
Delaware Residents' Protection Commission

DRPC

Meeting of **January 20, 2026**
9:30 a.m.

Virtually via Cisco Webex
Anchor Location: DDDS Fox Run
2540 Wrangle Hill Rd
Bear, DE 19701

FINAL

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Cheryl Heiks; Norma Jones; Mary Peterson; Kori Bingaman, RN, NHA; Chris Marques, Esquire; Dr. Avani Virani, MD; Adrienne Wallace; Representative Claire Snyder-Hall; Hooshang Shanehsaz; Sean Dwyer

Commission member(s) not in attendance: Jim McCracken and Senator Spiros Mantzavinos.

DRPC staff attended in-person at the anchor location. The remainder of meeting participants attended virtually or by phone. A quorum of commission members was present.

Others Present: Margaret Bailey, DRPC; Susan Moore, DRPC; Aleen Wilke Amanda Levering, DHCQ; Claire Cepuran, Compassion and Choices; Christen Linke Young, DHSS Secretary; Rob Smith, DHCQ; Karen Crowley, DHCQ; Kevin Andrews, Public; Kim Reed, DHCQ; Khazra Fatima, Delaware House of Representatives, Traci Fick, DHCQ; Kiley Thomson, DE Controller Generals Office; David Parkinson, The Lorelton; Harry Palmer, DHCI; James Berryhill, DHSS and Ruthann Lander, Public.

1. Call to Order and Introductions

Commission Chair, Lisa Furber, called the meeting to order at 9:30 a.m. Members and staff provided introductions.

2. Approval of Meeting Minutes

A motion was made by Commissioner Peterson to approve the minutes of November 18, 2025 and seconded by Commissioner Marques. The minutes were unanimously approved.

3. Old/New Business

Introduction of DHSS Secretary, Christian Linke Young

Secretary Linke Young provided an overview of DHSS's three 2026 initiatives:

- Continue to respond to federal policy changes.

- Work to lower healthcare costs and continue to drive affordability for Delawareans across the healthcare sector.
- Continue innovation and excellence in the services that are provided across the department.

Commissioner Peterson commented on the need for additional survey staff within DHCQ and stated that the commission will continue to advocate for additional survey staff.

DHCQ Updates

Introduction of Traci Fick, Deputy Division Director, DHCQ.

Ms. Levering shared that the Background Check Center (BCC) is still under construction and questions remain relating to BCC being able to have access to State Bureau of Investigation (SBI) and State of Delaware Criminal Justice Information (DELJIS) systems. SB67 w/SS 1 has an impact on infrastructure and technology of the BCC, and DHCQ is providing resources for the fiscal note.

Information relating to the Certified Nursing Assistant Program (CNA) was shared with the Commission. Currently, there are 28 licensed programs and 6,600 active CNAs in Delaware.

Currently, DHCQ has the following number of staff vacancies: 6 compliance nurses, 1 administrative specialist and 1 special investigator. Ms. Levering shared that the Division recently was approved for the long-term care bill package positions: RN3 Educator and Social Service Administrator. DHCQ will be posting the vacancies and conducting interviews to fill the positions.

Ms. Levering advised that the regulations relating to the long-term care bill package will appear in the Register of Regulations, March 2026 edition.

4th Quarter 2025 Quality Assurance Review Team (QART) Report

Rob Smith provided a copy of the 4th quarter 2025 QART Report in advance of the meeting. There were 9 deficiencies reported at a “G” level or greater (actual harm) during this time frame. No description of the deficient practices was provided in the discussion, however DHCQ provided a written summary of the deficiencies in the report. All 9 deficiencies cited were upheld.

Ms. Levering offered to go back and check history as to whether there has been a ban on admissions relating to past QART Reports and get back to the Commission.

4th Quarter 2025 Staffing Report

A copy of the Staffing Report was provided to commission members in advance of the meeting. One facility did not meet the 3.28 Hours Per Resident Per Day (HPRD). The report identified the facility as Springs Rehab at Brandywine.

Commissioner Heiks asked if nursing staffing includes Licensed Practical Nurses (LPNs). Rob Smith stated that DHCQ does not currently breakdown RN vs LPN staffing numbers but is able to provide that information going forward to the Commission.

4th Quarter 2025 Exigent Circumstances

6 facilities submitted reports to DHCQ relating to exigent circumstances. The total for this quarter was 45 separate occurrences noted in the report. The Commission was advised that most of the exigent circumstances involved the Director of Nursing/Assistant Director of Nursing (DoN)/(ADoN) providing direct care because of call-offs or an agency nurse providing night shift supervision due to a vacancy. Executive Director Bailey inquired about a facility that had 21 instances during this quarter where agency supervisors were needed. Rob Smith stated that during the night shift an agency nurse was needed, however, he added that if the same agency nurse is being utilized, there is consistency. The facility was actively recruiting staff and DHCQ was monitoring the progress.

Commissioner Bingaman commented on the facility that submitted 21 exigent circumstances, adding that 21 times without an RN amounts to only 3 weeks when one RN vacancy exists.

4th Quarter 2025 Surveys

The Division conducted 8 annual skilled nursing facility (SNF) surveys during the quarter. 4 were completed by the contractor. There were 24 complaint SNF surveys conducted (4 completed by the contractor) and 305 complaints were investigated. Additionally, 4 follow-up surveys were conducted by DHCQ.

There were 12 annual assisted living facility (ALF) surveys conducted, and 18 complaint surveys completed. 169 complaints were investigated during the 4th quarter 2025, and there was 1 follow-up survey.

Commissioner Heiks asked if the complaint surveys show how many complaints were substantiated, and if so, can the data be provided to the Commission? Rob Smith responded and agreed to collect the data and provide to the Commission going forward.

4th Quarter 2025 Top Survey Citations

Rob Smith presented the top 5 citations for nursing home facilities during 4th quarter 2025, which included: food/kitchen, infection control, care plans, bowel/bladder, and quality of care.

The top 5 deficiencies cited in 4th quarter 2025 for assisted living facilities, included: the records/reports, staffing, medication management, services agreements and services.

Commissioner Peterson asked if facilities are seeing an uptick in outbreaks such as COVID or the Influenza based on infection prevention noted in the top 5 deficiencies. Rob Smith indicated that there was an uptick during this period. Kim Reed, RN, DHCQ, added that DHCQ receives a weekly report from the Division of Public Health (DPH) Epidemiology unit. The report tracks facilities that have outbreaks, and which facilities have come off the outbreak list.

4th Quarter 2025 Monitors and Temporary Managers

Rob Smith provided an update on the monitored and temporarily managed facilities during this quarter. Details were shared relating to Pike Creek Nursing and Rehabilitation Center, where Federal temporary monitoring has been imposed from September 24, 2024, to present; Peach Tree Assisted Living, a temporary management company was imposed December 11, 2024, to present; The Summit, a monitor has been imposed March 25, 2025, to present; and Brookdale Dover, a monitor imposed April 4, 2025, to present.

Commissioner Peterson expressed concern with the length of time some of the facilities have been under monitoring and temporary management, and inquired how long can a facility remain under temporary management before it is determined that the facility will not meet compliance. Rob Smith responded that DHCQ meets with temporary managers and monitors weekly, or bi-weekly, and they are provided reports on improvement. The goal is to ensure compliance for a period before the facility is released from monitoring or temporary management.

Commissioner Bingaman asked if DHCQ tracks facilities that have repeatedly been under monitoring or temporary management, and if a facility continues to fall into monitoring multiple times, what is done differently to control the inefficiencies. Commissioner Peterson asked a follow-up question: if there are facilities that have been monitored or managed on more than one occasion, and how does DHCQ respond to facilities that continue to fall back into a monitoring or management scenario?

Amanda Levering added that the monitoring of these facilities has been since 2024-2025. She added that the Division continues to monitor and impose other enforcement actions longer because they have seen facilities being put back on watch lists on a more frequent basis. Their goal is to be able to see more substantive change once the enforcement actions have been removed. Ms. Levering agreed to review historical imposition data and report back to the Commission at the next quarterly meeting.

Commissioner Furber asked when a facility is under temporary management, or if they have a monitor imposed, are they still able to admit new residents? Rob Smith, DHCQ stated that in some cases, a ban on admissions is put into place and as the facilities progress continues, including meetings with the monitor and temporary management, DHCQ may limit admissions, but not a total ban.

New Facilities

Rob Smith shared that Stonegates plans to open an assisted living facility, which will include an 18-bed memory care unit. This facility is anticipated to open their doors in April 2026.

Compassion and Choices

Claire Cepuran, Manager of Clinical Advocacy provided an overview of Compassion and Choices which includes advocating for policies and practices that provide people comfort and control in their end-of-life, which includes medical aid in dying. Hospice and palliative care are still available to people who are pursuing medical aid in dying. Eligibility criteria must be confirmed by two

healthcare providers. They are defined in the legislation as the attending provider and the consulting provider.

Medical aid in dying is a medical practice in which a mentally capable adult with a prognosis of 6 months or less to live may request a prescription for medication which they can self-ingest to peacefully end terminal suffering. They must be mentally capable of making informed medical decisions, they must be able to self-ingest the medication, and they must be a resident of Delaware. No one is eligible for medical aid in dying based on age or disability alone. To access medical aid in dying, the patient must make 3 separate requests to their attending healthcare provider. Those requests include 2 oral requests, which must occur at least 15 calendar days apart, and 1 written request. If either healthcare provider has any concerns about the individual's decision-making capacity, they must make a referral to a mental health professional for an assessment. And once that referral has been made, medication cannot be prescribed until their decision-making capacity has been confirmed. There is language built in that explicitly states that medical aid in dying will not impact life insurance or annuity policies.

The Ron Silverio Heather Black End of Life Options Act was signed into law by Governor Meyer last year, which made Delaware the 12th jurisdiction in the U.S. to authorize medical aid in dying.

DHSS has been working to establish regulations that will inform the practice of medical aid in dying. They are pending revisions based on the outcome of the public regulatory comment period.

Commissioner Heiks commented that there are providers and facilities that may not be able or willing to participate in this process. Claire Cepuran stated that any organization can opt not to participate. Compassion and Choices encourages facilities to be proactive about creating a policy and making that publicly available so that residents or potential residents can make an informed decision about where they're receiving care if they think that this is an option that would be of interest to them. She also wants administrators understand that their participation in this can exist on a spectrum, it doesn't have to be all black and white.

Commissioner Shanehsaz commented that one of the things that had come up was where to go to acquire the medication. He added that currently, the regulation covers any pharmacy in Delaware, however, a compounding pharmacy is going to be challenging right now. He urged the group to continue working on this as it becomes more acceptable and create providers on both sides. Claire Cepuran added that the pharmacy aspect is very challenging and is something that has been challenging in other states because there are so few compounding pharmacies, and even fewer of them that will opt or are able to participate.

Satisfaction Survey's

Executive Director Bailey stated that staff are currently conducting the satisfaction survey. To date, more than 20 surveys have been completed. On average, staff is trying to complete 3- 4 surveys a week. Staff is working with the facility administrators to determine which residents should participate (based on BIMS score). Commissioner Furber indicated that she will work to assist with completing surveys in lower Delaware.

Commissioner Furber added the staff members, and family members or caregivers can use a QR code to access the survey.

Commissioner Furber finally mentioned that she would like to have DRPC host an open public meeting in the future to discuss/share the satisfaction survey results.

DRPC Committee Updates:

Commissioner Furber shared that the Staffing Ratio Waiver Committee has not been active because there haven't been any waiver applications submitted.

Executive Director Bailey stated DRPC schedules weekly meetings on the Delaware Public Meeting Calendar (PMC) to review waiver applications, however those meetings continue to be cancelled because DRPC has not received any applications since the waiver application was rolled out 1/1/2025.

Commissioner Furber mentioned the Legislative and Advocacy Subcommittee meets monthly and recently shared a copy of the assisted living legislation draft with stakeholders. Additionally, the subcommittee has been advocating for the BCC, long-term care workforce and legislation that impacts LTC. Information about these meetings is also posted on the PMC.

4. Public Comment

Executive Director Bailey mentioned the JFC schedule is available and was forwarded to the full Commission. There were no other public comments.

5. Next DRPC Full Meeting

The next DRCP Meeting will be held on Tuesday, February 17, 2026, 9:30 a.m. Information about the meeting will be posted on the PMC and individuals can attend virtually or in-person.

6. Adjournment

The meeting was adjourned at 11:07 a.m. by Chair Furber.

Attachments: 1/20/2026 meeting agenda
11/18/2025 meeting minutes draft
DHCQ PPP, QART and Staffing Reports