

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08A015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2016
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NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL CARE FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 11 INDEPENDENCE WAY NEWARK, DE 19713
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual survey was conducted at this facility from June 15, 2016 through June 21, 2016. The deficiencies contained in this report are based on observations, staff interviews, review of clinical records and facility policies. The facility census on the first day of the survey was 32. The survey sample included 6 (six) active phase 1 residents and phase 2 included 3 (three) active residents, 1 (one) closed record and 4 (four) subsampled residents. Of the subsampled residents, 2 (two) were included for family interviews only, so for the purposes of this survey, the sample size will be 12.</p> <p>Abbreviations / definitions used in this report are as follows: NHA - Nursing Home Administrator; DON - Director of Nursing; RN - Registered Nurse; RNAC - Registered Nurse Assessment Coordinator; Acetaminophen - medication used to treat pain/ fevers; Aquacel - wound dressing; Ativan - medication used to treat anxiety; BID- twice a day; Baclofen - medication used to treat muscle spasms; Beneprotein powder - protein supplement to help maintain muscle; Cerebral Palsy - disorder that affects muscle tone, movement and motor skills; Clonazepam - medication used to treat seizures; Depakene - medication used to treat seizures; Diazepam - medication used to treat muscle spasms; Duoderm - absorbent wound dressing;</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/12/2016
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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.

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F 000	Continued From page 1 Exudate - accumulation of fluids in a wound; FYI - for your information; Gastrostomy Tube (GT) - a tube inserted into an opening into the stomach; Gastrostomy-Jejunostomy (GJ) tube - a tube placed in the stomach and small intestine; GT is used to vent the stomach for air or drainage and JT is used as an alternate way for feeding; Ibuprofen - medication used to treat pain; Intrasite - gel used in wound care; Keppra- medication used to treat seizures; J-tube (or JT) - a feeding tube which is inserted into the patient's jejunum (small intestine); MARs - medication administration records; Marathon Liquid Skin Protectant - breathable protective film over skin that resists external moisture; Metoclopramide - medication used to treat stomach irritation; Milligram (mg), a unit of mass; Miralax- medication used to treat constipation; Non-blanchable - defined area of redness that does not become pale under applied light pressure; Optifoam - highly absorbent foam dressing for PUs; Oxycodone - medication used to treat pain; Pancreatitis - inflammation of the pancreas that produces digestive juices; PPM (parts per million) - measurement used for concentration of sanitizer mixed with hot water; Pressure ulcer (PU) - sore area of skin that develops when the blood supply to it is cut off due to pressure; Quinidine - medication used to treat abnormal heart rhythms; Staging - categorization system used to describe the severity of PUs Tegaderm - transparent film dressing;	F 000			

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F 000	Continued From page 2 Torsion Dystonia - rare movement disorder characterized by involuntary, repetitive, sustained muscle contractions or postures; Tracheostomy - an opening made in the throat to assist breathing; Tracheostomy ties - fabric bands that go around the neck which are necessary to hold the tracheostomy tube in place; Ventilator - machine designed to move breathable air into and out of the lungs for a patient who is physically unable to breathe; Zantac - medication used to treat acid reflux; Zyrtec - medication used to treat allergies.	F 000			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by : Based on observation, review of the clinical record, facility policy review, and interview, it was determined that the facility failed to meet professional standards of quality. For one (SSR 14) out of 12 residents reviewed, the facility failed to have a physician's order for Keppra that met professional standards of quality; the order lacked a route for the medication to be administered. Findings include: Review of the facility policy entitled Receiving and Recording Medication/Physician Orders, last revised January 2016, stated, "... purpose of this policy is to establish guidelines in the receiving and recording of medication and physician orders ... When recording orders for medications, you	F 281	The statements made on this Plan of Correction are not an admission to and does not constitute an agreement with the alleged deficiencies herein. The plan of Correction is prepared and/or executed solely because it is required by the provisions of both state and federal law. F281 1. SSR14's Physician's Order for Keppra was corrected to include a route of administration through the GT. 2. All current Physician's Orders for each child has been reviewed for	8/16/16	

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F 281	Continued From page 3 must specify: 1. Drug name and Strength 2. Route of administration...". During the medication pass on 6/20/16 at approximately 8:55 AM, E4 (RN) was observed administering medications, including Keppra via GT to SSR14. When physician orders were checked, the order for Keppra, dated 5/11/16, stated, "Keppra 750 mg Oral Solution b.i.d. Continuous." The physician order lacked a route of administration for Keppra and there were multiple opportunities for nursing staff to have clarified the physician order to include the route of administration. Findings were reviewed and confirmed with E2 (DON) during an interview on 6/20/16 at approximately 12:00 PM.	F 281	accuracy related to route of administration 3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows: a. 3 per day for one week or until 100% compliance is achieved then b. 3 per week for one month or until 100% compliance is achieved then c. 3 per month for one quarter or until 100% compliance is achieved. 4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		8/16/16	

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F 309	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on the medication pass observations, review of clinical records and interviews, it was determined that for 2 (R4 and SSR13) out of 12 sampled residents, the facility failed to provide the care and services necessary to maintain the highest practicable physical well-being in accordance with each individual's plan of care. For R4 and SSR13, the facility failed to discontinue old physician orders to administer their medications via JT and they failed to obtain new physician orders to administer their medications via GT when they were no longer being given via JT. Findings include: 1. SSR13 was observed during medication passes on 6/17/16 at approximately 12:25 PM and on 6/20/16 at approximately 8:40 AM. Between the two medication passes, SSR13 was administered the following medications via GT: Ativan, Miralax, Clonazepam, Baclofen, Quinidine, Depakene and Pediatric Multivitamins with Iron. Review of physician's orders for the previously listed medications all stated that the medications were to be administered via JT, not GT. Review of the June 2016 MAR (from 6/1/16 - 6/20/16) revealed that the medications were to be given via GT and they were signed by nurses as having being administered via GT. Concerns were discussed with E2 (DON) and E3 (RNAC) during an interview on 6/20/16 at approximately 12:00 PM. E3 confirmed findings	F 309	F309 1. SSR13's Physician's Order for medication was corrected to include a route of administration through the GT. R 4's Physician's Order for medication administration was corrected to reflect the current route of administration (GT). 2. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration . In conjunction with the programmers of the proprietary EMR system used at this facility, all access to order modifications that allowed "Scheduled Notes" for temporary order changes has been deactivated. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. Going forward, all temporary changes in Physician's Orders require that the current order be discontinued and a new order written, verified and signed by the MD. At the period at which a subsequent modification to the order is required, again the order will be discontinued, re-written to reflect he MD's order, verified and signed by the MD. 3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding		

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F 309	<p>Continued From page 5</p> <p>and stated that SSR13 does not have a JT anymore, medications have been administered via GT since 11/11/15.</p> <p>2. R4 was admitted to the facility on 6/3/11 with diagnoses including cerebral palsy and gastrostomy tube (GT).</p> <p>R4 was hospitalized for a surgical procedure on 5/3/16 and returned to the facility on 5/10/16 at 4:55 PM.</p> <p>A physician's order, dated 5/10/16 and timed 5:55 PM, stated to administer all medications and tube feeds via JT until further orders. It was unclear why the facility entered this physician's order as an FYI as the order did not appear on the MAR.</p> <p>A physician's medical update letter, dated 5/18/16, stated that R4 received all of his caloric and fluid requirements via the GT. However, after his recent surgery, R4 had a GJ-tube placed to prevent pancreatitis. The plan was to gradually advance him back to receiving all medications and tube feeds via the GT.</p> <p>Review of R4's May 2016 MAR revealed the following ten (10) medications were not discontinued and new orders written when the route of administration changed from GT to JT on 5/10/16: Clonazepam, Zantac, Beneprotein powder, Metoclopramide, Miralax, Zyrtec, Ibuprofen, Acetaminophen, Diazepam and Oxycodone.</p> <p>A nurse's note, dated 5/16/16 and timed 11:36</p>	F 309	<p>the transcription of Physician's Order in the EMR to ensure route of administration is received. Licensed Nurses will be in-serviced regarding the discontinuation of "Scheduled Notes" for temporary orders as the MAR (computer generated and not used at ECC for the delivery of medication) would only ever reflect the original MD order. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:</p> <ol style="list-style-type: none"> a. 3 per day for one week or until 100% compliance is achieved then b. 3 per week for one month or until 100% compliance is achieved then c. 3 per month for one quarter or until 100% compliance is achieved. <p>4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.</p>	

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F 309	Continued From page 6 PM, stated that R4's GJ-tube was pulled out. The physician was notified and ordered to replace the GJ-tube with a GT. In addition, the physician ordered that medications were to be given via the GT. In an interview on 6/17/16 at 4:10 PM, E3 (RNAC) stated that the computer system does not recognize JT as a selected option, but nursing staff can type specific physician order information under the "Scheduled Note". Findings were reviewed on 6/20/16 at 11:55 AM with E2 and E3. The facility failed to discontinue old physician orders and record new orders for the above 10 medications when the physician changed the route of administration from GT to JT on 5/10/16.	F 309			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/ HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, it was determined that for one (R1) out of 12 sampled residents, the facility failed to ensure that a resident with a pressure ulcer received the	F 314	F314 1. R1's wound has been assessed by the Wound Care Nurses, DON and MD	8/16/16	

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F 314	<p>Continued From page 7</p> <p>necessary treatment and services to promote healing. For R1, the facility failed to comprehensively assess R1's pressure ulcer on his right posterior neck when an open area was identified on 5/27/16 until 6/2/16, seven (7) days later. In addition, the facility failed to follow the plan of care when administering a treatment for R 1's left posterior neck on two occasions, 6/2/16 and 6/8/16. Findings include:</p> <p>The facility's policy entitled Assessment and Re-Assessment of a Resident with a Pressure Ulcer, last revised January 2016, stated, "Assessment is the starting point in preparing to treat or manage a resident with a pressure ulcer ... Pressure ulcers should be assessed at least weekly ... The assigned nurse for each individual resident with a pressure ulcer will assess and evaluate the ulcer each time the dressing is changed ... The facility will assign an individual nurse to measure and stage the wound weekly ... Measure the wound ... Note the location ... color of the wound ... describe ... wound margins and the surrounding skin ... describe the exudates color and odor ... staging ...".</p> <p>The facility's policy entitled Pressure Ulcer Treatment Protocol, last revised January 2016, stated, "... Preparation: A. Verify that there is a physician's order for this procedure ...".</p> <p>The facility's wound protocol for altered skin integrity was aquacel, intrasite and optifoam thin to affected areas as needed.</p> <p>R1 was admitted to the facility on 4/20/11 with diagnoses including cerebral palsy, torsion dystonia, tracheostomy and ventilator dependent.</p>	F 314	<p>whereas the current documentation is accurate and comprehensive. The Physician Order and Plan of Care has been changed to reflect the MD's current prescribed plan of care related to the Wound Care Protocol. A schedule of reassessment has been adopted consistent with guidelines in the RAI Manual.</p> <p>2. All Children receive a comprehensive body system assessment every 12hrs including skin checks. All children have been assessed by the Wound Care Nurses and DON. Any changes have been reflected in the child's individual Physician's Orders and Plan of Care. The Pressure Ulcer Policy (NUR 6.10) has been updated to include immediate notification directly to Wound Care Nurses upon discovery of a wound, a documentation tool has been adopted to ensure timely assessment, and a weekly team rounding schedule has been created</p> <p>3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the reporting of all wounds to the Wound Care Nurses in addition to creating an Incident Report to Administration. The in-service will include Facility Policies related to Assessment/Reassessment of a Resident with a Pressure Ulcer NUR 6.4 and Pressure Ulcer Treatment Protocol NUR 6.10. Our routine q12hr skin audit of all children will be completed and all newly identified areas will be reported and</p>	
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F 314	<p>Continued From page 8</p> <p>A nurse's note, dated 5/27/16 and timed 5 PM, stated that the facility's wound protocol was initiated for a small open area to R1's right posterior neck. The facility failed to comprehensively assess R1's open area to the right posterior neck.</p> <p>A nurse's note, dated 5/29/16 and timed 5:25 PM, stated that the facility wound protocol was started to the open area on R1's right posterior neck under his tracheostomy ties and bleeding and tenderness were noted.</p> <p>A nurse's note, dated 5/30/16 and timed 5:32 PM, stated that wound protocol was provided to R1's right posterior neck.</p> <p>A physician's order, dated 5/31/16 and timed 3:53 PM, stated to apply duoderm then tegaderm to the red area on the left side of R1's neck.</p> <p>A nurse's note, dated 5/31/16 and timed 4:01 PM, stated that R1 had an open area with small amount of blood and redness on his right posterior neck. R1's left posterior neck was noted as a thin area with no skin breakdown and the prescribed treatment was duoderm with tegaderm on top.</p> <p>A nurse's note, dated 6/1/16 and timed 12:39 AM, stated that the right side of R1's neck was open.</p> <p>A nurse's note, dated 6/2/16 and timed 4:16 PM, stated that R1's right posterior neck was identified as a Stage 2 pressure ulcer and measured 2.8 cm x 1.3 cm and the facility's wound protocol was applied as the treatment. R1's left posterior neck wound was pink, non-blanchable, intact skin and measured 3 cm x 1.3 cm. Marathon Liquid Skin</p>	F 314	<p>reviewed by the Wound Care Nurses and DON. An audit of Physician's Orders and Plan of Care will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:</p> <p>a. All noted wounds per day for one week or until 100% compliance is achieved then</p> <p>b. All noted wounds per week on-going</p> <p>4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.</p>		

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F 314	<p>Continued From page 9</p> <p>Protectant covered with Optifoam was applied as the treatment to R1's left posterior neck to keep pressure from his tracheostomy tie off the wound. It was unclear why the facility failed to comprehensively assess to include measurements, wound description and staging of R1's right posterior neck pressure ulcer when it was first identified on 5/27/16, seven (7) days earlier. It was also unclear why the facility failed to follow the 5/31/16 physician's order for duoderm and tegaderm treatment for R1's left posterior neck Stage 1 pressure ulcer.</p> <p>A nurse's note, dated 6/8/16 and timed 3:30 PM, stated that R1's left posterior neck was assessed and remained a Stage 1 pressure ulcer. Marathon Liquid Skin Protectant was applied as the treatment to R1's left posterior neck. It was unclear why the facility failed to follow the 5/31/16 active physician's order for duoderm and tegaderm treatment for R1's left posterior neck Stage 1 PU.</p> <p>In an interview on 6/17/16 at 4:10 PM, E3 (RNAC) confirmed that R1 was not comprehensively assessed when the open area to R1's right posterior neck was identified on 5/27/16.</p> <p>Findings were reviewed with E2 (DON) and E3 on 6/20/16 at approximately 11:55 AM. The facility failed to comprehensively assess R1's pressure ulcer on his right posterior neck when an open area was identified on 5/27/16 until 6/2/16, seven (7) days later. The facility also failed to follow the plan of care when administering a different treatment for R1's left posterior neck on two occasions, 6/2/16 and 6/8/16.</p>	F 314		
F 371	483.35(i) FOOD PROCURE, STORE/PREPARE/	F 371		8/16/16

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F 371 SS=D	Continued From page 10 SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by : Based on kitchen observations and staff interviews, it was determined that the facility failed to store, prepare, distribute and serve food under sanitary conditions. Three resident children eat food prepared in this kitchen. Findings include: Observation of the kitchen area on 6/15/16 at approximately 1:15 PM with E5 (kitchen supervisor) revealed that there was no measurable sanitizer in the three compartment sink. Using the facilities quaternary ammonia test strips, the reading on the test strip read zero ppm indicating that there was no measurable sanitizer in the three compartment sink. In order for dishes, utensils pots etcetera to be sanitized using quaternary ammonia the concentration must be at leased 200 ppm. After making the observation with E5 the sink was drained and refilled with the quaternary ammonia being automatically dispensed. When filled the sink was again tested with a test strip. The test strip again read zero. The test strip was also tested with the concentrated quaternary ammonia solution from	F 371	F371 1. The three compartment sink was not used to wash dishes until the contracted vendor replaced the quaternary system on the evening of 6/15/16. All items were washed in the dishwasher that evening. 2. The vendor verified operation of the dispensing unit, replaced all test strips and certified the unit. 3. The Director of Nutritional Services (CDM Certified/RD), and /or designee will in-service all Food Service Staff regarding ServeSafe requirements. An audit of observations and testing will be completed by The Director of Nutritional Services and /or designee as follows: c. Daily for one week or until 100% compliance is achieved then d. 3 times per week or until 100% compliance is achieved then		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08A015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL CARE FOR CHILDREN			STREET ADDRESS, CITY, STATE, ZIP CODE 11 INDEPENDENCE WAY NEWARK, DE 19713	
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F 371	Continued From page 11 the dispensing bag to make sure the test strips were working. The test strip turned purple indicating the test strips were working. While the sink was filling up it was noted that large quantities of air were getting into the sanitizer dispense tubing. The sink was not receiving the proper amount of sanitizing solution from the automatic pump to properly sanitize items being washed in the three compartment sink. The facility called the kitchen vendor and the automatic pump was replaced the evening of 6/15 /2016. The three compartment sink was again tested on 6/16/2016 at 1:08 PM and the test strip measured 200 ppm of quaternary ammonia indicating proper concentration of sanitizing solution. During an interview findings were reviewed with E 1 (NHA) and E2 (DON) on 6/21/16 at approximately 2:00 PM.	F 371	e. Weekly for one month or until 100% compliance is achieved. f. Monthly for 3 months or until 100% compliance is achieved. Additionally, a Log for Recording concentrate ppm results at each fill will be created and utilized by staff responsible for use of the 3 compartment sink. Unacceptable Range results will be reported to DNS or NHA immediately. 4. The DNS will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMplete/ ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F 514		8/16/16

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F 514	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on observation, record review, review of facility policy, and interview, it was determined that the facility failed to maintain clinical records for 2 (R4 and SSR14) out of 12 sampled residents in accordance with accepted professional standards and practices that are complete and/or accurately documented. Findings include:</p> <p>Cross refer to F281</p> <p>Review of the facility policy entitled Documentation of Medication Administration, last revised January 2016, stated, "... Purpose: To provide guidelines for proper documentation when administering medications... Documentation must include: 1. Name and strength of drug 2. Dosage 3. Route...".</p> <p>1. During the medication pass on 6/20/16 at approximately 8:55 AM, E4 (RN) was observed administering medications, including Kepra via GT to SSR14.</p> <p>Review of the May and June MARs revealed that from 5/12/16 through 6/19/16, SSR14's Kepra that was given bid lacked a route of administration.</p> <p>Findings were reviewed and confirmed with E2 (DON) during an interview on 6/20/16 at approximately 12:00 PM. Cross refer to F309, example 2</p> <p>2. A physician's order, dated 5/10/16 and timed 5:55 PM, stated to administer all medications and tube feeds to R4 via JT until further orders.</p>	F 514	<ol style="list-style-type: none"> 1. SSR14's Physician's Order for Kepra was corrected to include a route of administration through the GT. 2. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration 3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows: <ol style="list-style-type: none"> a. 3 per day for one week or until 100% compliance is achieved then b. 3 per week for one month or until 100% compliance is achieved then c. 3 per month for one quarter or until 100% compliance is achieved. 4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation. <ol style="list-style-type: none"> 1. R4's Physician's Order for medication administration was corrected to reflect the 		

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F 514	<p>Continued From page 13</p> <p>Review of R4's May 2016 MAR revealed the following medication orders were not accurate for the route of administration according to the 5/10/16 physician's order for a seven day period (5/10/16 through 5/16/16):</p> <ul style="list-style-type: none"> - Clonazepam via GT; - Zantac via GT; - Beneprotein powder via GT; - Metoclopramide via GT; - Miralax via GT; - Zyrtec via GT; - Ibuprofen via GT; - Acetaminophen via GT; - Diazepam via GT; and - Oxycodone via GT. <p>In an interview on 6/17/16 at 4:10 PM, E3 (RNAC) stated that the computer system does not recognize JT as a selected option, but nursing staff can type specific physician order information under the "Scheduled Note".</p> <p>During an interview findings were reviewed on 6/20/16 at 11:55 AM with E2 and E3. The facility failed to ensure R4's clinical record was accurately documented for the above 10 medications over a seven day period.</p>	F 514	<p>current route of administration (GT).</p> <p>2. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration . In conjunction with the programmers of the proprietary EMR system used at this facility, all access to order modifications that allowed "Scheduled Notes" for temporary order changes has been deactivated. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. Going forward, all temporary changes in Physician's Orders require that the current order be discontinued and a new order written, verified and signed by the MD. At the period at which a subsequent modification to the order is required, again the order will be discontinued, re-written to reflect he MD's order, verified and signed by the MD.</p> <p>3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Licensed Nurses will be in-serviced regarding the discontinuation of " Scheduled Notes" for temporary orders as the MAR (computer generated and not used at ECC for the delivery of medication) would only ever reflect the original MD order. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly</p>	

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F 514	Continued From page 14	F 514	<p>entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:</p> <ul style="list-style-type: none"> a. 3 per day for one week or until 100% compliance is achieved then b. 3 per week for one month or until 100% compliance is achieved then c. 3 per month for one quarter or until 100% compliance is achieved. <p>4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.</p>		



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: June 21, 2016

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>An unannounced annual survey was conducted at this facility from June 15, 2016 through June 21, 2016. The deficiencies contained in this report are based on observations, staff interviews, review of clinical records and facility policies. The facility census on the first day of the survey was 32. The survey sample included 6 (six) active phase 1 residents and phase 2 included 3 (three) active residents, 1 (one) closed record and 4 (four) subsampled residents. Of the subsampled residents, 2 (two) were included for family interviews only, so for the purposes of this survey, the sample size will be 12.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by: Cross-refer to CMS 2567-L survey date completed June 21, 2016: F281, F309, F314, F371, and F514.</p>	<p><i>Please see attached</i></p>	<p><i>8/16/16</i></p>

Provider's Signature *[Signature]* Title *Administrator* Date *7/12/2016*

The statements made on this Plan of Correction are not an admission to and does not constitute an agreement with the alleged deficiencies herein. The plan of Correction is prepared and/or executed solely because it is required by the provisions of both state and federal law.

F281

1. SSR14's Physician's Order for Keppra was corrected to include a route of administration through the GT.
2. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration.
3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:
 - a. 3 per day for one week or until 100% compliance is achieved then
 - b. 3 per week for one month or until 100% compliance is achieved then
 - c. 3 per month for one quarter or until 100% compliance is achieved.
4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.

F309

1. SSR13's Physician's Order for medication was corrected to include a route of administration through the GT. 1. R4's Physician's Order for medication

administration was corrected to reflect the current route of administration (GT).

2. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. In conjunction with the programmers of the proprietary EMR system used at this facility, all access to order modifications that allowed "Scheduled Notes" for temporary order changes has been deactivated. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. Going forward, all temporary changes in Physician's Orders require that the current order be discontinued and a new order written, verified and signed by the MD. At the period at which a subsequent modification to the order is required, again the order will be discontinued, re-written to reflect the MD's order, verified and signed by the MD.

3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Licensed Nurses will be in-serviced regarding the discontinuation of "Scheduled Notes" for temporary orders as the MAR (computer generated and not used at ECC for the delivery of medication) would only ever reflect the original MD order. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:
 - a. 3 per day for one week or until 100% compliance is achieved then
 - b. 3 per week for one month or until 100% compliance is achieved then
 - c. 3 per month for one quarter or until 100% compliance is achieved.

4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be

reported to the QA Committee for further recommendation.

F314

1. R1's wound has been assessed by the Wound Care Nurses, DON and MD whereas the current documentation is accurate and comprehensive. The Physician Order and Plan of Care has been changed to reflect the MD's current prescribed plan of care related to the Wound Care Protocol. A schedule of reassessment has been adopted consistent with guidelines in the RAI Manual.
2. All Children receive a comprehensive body system assessment every 12hrs including skin checks. All children have been assessed by the Wound Care Nurses and DON. Any changes have been reflected in the child's individual Physician's Orders and Plan of Care. The Pressure Ulcer Policy (NUR 6.10) has been updated to include immediate notification directly to Wound Care Nurses upon discovery of a wound, a documentation tool has been adopted to ensure timely assessment, and a weekly team rounding schedule has been created.
3. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the reporting of all wounds to the Wound Care Nurses in addition to creating an Incident Report to Administration. The in-service will include Facility Policies related to Assessment/Reassessment of a Resident with a Pressure Ulcer NUR__ and Pressure Ulcer Treatment Protocol NUR 6.10. Our routine q12hr skin audit of all children will be completed and all newly identified areas will be reported and reviewed by the Wound Care Nurses and DON. An audit of Physician's Orders and Plan of Care will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:

- a. All noted wounds per day for one week or until 100% compliance is achieved then
 - b. All noted wounds per week on-going
4. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.

F371

1. The three compartment sink was not used to wash dishes until the contracted vendor replaced the quaternary system on the evening of 6/15/16. All items were washed in the dishwasher that evening.
2. The vendor verified operation of the dispensing unit, replaced all test strips and certified the unit.
3. The Director of Nutritional Services (CDM Certified/RD), and /or designee will in-service all Food Service Staff regarding ServeSafe requirements. An audit of observations and testing will be completed by The Director of Nutritional Services and/or designee as follows:
 - c. Daily for one week or until 100% compliance is achieved then
 - d. 3 times per week or until 100% compliance is achieved then
 - e. Weekly for one month or until 100% compliance is achieved.
 - f. Monthly for 3 months or until 100% compliance is achieved.

Additionally, a Log for Recording concentrate ppm results at each fill will be created and utilized by staff responsible for use of the 3 compartment sink. Unacceptable Range results will be reported to DNS or NHA immediately.

4. The DNS will review the audit logs for completion and compliance, determining the

need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.

F514

F281

5. SSR14's Physician's Order for Keppra was corrected to include a route of administration through the GT.
6. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration.
7. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:
 - a. 3 per day for one week or until 100% compliance is achieved then
 - b. 3 per week for one month or until 100% compliance is achieved then
 - c. 3 per month for one quarter or until 100% compliance is achieved.
8. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.

F309

1. R4's Physician's Order for medication administration was corrected to reflect the current route of administration (GT).

1. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. In conjunction with the programmers of the proprietary EMR system used at this facility, all access to order modifications that allowed "Scheduled Notes" for temporary order changes has been deactivated. All current Physician's Orders for each child has been reviewed for accuracy related to route of administration. Going forward, all temporary changes in Physician's Orders require that the current order be discontinued and a new order written, verified and signed by the MD. At the period at which a subsequent modification to the order is required, again the order will be discontinued, re-written to reflect the MD's order, verified and signed by the MD.

2. The RN Staff and Family Educator (Staff Development) and /or designee will in-service all licensed nurses regarding the transcription of Physician's Order in the EMR to ensure route of administration is received. Licensed Nurses will be in-serviced regarding the discontinuation of "Scheduled Notes" for temporary orders as the MAR (computer generated and not used at ECC for the delivery of medication) would only ever reflect the original MD order. Newly entered orders will be verified by a second nurse, then physician again for accuracy. An audit of newly entered orders will be completed by the RN Staff and Family Educator, and/or licensed designee as follows:
 - d. 3 per day for one week or until 100% compliance is achieved then
 - e. 3 per week for one month or until 100% compliance is achieved then
 - f. 3 per month for one quarter or until 100% compliance is achieved.

3. The DON will review the audit logs for completion and compliance, determining the need for any adjustments in the schedule of audits. Findings will be reported to the QA Committee for further recommendation.