted to the facility on [DATE] with diagnosis of heart failure, diabetes, and cancer of the left breast. Review of the Orders located in the Orders tab of the EMR revealed R12 had an order for Ipratropium-Albuterol Solution 0.5-2.5 MG/3ML orally via nebulizer two times a day for wheeze/cough. Review of the Care Plan located in the Care Plan tab of the EMR revealed R12 did not have a Comprehensive Care Plan for nebulizer treatment and care. Interview with the Assistant Director of Nursing (ADON) on 02/05/25 at 2:40 PM revealed Myself and nursing document care plans. I do not know why this was not care planned. It should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, the facility failed to ensure two residents of five residents (Resident (R) 31 and R200) who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene (showers per personal preference) out of a total sample of 47 residents. Findings include: Review of a facility policy Resident Showers dated 03/14/23 indicated .It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. 1. Review of R31's admission Record located in the electronic medical records (EMR) under the Profile tab indicated the resident was admitted to the facility on [DATE] a stroke which affected the right side. Review of R31's Care Plan located in the EMR under the Care Plan tab dated 06/13/24 indicated that the resident identified it was important for her to take showers. Review of R31's annual Minimum Data Set (MDS) located in the EMR with an Assessment Reference Date (ARD) of 12/12/24 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which revealed the resident was cognitively intact. The assessment indicated the resident identified it was extremely important for her to decide whether she received a bath, shower, or a bed bath. The assessment indicated that the resident was dependent on staff for baths/showers. Review of a document provided by the facility titled Shower/Bathing/Personal Care Shower Monday and Thursday 7-3 and as needed for the month of 12/24. The document failed to show that the resident received a shower on 12/09/24, 12/16/24, 12/23/24, 12/26/24, and on 12/30/24. Review of a document provided by the facility titled Shower/Bathing/Personal Care Shower Monday and Thursday 7-3 and as needed for the month of 01/25. The document failed to show that the resident received a shower on 01/06/25 and on 01/27/25. During an interview on 02/03/25 at 10:55 AM, R31 stated she has not had a shower in one week. The resident also stated she receives bed baths but prefers to have a shower instead. During an interview on 02/04/25 at 12:47 PM, Certified Nurse Aide (CNA)5 stated that R31 preferred showers instead of bed baths and verified on the shower/bath document that the resident did not receive showers on her assigned days. CNA5 stated R31 rarely refuses showers. During an interview on 02/04/25 at 12:50 PM, the Resource Nurse confirmed the shower/bath document had gaps in the documentation. During an interview on 02/05/25 at 10:14 AM, the Resource Nurse stated that she has been addressing the documentation aspect with CNAs to reflect cares. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/05/25 at 10:55 AM, the Director of Nursing (DON) stated residents should be offered a shower twice a week. 2. Review of R200's admission Record, dated 02/06/25 and found in the EMR under the Admissions tab, indicated the resident was admitted to the facility on [DATE]. The resident's diagnoses included spinal stenosis and type 2 diabetes. Review of R200's admission MDS assessment, with an ARD of 01/16/25 and found in the EMR under the MDS tab, indicated a BIMS score of 12 out of 15, which indicated the resident was mildly cognitively impaired. The assessment indicated R200 required partial/moderate assistance from staff to complete her bathing. Review of R200's ADL Care Plan, dated 01/16/25 and found in the EMR under the Care Plan tab, indicated the resident was at risk for a decline in her ADLs related to activity intolerance, fatigue and impaired balance. The care plan indicated R200 was to receive baths/showers twice weekly on Wednesdays and Saturdays on the evening shift. Interventions included, The resident requires assistance by (1) staff with bathing/showering as necessary. Review of R200's bathing records, dated 01/10/25 through 02/05/25 and found in the EMR under the Tasks tab revealed the resident received a bath/shower only once during that time, on 01/18/25. There was nothing in the resident's record to indicate the resident refused to bathe during that period of time. During an interview with R200 on 02/05/25 at 9:10 AM, she stated she had only been bathed once since her admission to the facility on [DATE]. She stated she would like to be bathed. During an interview with CNA6 on 02/06/25 at 11:43 AM, she confirmed she was familiar with R200 and stated the resident was supposed to be bathed twice weekly on the evening shift. CNA6 stated she usually worked on the day shift and staff tried to keep up with showers on that shift, but it was not uncommon for residents to report they had not been showered on the evening shift. During an interview with the Administrator on 02/06/25 at 12:51 PM, she stated her expectation was residents would be bathed according to their plan of care and bathing was to be documented in the EMR. The Administrator stated refusals to bathe were also expected to be documented in the EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0680 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the activities program is directed by a qualified professional. Based on interviews and record review, the facility failed to ensure that a qualified activity professional was hired. This has the potential to affect the 96 residents' quality of life who currently reside in the facility. Findings include: Review of an undated facility document titled Activities Director Job Description indicated . The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who .Is licensed or registered, if applicable, by the state in which practicing.Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October l, 1990; or o Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or o Is a qualified occupational therapist or occupational therapy assistant; or o Has completed a training course approved by the State. Review of a facility document titled Employee Action Form, dated 11/24/24, indicated the Activity Assistant had a change in pay status to the Activity Director. During an interview on 02/03/25 at 12:20 PM, the Activity Director (who was the previous Activity Assistant) stated she was currently working on her certification, and the certification would be completed in March 2025. The Activity Director stated she would be sitting for the federal exam after completion of her courses. During an interview on 02/05/25 at 8:49 AM, the Administrator said her expectation was to have a qualified activity professional, but the previous Activity Director had unexpectedly passed away. The Administrator stated after recruiting for the past two months she decided to give the current acting Activity Director the opportunity to complete her training to become a qualified Activity Director.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and review of the facility policy, the facility failed to ensure one of three residents (R)85 reviewed for prevention of skin breakdown, received treatment and interventions according to physician orders out of a total sample of 47 residents. This failure placed the resident at an increased risk for a worsening pressure ulcer, pain, and a decrease in quality of life. Findings include: Review of the facility's policy titled, Pressure Injury Prevention and Management, revised 05/26/23, revealed, This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries .The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate . Evidence-based interventions for prevention will be implemented for all residents who care assessed at risk or who have a pressure injury present. Basic or routine care interventions could include .redistribute pressure (such as repositioning, protecting, and/or offloading heels . provide appropriate, pressure-redistributing, support surfaces .Compliance with interventions will be documented in the weekly summary charting. Review of R85's admission Record, found in the Profile tab of the electronic medical record (EMR), revealed he was originally admitted on [DATE], with diagnoses including diabetes mellitus type two, polyneuropathy, epilepsy, and acquired absence of left leg below the knee. Review of R85's quarterly Minimum Data Set (MDS) assessment located in the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 12/04/24, revealed a Brief Interview for Mental Status (BIMS) assessment with no recorded score due to the resident refused to participate in the BIMS portion of the MDS. R85's quarterly MDS with an ARD of 09/04/24 revealed a BIMS score of 15 out of 15 indicating that R85 was cognitively intact. R85 received pressure reducing devices to his chair and bed. R85 was dependent for toileting hygiene, shower/bathing, dressing, and personal hygiene. A review of a Progress Note by the Wound Care Nurse Practitioner on 01/08/25 documented that R85 has a pressure injury. Recommend ongoing pressure reduction and turning/repositioning precautions per protocol, including pressure reduction to the heels and all bony prominences. All prevention measures were discussed with the staff at the time of the visit. The patient is incontinent of urine and stool and is at an increased risk of skin breakdown. Recommend continuing ongoing interventions and protocol for incontinence management . New Recommendations: Recommend an alternating air/low air loss mattress for pressure redistribution. Ensure settings are maintained at an appropriate level based on the patient's needs and body habitus. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R85"s Care Plan, located in the EMR under the Care Plan tab and initiated 11/18/23, revealed R85 had impaired tissue or potential for impaired skin tissue lower abdomen redness. It was revised 01/03/25 for a scrotum unstageable pressure injury and converted to stage three on 01/14/25. Interventions included air mattress to bed check function and placement every shift, initiated on 11/20/23; offload heels while in bed, initiated on 11/20/23; treatment as ordered, initiated 11/18/23; and turn and reposition every 2 hours and as needed with skin checks, last revised 01/26/24. During an observation and interview on 02/04/25 at 9:04 AM, R85 said he had a sore on his bottom and now had a catheter because of it. He was observed lying in bed on a regular mattress, which he confirmed was the only mattress he used. Review of R85's Physician Order, dated 11/20/23, located in the EMR under the Orders tab revealed R85 had an order for an air mattress to bed, check function and placement every shift. This was discontinued 02/13/24. During an observation on 02/04/25 at 1:51 PM, it was again confirmed the mattress for R85 was a regular mattress. During additional observations on 02/04/25 at 4:50 PM and 02/05/25 at 8:59 AM, R85 was again observed lying on a regular mattress in his room. During an interview on 02/05/25 at 3:20 PM, Licensed Practical Nurse (LPN)4 said that the wound nurse went around with the wound doctor. LPN4 stated the doctor would document notes and orders, and the wound care nurse would put those recommendations in the system directly. LPN4 stated the other floor nurses would not place the orders. During an interview on 02/06/25 at 9:20 AM, LPN5 stated that R85 did not use an air mattress, but that the facility had a lot of them available. LPN5 said that an air mattress would be a good idea, but she had not heard of R85 being offered one. During an additional interview with 02/06/25 at 9:25 AM, R85 stated no one had offered him an air mattress for his wound healing. During an interview on 02/06/25 at 9:41 AM, the Resource Nurse said that the wound care nurse would write in her progress notes when she did rounds with the wound doctor. She stated the wound doctor would put in their notes and recommendations and should put in their own orders. She said the wound nurse should also note the concern. The Resource Nurse said if the resident had a history or risk of pressure ulcers, an air mattress would have been appropriate. During an observation on 02/06/25 at 10:01 AM with LPN5 and IP/ENP, R85 was observed resting on a regular mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/06/25 at 10:40 AM, Infection Preventionist/Educator Nurse Practice (IP/ENP) stated that the wound care team went around the facility and a nurse that went with them would write in the notes and the orders into the EMR. She stated R85 had been using the same Broda chair since admission, and he was not currently using an air mattress. IP/ENP said the facility had plenty of air mattresses, and one was going to be taken to him. IP/ENP confirmed the wound care team made a request for an air mattress on 01/08/25, but the nurse had forgotten to write the order to get the new mattress placed for him. Review of R85's Physician Order, dated 01/14/25, located in the EMR under the Orders tab revealed a treatment order for Santyl External Ointment 250 Unit/GM (gram), apply to posterior scrotum topically everyday shift for stage three wound. Cleanse open area posterior scrotum with soap and water, dry and apply Santyl ointment and cover with dry dressing daily and as needed. During a treatment observation on 02/06/25 at 12:01 PM, LPN5 was observed applying Santyl to the scrotum of R85. Per LPN5, she put the Santyl on the whole scrotum, which was observed. During an interview on 02/06/25 at 12:42 PM, the Director of Education stated that the wound care team came to the facility once a week to review residents. She said the team looked at all wounds, and that a nurse went with them who would do the dressings as they went along, as well as take measurements. She stated that at the end of the day the administration received a wound tracker to indicate if there were any changes or if there were any order changes that needed to go into the EMR before they left. The Director of Education stated that the nurse providing the treatment should not put Santyl all over the scrotum. She confirmed that the wound tracker would go to the Director of Nursing, and she would get it at the regional level, which would be how the facility would ensure they catch the order if it was missed initially.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 two residents (R)85 reviewed for urinary catheters and urinary tract infections out of a total sample of 47 residents. Findings include: Review of the facility's policy titled, Indwelling Catheter Care, revised 08/11/24, revealed It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .Catheter care will be performed every shift and as needed by nursing personnel .Privacy bags will be available and catheter drainage bags will be covered at all times while in use .Ensure drainage bag is located below the level of the bladder to discourage backflow of urine .Assist resident to a comfortable, appropriate position .Document care and report any concerns noted to the nurse on duty. Review of R85's admission Record, found in the Profile tab of the electronic medical record (EMR), revealed he was originally admitted on [DATE], with diagnoses including diabetes mellitus type two, polyneuropathy, epilepsy, and acquired absence of left leg below the knee. Review of R85's quarterly Minimum Data Set (MDS) assessment located in the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 12/04/24, revealed a Brief Interview for Mental Status (BIMS) assessment with no recorded score due to the resident refused to participate in the BIMS portion of the MDS. R85's quarterly MDS with an ARD of 09/04/24 revealed a BIMS score of 15 out of 15 indicating that R85 was cognitively intact. R85 was dependent on toileting hygiene. He was documented always incontinent of urine and bowel. Review of the Physician Orders located in the EMR under the Orders tab revealed a 01/13/25 order for Foley catheter 16 French .for diagnosis: Wound healing. The resident's goal was to be free from catheter-related trauma. Interventions included positioning the catheter bag and tubing below the level of the bladder and away from the entrance room door, and providing catheter care every shift. During an observation 02/04/25 at 8:58 AM, the catheter bag was observed lying directly on the floor on the left side of the resident's bed. During an observation on 02/04/25 at 11:30 AM, the resident was observed in the common area of the unit, resting in his Broda chair. The catheter tubing was observed lying across his lap and over the left arm rest of his chair. The catheter bag was observed hanging freely with gravity approximately 18 inches off the floor, visibly weighted down with urine. The catheter bag was not supported. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview on 02/04/25 at 11:35 AM, Licensed Practical Nurses (LPN) 6 and LPN5 stated that the catheter bag should be attached to R85's Broda chair when the resident was up in his chair and should be off the ground. LPN5 stated she was going to find something to lift the catheter bag off the left arm rest and give it support. LPN5 returned with a clip to attach the catheter bag to the side of the Broda chair. Both LPN5 and LPN6 said that the catheter bag should not be left unsupported when R85 was in his chair. During an interview on 02/06/25 at 10:23 AM, the Administrator stated that catheter bags should not be placed onto the facility floors for proper catheter care. During an interview on 02/06/25 at 10:40 AM, Infection Preventionist/Educator Nurse Practice (IP/ENP) said that catheter bags should always be hanging off of the floor and with a hook to the side of the resident bed or the chair they are using. During an additional observation on 02/06/25 at 12:01 PM, R85's catheter bag was observed in contact with the floor upon entrance to his room during wound care. During an interview on 02/06/25 at 12:42 PM, the Director of Education stated that she would not want to see catheters placed onto the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure that one resident (Resident (R) 12) out of 47 sampled residents was provided with the necessary respiratory care and services in accordance with professional standards. This failure had the potential to impact the residents treatment and interventions. Findings include: Review of the facility-provided policy titled Nebulizer Therapy, dated 03/13/23, revealed, It is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions .Correctly assemble the tubing, nebulizer cup, and mouthpiece and ensure connections are secured tightly .Observe the resident during the procedure for any change in condition .When medication delivery is complete, turn the machine off .Disassemble and rinse the nebulizer with sterile or distilled water and allow to air dry .Air dry on an absorbent towel .Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag .Change the nebulizer tubing every seven days or per facility policy .Periodically disinfect unit per manufacturer's recommendations . Review of the Face Sheet located in the Profile tab of the Electronic Medical Record (EMR) revealed R12 was admitted to the facility on [DATE] with diagnosis of heart failure, diabetes, and cancer of the left breast. Review of R12's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/10/25 located in the EMR under the MDS tab revealed R12 had a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident was cognitively intact. Observation on 02/03/25 at 2:30 PM of R12's room revealed the residents nebulizer sitting on the nightstand beside the bed. The mouthpiece was wrapped in paper towels. The nebulizer unit was dirty with white, crusty debris. The inside of the tubing was wet. The tubing and mouthpiece were not in a plastic bag. Interview with observation with R12 revealed This nebulizer is old. I wrap the mouthpiece in paper towels when I am done with it. Nursing does not turn it off when finished, I do. I have no idea the last time the tubing or mouthpiece was changed. Observation and interview with the Director of Nursing (DON) on 02/04/25 at 11:54 AM revealed This nebulizer is filthy, and the mouthpiece is wrapped in paper towels. I am going to get the resident a new system. The DON confirmed the nebulizer should have been cleaned after each use. Interview with Licensed Practical Nurse (LPN)3 on 02/04/25 at 11:57 AM revealed I gave R12 her treatment this morning. When asked if she saw anything wrong with the nebulizer, LPN 3 stated The mouthpiece and tubing is not in a bag and the machine is dirty. When asked if she saw the machine was dirty when she gave the treatment, LPN 3 stated I didn't look. I did not stay in the room while the machine was on. When asked if she turned the machine off and cleaned it, LPN 3 stated I wiped the mouthpiece off. During an interview with the Administrator on 02/06/25 at 10:44 AM revealed, We need to take a look at nebulizers and see what is going on. This should not have happened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received alternative measures prior to installation of side rails for two residents reviewed for side rails (Resident (R) 83 and R298) of 31 sampled residents. The lack of alternate side rail measures could lead to potential safety concerns related to bed rail use for residents with bed rails. Findings include: 1. Review of R83's Face Sheet, located in the electronic medical record (EMR) under the Profile tab revealed the resident was re-admitted to the facility on [DATE] with diagnoses which included paraplegia, and complete traumatic amputation of right shoulder and upper arm. Review of R83's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/05/24 and located in the resident's EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was not impaired. Review of R83's Care Plan, dated 10/09/23 and located in the resident's EMR under the Care Plan tab revealed, The resident required assistance and was dependent with ADL care related to bed mobility. Interventions in place were bed rails as an enabler. Observation on 02/03/25 at 11:15 AM R83 sitting in bed with head of bed upright and side rail were in the up position on both sides of bed. Review of R83's Bed Rail Evaluation dated 10/09/23 and located in the EMR under the Assessments tab revealed no alternates were attempted prior to the placement of the siderails. Further review revealed the determination was no bed rails should be used. 2. Review of R298's Face Sheet, located in the electronic medical record (EMR) under the Profile tab revealed the resident was re-admitted to the facility on [DATE] with diagnoses which included muscle weakness, and polyneuropathy. Review of R298's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/23/25 and located in the resident's EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was not impaired. Review of R298's Care Plan, dated 01/23/25 and located in the resident's EMR under the Care Plan tab revealed, The resident required assistance and was dependent with ADL care related to impaired balance. Interventions in place were ¼ side rails to assist with bed mobility. Observation on 02/04/25 at 9:35 AM R298 sitting up in bed with head of bed upright and side rails were in the up position on both sides of bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R298's Bed Rail Evaluation dated 01/23/25 and located in the EMR under the Assessments tab revealed no alternates were attempted prior to the placement of the siderails. Further review revealed the determination was no bed rails should be used. During an interview on 02/05/25 at 1:10 PM Licensed Practical Nurse (LPN)6 said during admission on all residents are provided with a bed rail use consent form to sign and all residents have bedrails unless they sign refusing. Staff do not discuss alternatives and alternatives are not explored prior to bedrail use but the form they sign discusses risk versus benefits. Staff only complete the bedrail assessment on admission and not again after that. He stated they do complete ongoing reassessment for continued bedrail use. He was not aware that the residents' bed rail assessment indicated not to use bed rails. He stated when he completes the assessment that it is not what he sees. But he stated he was unsure what the assessment was supposed to say. During an interview on 02/06/25 at 12:33 PM the Director of Education stated that bed rail assessments should be completed on admission and yearly after that. She also stated that staff should always be looking at bed rail alternates prior to bed rail use. She was unaware that both residents bed rail assessments indicated bed rails should not bed used. A review of the facility's policy titled Use of Bed Rails revised 01/14/23 revealed, it is the policy of this facility to utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure the medical necessity of psychotropic medication administration for one Resident (R)48 of five residents reviewed for Psychotropic Medication Administration and a total of 47 residents reviewed in the sample. Informed consent was not obtained from the resident and/or resident's representative related to administration of psychotropic medication. This failure created the potential for the resident to receive unwanted medications. The findings include: Review of the facility's policy titled Use of Psychotropic Medications, revised in 07/11/24 read, in pertinent part, Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions. Review of R48's admission Record, dated 02/06/25 and found in the EMR under the Admissions tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included End Stage Renal Disease (ESRD), depression and anxiety. Review of R48's annual Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 10/16/24 and found in the EMR under the MDS tab, indicated a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired. The assessment indicated R48 did not exhibit any behaviors during the assessment reference period, however the document revealed R48 did exhibit signs and symptoms of depression nearly every day of the assessment reference period. Review of R48's physicians orders, dated 02/06/24 and found in the EMR under the Orders tab, revealed an order, with an original order date of 11/02/24, for Trazadone (an antidepressant medication) 50 MG (milligrams) by mouth twice daily for sedation and an order, with an original order date of 10/30/24, for hydroxyzine (an antianxiety medication) 50 MG by mouth one time daily on Monday, Wednesday and Friday before dialysis for anxiety. Review of R48's undated Psychotropic Medication Care Plan, found in the EMR under the Care Plan tab, revealed the resident was receiving psychotropic medications for anxiety and depression. Interventions included giving medications as ordered and Discuss with MD (Medical Doctor), family regarding ongoing need for use of medication. Review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy. Review of R48's Medication Administration Record (MAR) dated 01/01/25 through 02/05/25 and found in the EMR under the Orders tab, revealed the resident was receiving her psychotropic medication as ordered. Review of R48's comprehensive record revealed nothing to show risks and benefits of the resident's Trazadone or hydralazine were discussed with the resident and/or her representative or that informed consent had been obtained for the administration of the medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Director of Nursing (DON) on 02/05/25 at 03:04 PM, she confirmed she was not able to locate R48's informed consent for her psychotropic medications in the resident's record. During an interview with the Administrator on 02/06/25 at 12:55 PM, she stated her expectation was informed consent was to be obtained for any psychotropic medication administered to a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observations, record review, and review of facility policy, the facility failed to ensure one Resident (R)201 of seven residents reviewed during medication pass observations was free from a significant medication error. The resident's insulin (a medication used to control blood sugar) was not properly administered, creating the potential for the resident to receive an inaccurate dose. A total of 47 residents were reviewed in the sample. Findings include: Review of the facility's policy titled Insulin Pen Procedure, dated 03/13/23 read, in pertinent part, j. Injecting the insulin: v. While still pressing the plunger, keep the needle in the skin for up to 6 to 10 seconds and then remove the needle from the skin. Review of R201's admission Record, dated 02/05/25 and found in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included type 2 diabetes. Review of R201's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 02/03/25 and found in the EMR under the MDS tab, indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated the resident was mildly cognitively impaired. Review of R201's Order Summary Report, dated 02/05/25 and found in the EMR under the Orders tab, indicated an order for Humulin Insulin inject five units subcutaneously twice daily. Review of R201's Medication Administration Record (MAR), dated 02/01/25 through 02/06/25 and found in the EMR under the Orders tab, indicated the insulin was being administered routinely per physician's orders. Licensed Practical Nurse (LPN)7 was observed administering R201's insulin on 02/05/25 at 12:27 PM. LPN7 dialed up five units of insulin and then injected the insulin into the resident's left arm, holding the needle into the resident's subcutaneous tissue for approximately two seconds before removing the needle. During an interview with LPN7 on 02/05/25 at 12:31 PM, he stated he had never been told the insulin pen needle should remain in the resident's skin for six to 10 seconds after injecting the medication. During an interview with the Administrator and the Infection Preventionist and Educator (IP/ENP) on 02/06/25 at 1:00 PM, the IP/ENP stated the insulin pen needle was expected to be left in the resident's skin for 10 seconds after administration of the insulin.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observations, record review, and review of facility policy, the facility failed to ensure resident medication stored in facility medication carts was appropriately labeled to indicate the open date of the medication for three Residents (R)47, R110, and R298 out of a total resident sample of 47. This failure created the potential for residents to experience negative effects related to the administration of expired and/or out-of-date medication. Findings include: Review of the facility's procedure titled Insulin Pen Procedure, dated [DATE] read, in pertinent part, Insulin pens must be clearly labeled with the resident name, physician name, date dispensed, type of insulin, amount to be given, frequency, and expiration date; and Insulin pens should be disposed of after 28 days or according to manufacturer's recommendation. The medication cart on the facility's third floor was observed with Licensed Practical Nurse (LPN)8 on [DATE] at 9:20 AM. Open insulin glargine pens were found in the cart for R110 and R298. Neither of the insulin pens had an open date or a discard by date indicated on the pen to alert staff about when the insulin needed to be discarded. During an interview with LPN8 on [DATE] at 9:25 AM, she confirmed the insulin pens did not have open/discard dates indicated on them and stated the pens should have been dated to indicate when the pens needed to be discarded. The medication cart on the facility's fourth floor was observed with LPN9 on [DATE] at 09:45 AM. An open Lantus insulin pen was found in the cart for R47. The insulin pen did not have an open date or a discard by date indicated on the pen to alert staff about when the insulin needed to be discarded. During an interview with LPN9 on [DATE] at 9:50 AM, she confirmed the insulin pen did not have open/discard date indicated on it and stated the pen should have been dated to indicate when the pen needed to be discarded. During an interview with the Administrator and the Infection Preventionist and Educator (IP/ENP) on [DATE] at 1:00 PM, the IP/ENP stated insulin pens were expected to be labeled to indicate the date the insulin was opened so staff was able to determine when the insulin needed to be discarded.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, observations and interviews, the facility failed to ensure facility infection control procedures were followed related to Transmission Based Precautions (TBP)/Isolation for four Residents (R) R48, R93 and R199 of a total of 47 residents reviewed in the sample. This failure created the potential for residents to become ill related to facility outbreak of infection. The findings include: The facility's Transmission-Based (Isolation) Precautions Policy most recently revised 03/14/23 read, in pertinent part, It is our policy to take appropriate precautions to prevent transmission of pathogens' modes of transmission; and Facility staff will apply Transmission Based Precautions, in addition to standard precautions, to residents who are known or suspected to be infected or colonized with certain infectious agents requiring additional controls to prevent transmission. 1. Review of R48's admission Record, dated 02/06/25 and found in the EMR under the Admissions tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included End Stage Renal Disease (ESRD) and history of stroke. Review of R48's annual Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 10/16/24 and found in the EMR under the MDS tab, indicated a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired. Review of R48's Physicians Orders, found in the EMR under the Orders tab, revealed an order, with an original order date of 02/01/25, for Guaifenesin (a cough syrup medication) give ten milliliters (MLs) every four hours as needed for cough and an order, with an original order date of 02/03/25, for the resident to be placed on isolation for her diagnosis of influenza. There was no order for isolation (Transmission Based Precautions) entered for the resident related to her respiratory symptoms prior to that date. Review or R48's progress note, dated 01/31/25 and found in the EMR under the Notes tab, revealed, Constant coarse cough. COVID-19 test done and is negative. Review or R48's Physician Encounter Progress Note, dated 02/03/25 and found in the EMR under the Notes tab, revealed, Patient seen today per nurse request secondary to positive influenza swab with wheezing and cough. The note indicated the resident was to remain on isolation for flu and was to receive her as needed Guaifenesin as well as Tamiflu related to her symptoms. During an interview with Licensed Practical Nurse (LPN7) on 02/03/25 at 9:00 AM, he stated R48 had not been feeling well and had been experiencing upper respiratory symptoms (cough, congestion, and runny nose) for the last couple of days. LPN7 stated, She really doesn't feel well. There was no signage on the resident's door to indicate the resident had been placed on isolation/TBP of any kind related to her symptoms as of that time. LPN7 stated he thought R48 should be on isolation related to her symptoms and advised the surveyor to wear a mask when entering the resident's room. During an interview with R48 in her room on 02/03/25 at 9:10 AM, she confirmed she had a cough and congestion and stated she had not been feeling well for two days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the Infection Preventionist (IP) on 02/03/25 at 1:20 PM, she stated R48 had been tested for influenza and the test results were positive. The IP stated R48 had been placed on isolation (Droplet TBP) as of that date related to the flu diagnosis. 2. Review of R93's admission Record, dated 02/06/25 and found in the EMR under the Admissions tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included fracture of the right lower leg. Review of R93's admission MDS assessment, with an ARD of 01/06/25 and found in the EMR under the MDS tab, indicated a BIMS score of 13 out of 15, which indicated the resident was cognitively intact. Review of R93's Physicians Orders, found in the EMR under the Orders tab, revealed an order, with an original order date of 01/31/25, for resident to receive Guaifenesin Liquid (cough suppressing syrup) 100 milligrams per 5 milliliters (MG/5ML) give 10 milliliter by mouth every 4 hours as needed for Cough for 10 Days and an order, with an original order date of 02/04/25, for the resident to be placed on isolation related to her respiratory symptoms as of that date. Review of R93's Physician Encounter Note, dated 01/31/25 and found in the EMR under the Notes tab, revealed, Chief Complaint / Nature of Presenting Problem: Cough; and History Of Present Illness: Resident with cough and runny nose x 1 day. Resident reports she does have seasonal allergies and she takes an allergy pill . states the cough has been here for 1 day. Her COVID test was negative. She denies a sore throat, fever, aches or chills. During an interview with R93 on 02/04/25 at 9:17 AM, she stated, I'm congested, and I don't feel good. They did a COVID test last Friday so I guess I have been congested since then. She stated she thought the results of the COVID test had been negative. R93 had a wet cough and appeared flushed and was weepy during the interview. There was no TBP signage on the resident's door and there was no PPE at or near the resident's door. During an observation of R93 on 02/04/25 at 12:01 PM, the resident was sleeping in her bed. She continued to have a wet cough. There was still no TBP signage on door or PPE available next to or near the resident's room. During an interview with the Director of Nursing (DON) and the IP on 02/04/25 at 1:07 PM, the IP stated R93 was being placed on isolation related to her respiratory symptoms. She stated the resident had not yet tested positive for any infection; however, the facility's process was to place symptomatic residents on isolation if there was suspected infection (such as influenza or COVID). The DON confirmed R93 should have been placed on isolation earlier based on her symptoms and the confirmation of influenza and COVID residents in the facility. 3. Review of R199's admission Record, dated 02/06/25 and found in the EMR under the Admissions tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included chronic kidney disease and colon cancer. Review of R199's admission MDS assessment, with an ARD of 02/04/25 and found in the EMR under the MDS tab, indicated a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R199's Physicians Orders, found in the EMR under the Orders tab, revealed an order, with an original order date of 02/04/25, for resident to receive Guaifenesin Liquid give 10 ML by mouth every 4 hours as needed for Cough for 10 Days and an order, with an original order date of 02/04/25, for the resident to be placed on isolation related to his respiratory symptoms as of that date. Review of R199's Nursing Progress Note, dated 02/03/25 and found in the EMR under the Notes Tab, revealed the resident had anew order for Guaifenesin due to his complaint of having a cough. During an interview with R199 in his room on 02/04/25 at 9:06 AM he was observed to have a frequent wet cough. R199 stated he had been coughing and had not felt well for two days. He stated, Last night they gave me a COVID test because of my cough. R199 stated he thought the COVID test results had been negative. There was no TBP signage on R199's door or PPE located in or near the resident's room. R199 was observed in his room on 02/04/25 at 12:01 PM. The resident still had a productive wet cough. There was no TBP signage on the resident's door. R199 was observed in his room as above on 02/04/25 at 2:00 PM. The resident continued to cough and stated he did not feel well. Signage to indicate the resident was on isolation (Droplet TBP) had been placed on the resident's door and PPE was placed at the entrance to the resident's room. During an interview with the IP on 02/06/25 at 9:35 AM, she confirmed R199 had not been placed on TBP related to his respiratory symptoms until the afternoon of 02/04/24. She stated R199 had been tested for COVID again that morning and the result of the COVID test was positive. She confirmed R199 remained on isolation as of the time of the interview. During an interview with the DON and IP on 02/04/25 at 1:07 PM, the DON stated they were testing everyone in the facility with respiratory symptoms for COVID and influenza as of that time. She stated respiratory screening had been initiated for all residents as of the night of 02/03/25 after the survey team began inquiring about residents with respiratory symptoms. The DON confirmed testing was expected to be done for any resident with respiratory symptoms and confirmed her expectation was the facility policy indicating any resident with known or suspected infection was to be placed on isolation precautions. The DON confirmed R48, R93 and R199 had not been placed on isolation precautions timely related to their symptoms and this had created the potential for the spread of infection including flu and COVID. During an interview with the Administrator on 02/06/25 at 12:57 PM, she confirmed her expectation was symptomatic residents with suspected or confirmed infection were to be placed on isolation precautions immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, facility policy review, the facility failed to ensure that one (Resident (R) 9) of five residents, reviewed for influenza and pneumococcal vaccinations were provided risks verses benefits prior to the administration of the pneumococcal vaccine. Findings include: Review of a facility policy titled Pneumococcal Vaccine, dated 08/02/24, indicated .It is our policy to offer residents and staff immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations.Prior to offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization with the education documented in the clinical record. Review of R9's admission Record, located in the electronic medical records (EMR) under the Profile tab indicated the resident was admitted to the facility on [DATE]. The resident was over the age of [AGE] years old. Review of the Medication Administration Record (MAR) for the month of 10/23, provided by the facility, indicated R9 was administered the pneumococcal 20-valent (Prevnar 20) vaccine. Review of R9's EMR failed to contain evidence the risks verses benefits were explained to the resident and/or her representative and documented in the clinical record. During an interview on 02/04/25 at 1:06 PM, the Infection Preventionist confirmed that R9 had no risks verses benefits or consent to receive the Prevnar 20 vaccine.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085013	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Hillside LLC	810 South Broom Street Wilmington, DE 19805

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure that the room for one resident (Resident (R) 54) of 47 sampled residents was equipped with a functioning call light. This failure had the potential to result in a delayed response to the needs of the resident. Findings include: Review of the facility-provided policy titled Call Lights: Accessibility and Timely Response, dated [DATE], revealed The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance .Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied . Review of the Face Sheet located in the Profile tab of the Electronic Medical Record (EMR) revealed R54 was admitted to the facility on [DATE] with diagnosis of heart failure, chronic bronchitis, and chronic kidney disease. Review of R54's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] located in the EMR under the MDS tab revealed R54 had a Brief Interview for Mental Status (BIMS) score of 09/15, which indicated the resident was moderately cognitively impaired. Observation on [DATE] at 2:12 PM in R54's room revealed the call light was not working. R54 asked the surveyor to get him help due to wheezing and coughing. The call light was pressed twice and did not work. The light outside the room did not work and the call light did not register at the nurse's desk. The Director of Nursing (DON) was notified immediately and came to R54's room. The DON pressed the call light several times and it came on but would not shut off. Interview with the DON on [DATE] at 2:20 PM in R54's room revealed I am calling maintenance now and getting this fixed. R54 is wheezing and coughing and needs to be able to use his call light. Observation on [DATE] at 1:43 PM in R54's room revealed the call light working when pressed. Review of the logbook for the call system testing was provided by the facility. The call lights are randomly checked on each of the three floors. Interview with the Administrator on [DATE] at 10:38 AM revealed Our call lights are checked monthly. If a call light is reported as non-functioning, a work order is placed and fixed immediately. I am not sure why this was not reported.