Delaware Residents' Protection Commission (DRPC)

Meeting of **July 21, 2026**
9:30 a.m.
Virtually via Zoom
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; Kori Bingaman, RN, NHA; Chris Marques, Esquire; Representative Claire Snyder-Hall; Senator Mantzavinos; Hooshang Shanehsaz; Adrienne Wallace; Jim McCracken; Sean Dwyer and Mary Peterson.

Commission member(s) not in attendance: Kevin Andrews and Dr. Virani, MD.
Deputy Attorney General Patrick Smith, Esquire was also not in attendance.

DRPC staff attended in-person at the anchor location. A quorum of commission members was present.

Others Present: Margaret Bailey, DRPC; Ngozi Dom-Chima, DRPC; Amanda Levering, DHCQ; Traci Fick, DHCQ; Rob Smith, DHCQ; Kim Reed, DHCQ; Jose Rodriguez, DHCQ; Alexia Wolfe, DHCI; Paul Smiley, Gilpin Hall; Dave Parkinson, The Lorelton; Wyatt Patterson, DE Senate; Jennifer August, Public. One member of the public attended by phone and was not identified.

1. Call to Order and Introductions

Commission Chair, Lisa Furber, called the meeting to order at 9:32 a.m. Ms. Furber shared that commission member, Norma Jones, was recently nominated as Kentmere Rehabilitation & Skilled Nursing's Resident Council President. DRPC members shared congratulation messages with Ms. Jones.

2. Approval of Meeting Minutes

A motion was made by Ms. Peterson to approve the minutes of June 16, 2026 and seconded by Ms. Jones. The meeting minutes were approved as written.

3. Approval of DRPC Bylaws draft

It was suggested during the 6/16/2026 meeting that changes to the bylaws be underlined and highlighted, to help DRPC members easily identify updates to the document. The edited document was shared with the full Commission in advance of the meeting.

A marked up edited draft of proposed bylaws was discussed. Subcommittee members shared highlights of the proposed edits with the full Commission.

After a discussion about the proposed edits, a motion was made by Mr. Marques to adopt the bylaws with the proposed edits as written and seconded by Ms. Peterson. A poll vote was taken, and members present approved to adopt the bylaws changes, except for one commission member, who abstained from voting.

Commission members were asked to forward any additional comments they have relating to the bylaws to Ms. Bailey. DRPC Bylaws Subcommittee will plan to meet in the future to discuss suggestions made by commission members, including language that appears in Article VI.

4. Discussion of:

Staffing Report - 2nd Qtr 2026

Rob Smith, DHCQ Licensing Administrator, provided an update relating to the 2nd Qtr 2026. A copy of the Staffing Report was provided to commission members in advance of the meeting. Two facilities did not meet the 3.28 Hours Per Resident Per Day (HPRD). The report identified the facilities as Encore at Parkside and Willowbrooke Country Manor House.

This report omitted Country Rest Home staffing data. DRPC asked DHCQ to add this facility's data back to the quarterly reports.

In addition to complying with HPRD, there are specific staff to resident ratios per shift that must be met to be in compliance with Eagle's Law. Unfortunately, the RN/LPN to residents and CNA to residents per shift data for 2nd Qtr 2026 was not discussed during this meeting. The Division did, however, send a copy of this data to the Commission in advance of the meeting.

Mr. Smith added that Eagle's Law provides facilities with a choice of 2 staffing phases:

Phase 1: Ratios are averaged over a week (most often used by facilities)
Phase 2: Must meet ratio requirements every day, every shift

Ms. Bailey mentioned that it appears several facilities switched from phase 1 to phase 2 or vice versa since the 1st Qtr of 2026. She wondered how often facilities are permitted to do so and the impact it would have on resident care and staffing data. Mr. Smith mentioned staffing is based on the way the buildings are configured. He added that SNFs can submit a request to DHCQ quarterly if they would like to switch from one phase to another. The Division can approve or deny the request.

QART Report – 2nd Qtr 2026

Rob Smith provided a copy of the 2nd Qtr 2026 QART Report in advance of the meeting. There were 11 deficiencies reported at a "G" level or greater (actual harm) during this time frame.

"Citations are based on scope and severity. Any time there is a deficiency of actual harm or greater, like immediate jeopardy, that deficiency is reviewed by the Quality Assurance Review Team" stated Rob Smith.

After review by the QART Team, one citation identified by the surveyor @ The Point Place Assisted Living was upgraded from "J" to "K". This citation was upgraded from isolated to pattern because the resident exited the facility without staff knowledge on 4 separate occasions.

"G" level or higher citations in 2nd Qtr 2026:

- F760 Residents are Free of Significant Med Errors "J"

- Title 16 Health and Safety Chapter 11 - Abuse, Mistreatment, Neglect, and Financial Exploitation or Medical Diversion "J-K". One of the ALFs received this citation twice during the 2nd Qtr 2026. Once was for failing to carry out a prescribed treatment plan and once for elopement risk. A total of 5 assisted living facilities (ALF) received this citation during 2nd Qtr 2026.

- F627 - Transfer/Discharge "J"

- F689 - Free of Accident Hazards/Supervision/Devices "J"

- F692 - Nutrition/Hydration Status Maintenance "G"

- F600 - Free from Abuse, Neglect and Exploitation "G"

Ms. Peterson mentioned "DHCQ stated in the past that they are not reporting professional misconduct to the Board of Professional Regulations. Since some of these citations are past non-compliance, how do we know if the facility reported it? Because obviously this was a very egregious error needing 2 administrations of Narcan for the resident that received the inappropriate medication. So, if DHCQ continues to not report these, I think it is required by law. How do we know that they are being reported to Professional Regulations, in particular, BON"?

Ms. Reed followed with "I am pretty sure this one was reported. I mean you know we have met with the BON and we have established a system for reporting to them, so it's clear that it's coming from our agency versus from our specific staff. I can confirm it, but I am pretty sure the supervisor in Newark did report this one and the facility had…either the facility or investigators had already reported to the BON as well." Ms. Peterson added "Ok, I appreciate that. So you guys now have a process whereby the supervisors are going to be reporting these kinds of things to ensure reporting rather than the individual surveyors?" Ms. Reed added "Sort of. I mean we have a method of reporting, so BON is clear it's coming from DHCQ versus coming from a particular staff member in their own name. So essentially, we are putting DHCQ as our name in the electronic reporting form."

Ms. Ficke stated "We are continuing to have ongoing dialogue with BON and so we are constantly discussing cases and best practices" Ms. Levering added "I cannot speak to the practice before I started, but I've been here a year, and we've been reporting to the BON for over that amount of time, so I just want to correct the record that it was not factual that we do not report to the BON….You are welcome to share that information with me off-line if you have something to show me."

Exigent Circumstances – 2nd Qtr 2026

During 2nd Qtr 2026, four facilities submitted reports to DHCQ relating to exigent circumstances. 17 separate occurrences were noted in the report. The Commission was advised that most of the exigent circumstances involved ADON providing direct care since staff was not available; last minute call out where replacement staff was not available and agency RN Supervisor used since replacement staff was not available (actively recruiting).

Monitors & Temporary Managers – 2nd Qtr 2026

Rob Smith provided an update on the monitored and temporarily managed facilities.

- Milford Center - Monitor imposed 3/12/2024 to present.
- Pike Creek Nursing and Rehabilitation Center - Transitioned to monitor from temporary management 3/24/2026.
- Peach Tree Assisted Living - Temporary management company 12/11/2024 to present.
- The Point Place Assisted Living - Monitor imposed 6/1/2026.
- The Point Lodge (Memory Care Unit) Assisted Living - Monitor imposed 6/1/2026.

Ms. Reed shared that historically over the past several years, DHCQ has used monitors which is quite costly for the facilities and "I believe having the cost of a monitor outweighs the ability of a fine, so I think we consider it the next level higher. It's very costly but gets better results."

Top Citations – 2nd Qtr 2026

Top 5 citations for skilled nursing facilities:

- F812: Food Procurement, Store/Prep/Serve Sanitary
- F880: Infection Prevention and Control
- F657: Care Plan Timing and Revision
- F690: Bowel/Bladder Incontinence, Catheter, UTI
- F684: Quality of Care

Top 5 deficiencies for assisted living facilities:

- 19.0: Records/Reports
- 16.0: Staffing (LPNs out of scope of practice by completing resident assessments)
- 13.0 Service Agreements
- 11.0 Resident Assessments
- 12.0 Services

Ms. Bailey mentioned staffing was one of the top deficiency citations in the 1st Qtr 2026 for ALFs. She asked since it appears to be a pattern, is there something at the state level that can be done to address the issue, whether through education or other means.

Ms. Reed stated "staffing citations, which I believe was discussed during 1st Qtr 2026, are a related to LPNs doing assessments out of their scope of practice. They cannot do initial assessments for like a fall, you know neurocheck. And as Traci mentioned earlier about the Board of Nursing (BON), like we have been in contact with the BON, not necessarily to penalize the LPNs….We've been sending each of these cases to the Board in case they want to make some decisions. And you know, we have spoken to the facilities, both this leadership and previous leadership to do telehealth and those types of things. I think this administration and last administration has both had a couple of different conversations about education and other options as to what can be done."

Ms. Heiks asked if staffing was one of the top citations for ALFs in 2025. Ms. Reed stated ALFs were being cited for staffing in 2025. Ms. Reed added "There was a little lag time in coordination because the

BON executive director wanted to do some research and then speak to the providers directly. BON was invited to a call hosted by the Division with LTC providers however the presenter wasn't feeling well. This topic was also discussed during another call hosted by DHCQ during a previous provider meeting. The former ED for the BON did not speak during this meeting, but information was shared relating to telehealth."

Ms. Heiks mentioned she believes that telehealth was suggested as an alternative if an RN is not in a building to be able to complete a resident assessment. Ms. Reed stated "There is no requirement for an LPN around the clock currently in assisted living. Telehealth could be done with one of the care partners or aides as well...that is what we got from the Board…there is not necessarily going to be an LPN there since they are only required to staff 8 hours a day with nursing. Many do more, but right now, it's 8 hours a day so it could be one of the aides doing the telehealth." Ms. Reed reiterated that the staffing citation in ALFs were a result of LPNs not conducting residents' initial assessments, not because of telehealth.

Annual & Complaint Survey Data – 2nd Qtr 2026

The Division conducted 14 annual skilled nursing facility (SNF) surveys during the quarter. Four of the annual surveys were completed by the contractor, HMS. There were 26 complaint surveys conducted (4 completed by the contractor) and 462 complaints investigated. Additionally, 4 follow-up surveys were conducted by DHCQ.

Ms. Heiks asked if there is a way to track how many complaints are self-reported to find out if facilities are being forthcoming with issues. Ms. Reed said DHCQ may be able to track this data in the future. She mentioned the Division migrated to the Wellsky System in January 2026.

There were 6 annual assisted living facility (ALF) surveys conducted, and 9 complaint surveys completed. 57 complaints were investigated during 2nd Qtr 2026, and there were 4 follow-up surveys. None of these were completed by the contractor.

Ms. Bingaman mentioned that she works for a smaller skilled facility in Delaware and they had their annual survey in June 2026. At that time, she stated there were 5 DHCQ staff conducting the survey over a period of 5 days. She shared that the facility did receive deficiency citations and added that the DHCQ staff was very thorough and professional.

Division of Health Care Quality (DHCQ) Updates

The Division has 4 vacant compliance nurses, 1 medical social service consultant and environmental health specialist and a 27% surveyor vacancy rate per Mr. Smith.

DHSS recently rolled out new webpage design. Senator Mantzavinos shared that he believes optics play a role a lot of times in behavior change. His understanding is that the newly designed DHSS webpages will make it easier for folks to find information.

2 senate bills were recently passed in both chambers and waiting for the Governor's signature:

SB 340 – General and professional liability insurance requirements for long term care facilities. Ms. Heiks mentioned the insurance requirements do not apply to the State operated facilities.

SB 196 – Ownership disclosure to residents and families prior to the transfer of ownership.

Ms. Bingaman asked if DHCQ is going to be providing guidance around HB 140, End of Life Option Act. Ms. Ficke mentioned when she started with the Division a few months ago, there was discussion about it. "I think at that time, we came to the conclusion that we didn't really want to change any regulations until we knew more information. I think we may have to go back to the table and just have more discussions about it." Ms. Levering added "This is similar to the marijuana legalization issue. We will be publishing some guidance and encouraging facilities to be very clear as to their stance on what their facility is going to do as it relates to end-of-life options so that residents/families can make informed decisions…We view this as a facility level decision. We are not requiring facilities to do anything, just encouraging them to be transparent and allowing residents/families to make informed decisions – either about coming to your facility or leaving if their wishes don't line up to what your policies are."

Ms. Furber encourages commission members to forward additional questions relating to DHCQ's presentation to Ms. Bailey.

Ms. Peterson mentioned that the information sent by DHCQ is a snapshot in time. As a result, she made a motion to create a "new" DRPC data collection and analysis subcommittee. "The purpose is to look back at all the information we've received and trends to see if there is really anything we really need to look at as it relates to those." Ms. Heiks added that she didn't have anything against the idea but believes DRPC should spend some time, when not quite rushed, figuring out what the subcommittee's role would be and scope. After further discussion, this item was tabled until the next DRPC full meeting or possibly to the August Strategic Planning Session.

5. Old/New Business

DRPC Satisfaction Survey

Ms. Dom-Chima was happy to report that the data collection has been completed for the state-wide satisfaction survey. The survey was closed on June 30, 2026. She is currently crunching the numbers and writing up the report. Her goal is to have this ready for the strategic planning session next month. Ms. Furber thanked the staff for their work on this project.

DRPC Strategic Planning Session

Ms. Bailey mentioned this in-person workshop will take place on Wednesday August 26, 2026 @ Paramount Senior Living in Newark, DE. Ms. Bailey said, "We are in the process of still working out details such as a meal or perhaps even some swag, so stay tuned." She further added that this is an in-person workshop for commission members and staff to work on future steps relating to the commission's work.

DRPC Staffing Ratio Waiver Subcommittee

Ms. Furber mentioned there are no updates to provide because there haven't been any waiver applications. She asked commission members whether they want to consider reviving the subcommittee to discuss how to possibly streamline the waiver process, since staff is still expending a lot of energy and effort on parts of the process, even though no applications have been received to date.

FY 27 Budget Updates

Ms. Furber mentioned the FY 27 Operating Budget bill (SB 335) was signed by the Governor.

DRPC Legislative/Advocacy Subcommittee

Ms. Furber mentioned this group plans to meet in September 2026 to continue discussions around assisted living legislation and other legislative related items.

DRPC Hiring Subcommittee

Ms. Bailey mentioned the DRPC Hiring Subcommittee began reviewing applications and scheduling interviews for the f/t administrative specialist position.

DRPC Bylaws Subcommittee

DRPC Bylaws Subcommittee shared proposed edits to the full Commission for consideration during this meeting.

4. Executive Session

DRPC met virtually in executive session (11:05 am – 11:38 am) to discuss items relating to personnel. Upon returning to the open public meeting portion of the virtual meeting, a motion was made by Mr. Shanehsaz and seconded by Mr. Dwyer. After poll vote, the majority of commission members present voted "yes and 2 members abstained from voting.

5. Public Comment

Ms. Furber asked commission members if we could take this item out of order a bit since DRPC still needs to meet in executive session and does not want the public to have to hold their comments.

Ms. Jennifer August provided public comment relating to Ohio's Esther Law and mandatory reporting of child/elder abuse. She shared information in the chat relating to Esther's Law.

Paul Smiley asked if there was somewhere the public or facilities could go to see results of the survey. Ms. Bailey mentioned annual and complaint survey results appear on DHCQs webpage. She stated the DRPC satisfaction survey is still under construction, but once it's finished, facilities can request a copy of their survey report.

David Parkinson shared his thoughts regarding camera use in licensed buildings.

6. Next DRPC full Meeting

DRCP members and staff will be meeting on Wednesday August 26, 2026 (10:00 am – 4:00 pm) for a strategic planning session. This in-person only planning session will be facilitated by Landgraf Consulting,

LLC. Information will be posted on the Delaware Public Meeting Calendar (PMC). This strategic planning session will only be available in- person.

The next DRPC full commission meeting will be held on Tuesday September 15, 2026 @ 9:30 am. Information will be posted on the Delaware Public Meeting Calendar.

7. Adjournment

The meeting was adjourned at 11:41 a.m. by Ms. Furber, DRPC Chair.

Attachments: 7/21/2026 meeting agenda
6/16/2026 meeting minutes draft
DRPC Bylaws draft – marked up
2nd Qtr DHCQ PPP (Div updates, top deficiencies, survey data, legislation, etc)
2nd Qtr 2026 – Staffing Report
2nd Qtr 2026 – QART Report