
*Delaware Nursing Home Residents
Quality Assurance Commission*

DNHRQAC Meeting of October 21, 2025

9:30 a.m.

Virtually via Cisco Webex

Anchor Location: DE CLASI – Georgetown

20151 Office Circle

Georgetown, DE 19947

FINAL

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Cheryl Heiks; Norma Jones; Mary Peterson; Kori Bingaman, RN, NHA; Chris Marques, Esquire; Brandon Williams, proxy for Senator Mantzavinos; Hooshang Shanehsaz, RPH and Zhazra Fatima, proxy for Representative Claire Snyder-Hall.

Commission member(s) not in attendance: Brian Frazee and Dr. Avani Virani.

Deputy Attorney General (DAG) Patrick Smith, Esquire was in attendance.

Ms. Furber attended in-person @ the anchor location. The remainder of meeting participants attended virtually or by phone. A quorum of commission members was present.

Others Present: Margaret Bailey, DNHRQAC; Paul Smiley, Gilpin Hall; Faith McCarrick, LeadingAge DE/NJ; Amanda Levering, Division of Health Care Quality (DHCQ); Denise Elliott, DHCQ; Rob Smith, DHCQ; Susan Moore, Public; Kevin Andrews, Public; Theresa Edelstein, LeadingAge NJ/DE; Tawnya Dennis, Loftland Park; Kim Reed, DHCQ; Aleen Wilker, DHCQ; Vicki Cox, Complete Care and Judith Ramirez, State LTC Ombudsman. .

1. Call to Order

This meeting was called to order at 9:32 am by DNHRQAC Chair, Lisa Furber.

2. Approval of meeting minutes

The meeting minutes of 5/20/2025, 6/17/2025 & 9/16/2025 were approved as written.

3. Approval of Annual Report

Due to time constraints, the FY25 annual report was tabled until the next full commission meeting.

4. Approval of FY27 1% Reduction Report

It was recently brought to DNHRQAC's Chair and ED's attention that the Office of Management and Budget (OMB) was asking all State agencies to complete a budget reduction form. As a result, commission members discussed options relating to this document.

A motion was raised to emphasize that DNHRQAC has a very lean budget and would prefer to not have it cut. Members further added that DNHRQAC's budget is already minimal and therefore a budget reduction would be harmful to its mission. If the FY27 budget were to be decreased for all State agencies, commission members requested the funds be taken only from the supply and contractual lines. Members were all in agreement that the personnel line should not be reduced. The membership was polled and the motion was passed. Two commission members abstained from voting.

5. Executive Session

Members met 10:52 am - 11:01 am in executive session to discuss employment related items. A motion was raised and seconded during the executive session. After returning to the open public meeting, the hiring motion was raised, seconded and approved by the majority of members present. 7 commission members voted “yes”, and 1 member abstained. As a result, Ms. Bailey will follow-up on the appropriate tasks relating to the executive session item.

6. Discussion

DHCQ Updates

Amanda Levering, Acting DHCQ Director, provided an update on the following items:

Federal Shutdown

Ms. Levering shared that an October 1, 2025 memo (QSO-26-01-ALL) was sent to regulatory agencies regarding acceptable and unacceptable activities during the Federal Shutdown. She added that DHCQ will be out of compliance with some performance measures if the shutdown goes beyond October 2025.

Complaints triaged as immediate jeopardy (IJ) or harm to an individual shall continue to be assessed and investigated as well as some non-IJ high complaint surveys in nursing homes.

States that are using State only funds may continue to complete those surveys. As a result, DHCQ will still perform the State licensing surveys as required by DE Code.

The Division will also continue to catch up on the complaint backlog and revisit surveys as a follow-up to already completed annual surveys.

Ms. Peterson asked if, despite the Federal Shutdown, DHCQ is still required to complete all State required annual inspections per DE Code despite a Federal shutdown.

Currently, the Division is looking at the impact of survey activities that go beyond the 12-month mark. Ms. Levering added that DHCQ will reevaluate if the shutdown goes beyond October 31, 2025.

The opening of new facilities

Harmony @ Hockessin, a 120-bed facility, which will include independent living and 38 memory care, is planned to open in 2025.

Contracted survey providers

Ms. Levering mentioned DHCQ recently signed contracts with 2 providers to assist the Division in conducting annual and complaint surveys. She mentioned both contractors are ready to work post-shutdown.

Background Check Center (BCC)

Acting Director Levering stated that service letters have been added to the work order. The Go-Live date for the new BCC is to be determined, but most likely summer 2026.

CNA Training Sites

Ms. Aleen Wilker, DHCQ CNA Schools Administrator, mentioned as of September 11, 2025, there are 29 SNFs in Delaware that are restricted from offering clinical training. Facilities are placed on the restricted list by the Centers for Medicare and Medicaid Services (CMS) based on the imposition of Civil Monetary Penalties (CMPs) greater than \$13,343. Facilities remain on the restricted list for 2 years and are not permitted to host CNA School clinical rotations during that time.

Ms. Heiks mentioned there are roughly 60% of Delaware SNFs on the restricted list as of Summer 2025 and said many schools contact the Association to inquire about completing the clinical component. She added that some other states offer a waiver or work around so someone else could do the training even though a facility is on the restricted list. Ms. Peterson raised the concern that the facilities are restricted because they are not in compliance with Federal requirements and that bringing in an outside instructor would not change that fact. The reason why CMS shuts down the training is because the facility was out of compliance with the requirements. Ms. Heiks shared that in some instances, facilities have worked hard and are now back in compliance but must wait 2 years before they can resume clinical rotations. As a result, this is something Ms. Heiks would like the group to consider and see if anything could possibly work. She believes this is adding to our workforce problem in Delaware. Ms. Furber added that there needs to be a balance of workforce but safeguards in place, too.

Theresa Edelstein placed a question & comment in the chat. “Do we know how many have left the CNA workforce?” Ms. Wilker responded in the chat. “The number of CNAs on the Delaware registry increased between CY 23 – FY 24 by 100.” Ms. Edelstein mentioned it would be great to tie the additional workforce numbers to a particular workforce setting, to see if the increase is helping with the staffing shortage.

Ms. Jones asked whether there is a minimum number of hours required for a facility to onboard new CNAs and whether a mentor should be assigned to the new hire. Ms. Furber shared the number of minimum hours required to onboard a new CNA is 40. This also requires that a “buddy” CNA works alongside the new staff member. Ms. Wilker concurred about the required number of hours and buddy system.

Ms. Wilker added that Delaware has nearly 100 more graduated CNAs this year than last year despite the increased number of facilities on the restricted list.

Monitor vs Manager

In addition to CMPs, some facilities may face other remedies relating to non-compliance, such as:

- A monitor –
 - An independent organization or person approved by the DHCQ.
 - Similar to a consultant.
 - Hired at the facility’s expense.
 - Specific terms, conditions and time frames are assigned as deemed necessary by the DHCQ.
- A management company –
 - An independent organization approved by the DHCQ.
 - Takes over the management of the facility for a period of time as determined by the DHCQ.
 - Hired at the facility’s expense.

In addition to CMPs, some facilities may face other remedies relating to non-compliance. This could include an independent organization to monitor (similar to a consultant), at the facilities expense, under specific terms, conditions and time frames as deemed necessary by DHSS. There are also instances where the Division may require a management company to take over the management of the facility for a period of time. This, too, would be paid for by the facility.

In the 3rd Qtr 2025, 3 SNFs and 4 ALFs had the following remedies in place for non-compliance:
5 facilities with monitors imposed due to deficiency citations and the need for improvement.
2 facilities with a modified ban on admissions
1 facility with a temporary manager imposed by the Feds
1 facility with a temporary manager imposed by the State

Ms. Bailey said it was mentioned that Arden Court, currently under a monitor since 2024, may be released from that requirement in November 2025. The facility was however cited for deficient practices related to substantial compliance (was required to have a monitor **5/13/2024**), but facility was cited also in **3rd Qtr 2025** for higher level deficiencies relating to abuse or neglect and medication divergence. She asked how the Division can consider removing the monitor imposed 5/13/2024 if the facility is still being cited for things that may need to be monitored closely by DHCQ. Mr. Smith stated “We talk to the monitor, review compliance history and do see improvements have been made. We will need to make a decision. It’s not definite that the monitor will be removed soon.”

Division job vacancies

Ms. Levering mentioned there are currently the following DHCQ staff vacancies: compliance nurses, administrative specialists and special investigator (over a year). She added the Division lost many great candidates due to the low salary currently offered for these positions. There is also a Medical Social Services Consultant II opening within DHCQ. Finally, Ms. Levering shared that the current DHCQ Deputy Director, Denise Elliott, will be retiring effective 12/1/2025. As a result, the position will be posted on the State of Delaware’s Employment page.

Ms. Furber reinforced that fact that the DNHRQAC remains available to collaborate with DHCQ to provide support for appropriate salaries or reclassifications to help fill any vacant positions.

Assisted Living Facilities Volunteer Accreditations

Ms. Levering stated that she met with the Commission of Accreditation of Rehabilitation Facilities (CARF) and that, effective last week, they are also approved as an accrediting body for ALFs. This addition was approved last week.

Long Term Care Bill Package

Acting Director Levering mentioned that DHSS continues to work with Senator Mantzavinos and Representative Johnson regarding the LTC bill package and shared that the temporary staffing regulations are close to finalization. The hope is to have the regulations posted by January 2026 for public comment. The other 2 bills were tied to job reclassification requests (RN Training Educator III for dementia training & staff member for the assisted living voluntary accreditation program). Both of these are currently with the OMB but are really close to the finish line.

Ms. Bailey mentioned the commission invited some DHSS folks to attend the DNHRQAC Legislative/Advocacy Committee Meeting on Friday October 24, 2025 (10:00 am) and share information relating to the draft regulations.

Exigent Circumstances

During 3rd Qtr 2025, 5 Delaware skilled nursing facilities (SNF), with a total of 33 occurrences, submitted an Exigent Circumstance form to DHCQ. The reasons provided: DON or Agency RN serving as replacement because facility staff was not available.

3rd Qtr 2025 SNF and ALF Surveys Completed

	SNF's	ALF's
Annual Survey	10	11
Complaint Survey	20 (298 investigated)	14 (114 investigated)
Follow-up Survey	<u>3</u>	<u>1</u>
Total	33	26

Top 5 citations during 3rd Qtr 2025:

SNFs

F812 - Food procurement, store/prepare/serve/sanitary
F880 - Infection Prevention Control
F657 - Care Plan Timing and Revision
F680 - Bowel/Bladder Incontinence, Catheter, UTI
F684 - Quality of Care

ALFs

16.0 - Staffing (LPN completing assessments, should be an RN)
12.0 - Services
9.0 - Infection Control
19.0 - Records and Reports
8.0 - Medication Management

Ms. Peterson asked whether the Licensed Practical Nurses (LPN) were reported to the Board of Nursing (BON). Ms. Reed stated she does not believe so but will check. She added that DHCQ does reach out to BON regarding nursing citations. "At no point in our discussions did they indicate that they wanted every single one of these examples sent to them. We can certainly take it back to them. They understood we were citing citations and providing other resources to meet the tentative requirements like virtual visits." Ms. Peterson expressed concern that the Board of Nursing would not want to know when nurses violated the nurse practice act. If nothing else, they would be able to collect data to inform future decisions.

3rd Qtr 2025 Quality Assurance Review Team (QART) Report

Mr. Rob Smith, DHCQ Licensing Administrator, shared data relating to the 3rd Qtr 2025 QART Report. There were 9 "G" level citations identified by survey staff members during this time frame 7 licensed facilities (5 SNFs & 2 ALFs). After review, the QART team upheld all of the citations recommended by the surveyors.

3rd Qtr 2025 Staffing Report

Mr. Rob Smith shared data relating to 3rd Qtr Staffing in the Delaware licensed skilled nursing facilities. The average hours per resident per day (HRPD) during 3rd Qtr 2025 for the privately owned facilities was 3.93.

During 3rd Qtr 2025, there were 2 Delaware SNFs that did not meet the minimum RN staff to residents per shift requirements outlined in Eagle’s Law. Additionally, during this same time frame, there were 4 SNFs that did not meet the minimum CNA staff to residents per shift ratios as mandated in the Delaware Code.

Long Term Care Ombudsman Program (LTCOP)

Judith Ramirez, State Ombudsman, provided details relating to LTCOP activities since she took office. The data provided included Federal Fiscal Year 2025 quarters 1-3.

There are currently 7 staff members that provide services in the community and in licensed long term care facilities. The LTCOP uses Wellsky as their documentation platform.

of Facilities/# of Licensed Beds:

	<u>SNF</u>	<u>ALF</u>
# of facilities	47	34
Licensed Beds	5,037	2,744

LTCOP Statistics: October 1, 2024 – June 30, 2025:

SNF visits: 555

ALF visits: 156

Routine Visits (total): 325

Resident Complaints (total): 301

Advanced Care Directives: 167

Aggregate Ombudsman Activities throughout Delaware: 1, 579

Top complaints received: October 1, 2024 – June 30, 2025:

Care – response to request for assistance, personal hygiene & medications

Autonomy, choice & rights – rights and preferences, live in less restrictive setting & dignity/respect

Admission, transfer, discharge & eviction - discharge or eviction, admission & appeal process/room issues

Ms. Ramirez mentioned LTCOP has been working on a strategic plan, which she was in the process of completing and they would be conducting a program evaluation to gage how ombudsman services & supports are perceived and whether there are any items identified as needing improvement. The evaluation time frame: Feb 2025 – May 2025. Once the evaluation has been completed, LTCOP will work on strategic plan development June 2025 – August 2025.

Ms. Peterson mentioned it would be beneficial for the LTCOP to attend commission meetings on a regular basis, perhaps quarterly.

Additionally, Ms. Ramirez shared LTCOP will be revamping the volunteer program. Currently, there are 2 volunteer ombudsmen.

Ombudsman Resource Hotline: 855.773.1002 or DHSS_OSEC_Ombudsman@delaware.gov.

7. Old Business/New Business

DNHRQAC Statute Legislation

Senate Bill (SB) 155 w/Senate Substitution (SS) 2 was signed by Governor Meyer on August 25, 2025. As a result, the statutory changes will take effect November 23, 2025. Ms. Furber mentioned there are several moving parts that will require implementation: name change, additional commission members, ability to apply for grants and other items outlined in the bill.

DNHRQAC Satisfaction Survey

Ms. Bailey provided a brief recap relating to the residents, caregivers/family members and staff satisfaction survey. This survey will focus on quality of care and safety-related questions that align with DNHRQACs mission. No health or individual identifier information will be captured in this survey.

The survey takes 2 -5 minutes to complete. The survey was piloted at Cadia Rehab Broadmeadow last week (90 LTC residents).

Educational sessions have occurred and or scheduled with various stakeholders:

October 3, 2025 @ 10:00 am – LeadingAge NJ/DE

October 14, 2025 @ 9:30 am – DHCQ

November 2025 @ 3:00 pm – DHCFA

DNHRQAC Subcommittee Updates

Due to a full agenda, Ms. Furber provided a brief update relating to committee activities.

DNHRQAC Legislative/Advocacy:

Next meeting on Friday 10/24/25 @ 10:00 am. DHSS will be presenting information relating to LTC proposed regulations.

Eagle's Law Staffing Ratio Waiver:

Ms. Furber advised members that, since the January 1, 2025 waiver application implementation date, there have not been any applications submitted. DNHRQAC Waiver Application Decision Subcommittee has a weekly standing meeting scheduled, posted on the Delaware Public Meeting Calendar, to review applications and provide feedback relating to an application's disposition to the full Commission. The waiver application decision meetings are cancelled, at least 2 days in advance, if there are no applications in process.

In addition to providing education relating to the satisfaction surveys, DNHRQAC will be also reminding Skilled Nursing Facility providers about the waiver application that went into effect 1/1/2025. There were several waiver application educational sessions held in fall 2024. Commission members believe it may be a perfect time to mention the waivers again since applications went live on January 1, 2025.

DNHRQAC Hiring Committee:

Ms. Furber mentioned the committee held interviews and would like to share their recommendations during executive session.

8. Public Comment

Mr. Kevin Andrews mentioned data provided today by LTCOP was from Qtr 1 -3 2024, which is before Ms. Ramirez started in her role. Current data would be beneficial.

Mr. Andrews also asked if DHCQ provided 3rd Qtr 2025 staffing ratios per shift reports. Ms. Peterson mentioned the Division provided 3 slides relating to 3rd Qtr 2025 staffing: HRPD, RN/LPN to residents per shift and CNA to residents per shift reports.

Dr. Tawnya Dennis asked about the satisfaction survey and who would be determining the resident's competency. Ms. Bailey shared that the commission would meet with the facilities administrator prior to conducting the satisfaction survey and would take the administrator's lead regarding competency. Dr. Dennis also inquired as to whether DNHRQAC will provide feedback to facilities regarding the satisfaction survey. Ms. Bailey mentioned facilities are able to reach out after the survey has been completed and the commission would be happy to provide feedback.

Dr. Dennis reviewed the list of facilities restricted from conducting CNA training and noted that there are no facilities in Kent County that can train CNAs. She also concurred with Ms. Furber that the number of CNA clinical hours should be restored to 75. She added that Loftland Park CNA Training Program went back to the 75 clinical training hours post COVID, stating she believes the more we can do to provide a robust clinical hands-on experience, it's going to build a better CNA. The students that participate in Loftland Park's CNA Training Program are paid during their training. Next DNHRQAC Meeting – Tuesday November 18, 2025 @ 9:30 am. This meeting will be conducted via virtual platform and in-person anchor location & posted on the Delaware Public Meeting Calendar.

10. Adjournment

This meeting was adjourned at 11:28 am.

Attachments: DNHRQAC Meeting of 10/21/2025 – meeting agenda
DNHRQAC Meeting of 9/16/2025 – minutes draft
DNHRQAC Meeting of 7/15/2025 – minutes draft
DNHRQAC Meeting of 8/19/2025 – minutes draft
DNHRQAC Meeting of 8/29/2025 – minutes draft
FY25 DNHRQAC Annual Report - draft
FY27 1% Reduction Report - template
DHCQ PPP
3rd Qtr 2025 QART Report
3rd Qtr 2025 Staffing Report
LTCOP PPP