DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: New Castle Health and Rehab Center **DATE SURVEY COMPLETED:** October 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing	**Minimum Staffing Levels for Residential Health Facilities** **(c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall not be less than the staffing level required to provide 3.28 hours of direct care per resident per day, subject to Commission recommendation and provided that funds have been appropriated for 3.28 hours of direct care per resident for Medicaid eligible reimbursement.** **Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:** **RN/LPN CNA*** **Day - 1 nurse per 15 res. 1 aide per 8 res.** **Evening 1:23 1:10** **Night 1:40 1:20** *** or RN, LPN, or NAIT serving as a CNA.** **Nursing Facilities must be in compliance with 16 Del. code, Chapter 11, Subchapter VII 1162 Nursing Staffing at all times.** **This requirement is not met as evidenced by:** A desk review staffing audit was conducted by the State of Delaware, Division of Health Care Quality, Office of Long-Term Care Residents Protection. The facility was found to be noncompliant with 16 Delaware Code Chapter 11 Nursing Facilities and Similar Facilities.	Step 1) DON/NHA educated on meeting staffing ratio's daily. Step 2) Staffing reviewed daily to ensure vacant shifts are filled to meet staffing ratio. **RN/LPN CNA*** **Day - 1 nurse per 15 res. 1 aide per 8 res.** **Evening 1:23 1:10** **Night 1:40 1:20** Step 3) RCA: Call offs close to shift start times which were unable to be replaced. Step 4) NHA/Designee to review staffing daily to ensure ratio of direct care is maintained at 100%. 5 days a week for 3 weeks then weekly times 3 weeks. The results will be reported to the facilities QAPI committee for continue review and revision.

Provider's Signature _____ Title _____ Date 10-9-25

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long-Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: New Castle Health and Rehab Center **DATE SURVEY COMPLETED:** October 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
	Findings include: Review of the Facility Staffing Worksheets, completed by E1 (Nursing Home Administrator) revealed the following: During the week of 7/13/25-7/19/25, the facility CNA ratio was 1:9 on the day shift. During the week of 7/13/25-7/19/25, the facility RN ratio was 1:16 on the day shift. The facility failed to maintain the minimum CNA day shift staffing ratio of 1:8 and the RN day shift staffing ratio of 1:15.	

Provider's Signature _____ Title _____ Date _____