



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care Residents Protection

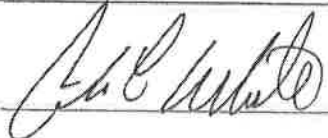
DHSS - DHCQ  
263 Chapman Road, Ste 200, Cambridge Bldg.  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: May 28, 2024

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>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual, complaint and emergency preparedness survey was conducted at this facility starting on May 21, 2024 and completed on May 28, 2024. The deficiencies contained in this report are based on observations, interviews and review of clinical records and other documentation as indicated. The facility census on the first day of the survey was 46 residents. The survey sample size was 26.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p><b>This requirement is not met as evidenced by:</b></p> <p>Cross Refer to the CMS 2567-L survey completed May 28, 2024: F600 and F641.</p>	<p>See F600 &amp; F641</p>	<p>06/20/2024</p>

Provider's Signature 

Title Executive Director

Date 06/25/2024

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

PRINTED: 06/27/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08A015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>EXCEPTIONAL CARE FOR CHILDREN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>11 INDEPENDENCE WAY NEWARK, DE 19713</b>		
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E 000	Initial Comments  An unannounced annual and complaint survey was conducted at this facility from May 21, 2024 through May 28, 2024. The facility census was 46 on the first day of the survey.  In accordance with 42 CFR 483.73, an Emergency Preparedness survey was also conducted by The Division of Health Care Quality, the Office of Long-Term Care Residents Protection at this facility during the same time period. Based on observations, interviews, and document review, no Emergency Preparedness deficiencies were identified.	E 000			
F 000	INITIAL COMMENTS  An unannounced annual and complaint survey was conducted at this facility starting on May 21, 2024 and completed on May 28, 2024. The deficiencies contained in this report are based on observations, interviews and review of clinical records and other documentation as indicated. The facility census on the first day of the survey was 46 residents. The survey sample size was 26.  Abbreviations/Definitions: CMS - Centers for Medicare and Medicaid Services CNA - Certified Nurse's Aide; DON - Director of Nursing; Megalencephaly-capillary malformation syndrome (MCAP) - disorder characterized by overgrowth of several tissues in the body. Its primary features are a large brain (megalencephaly) and abnormalities of small blood vessels in the skin called capillaries (capillary malformations). MDS - Minimum Data Set/federally mandated	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/14/2024

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 comprehensive, standardized, clinical assessment of all residents in Medicare/Medicaid nursing homes that evaluates functional capabilities and health needs; NHA - Nursing Home Administrator; Ombudsman - resident representative who investigates reported complaints and helps to achieve agreement between parties; Pulse Oximetry - measures blood oxygen saturation levels - desired range 94% to 100%; QAPI - Quality Assurance Performance Improvement; RAI - Resident Assessment Instrument; RN - Registered Nurse; RT - Respiratory Therapist; Tracheostomy - an opening made in the throat to assist breathing; Ventilator/Vent - machine designed to move breathable air into and out of the lungs for a patient who is physically unable to breathe.	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F 600			

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F 600	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of the clinical record and other documentation as indicated, it was determined that for one (R3) out of one resident reviewed for abuse, the facility failed to ensure that R3, a non-verbal, medically challenged dependent teenager, was free from physical and verbal abuse from a staff person on 9/9/23, which caused R3 to cry. Based on observations of staff interactions with R3 during the current survey, staff interviews, record review since the 9/9/23 incident and consideration of the reasonable person concept revealed that R3 did not have a psychosocial outcome. Review and verification of the facility's immediate actions and no further incidents, the facility was in substantial compliance as of 9/26/23. The 9/9/23 incident was past non-compliance. Findings include:</p> <p>R3's clinical record revealed:</p> <p>6/14/17 - R3 was admitted to the facility with diagnoses that included, but were not limited to, megalencephaly syndrome (chromosomal abnormality), chronic respiratory failure and tracheostomy.</p> <p>12/6/18 - R3 was care planned for communication deficit related to cognitive deficit and trach/vent dependent. Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- "patient is unable to communicate verbally. Monitor facial expressions and vital sign changes;</li> <li>- speak slowly and clearly and repeat PRN (as needed). Communicate at eye level; and</li> <li>- maintain eye contact when interacting with resident."</li> </ul>	F 600	Past noncompliance: no plan of correction required.		

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F 600	<p>Continued From page 3</p> <p>R3 was also care planned for significant and global developmental delays with severe intellectual disability.</p> <p>12/17/20 - R3 was care planned for behavioral symptoms, including hitting staff and throwing equipment and disconnecting self-off vent/pulse ox and tube feeds. Interventions included, but not limited to:</p> <ul style="list-style-type: none"> <li>- "avoid over-stimulation (e.g. noise, crowding, other aggressive residents);</li> <li>- maintain a calm environment and approach to the resident;</li> <li>- maintain a calm, slow, understandable approach with the resident;</li> <li>- patient cries to make needs known...;</li> <li>- redirect from inappropriate behavior. Provide re-orientation and cues PRN (as needed). Provide verbal reminders related to behaviors...;</li> <li>- when resident begins to become socially inappropriate/disruptive, provide comfort measures for basic needs (e.g. pain, hunger, toileting...)." </li> </ul> <p>8/11/23 - The quarterly MDS assessment documented that R3 had minimal difficulty hearing; was rarely/never understood; sometimes understands - responds adequately to simple, direct communication only; had adequate vision; and was severely impaired for daily decision making.</p> <p>9/9/23 - The facility's incident report documented that approximately 2:30 PM while the CNA (E9) was in the resident's bathroom, she reported hurting (sic) a slap noise while [E10, RT] was in the room with the patient [R3]... The CNA exited the bathroom, and noted the child was crying. The CNA asked the [E10] if everything was ok, to</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>which the [E10] replied the patient tried hitting her. [E10] has been placed on Administrative Leave, pending investigation.</p> <p>9/9/23 (untimed) - During an interview with E1 (NHA) and E2 (DON), E10's verbal statement was documented by E1 (NHA) as follows: "[E1]: [E10, RT] Can you share what happened with you and [R3] today? [E10]: While I was in her room this afternoon [R3] hit me. [E1]: Where did she hit you? [E10]: On my leg. [E1]: Did you touch [R3] at all after she hit you? [E10]: I swatted her away from me. [E1]: Can you please demonstrate? [E10]: Demonstrated on [E1's] arm a pushing away motion to the lower left arm. [E1]: Did you say anything to her? [E10]: I told her to stop hitting. [E1]: Is there anything else you would like to share? [E10]: No. At the conclusion of the interview, [E10] was asked to prepare a written statement and to forward that statement to the DON (E2) and Executive Director (E1)."</p> <p>9/9/23 at 5:42 PM - A nurse's note documented, "Spoke with patients [F1, family member] at 1730 (5:30 PM). Informed [F1] of patient's interactions of the day. Patient is currently at her baseline, happy and playing quietly."</p> <p>9/9/23 at 5:53 PM - A nurse's note documented, "This nurse performed a skin check around 1530 (3:30 PM) and 1730 (5:30 PM) per administration. No bruises, red marks or open areas noted. Patient is currently in room watching tv, smiling</p>	F 600			

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F 600	<p>Continued From page 5 and neuro status per baseline... MD (Medical Doctor) on call made aware."</p> <p>9/9/23 at 7:05 PM - An emailed statement from E9 (CNA) to E1 (NHA) documented, "Today around 2-3 pm I walked into [R3's] bathroom to document on her clipboard as [E10, RT] did her treatment. I heard commotion as she continued to talk to her in an unprofessional manner. I then intervned and asked her if everything was okay, when she then stated that [R3] is bad and is always swatting at somebody."</p> <p>9/10/23 at 11:21 AM - A nurse's note documented, "Skin assessment performed. Skin clean, dry and intact. No bruises or open areas noted..."</p> <p>9/11/23 - The facility submitted a five-day follow-up to the State Agency: "On 09/09/23 it was reported by [E9, CNA] that at approximately 14:25 (2:25 PM) she heard "commotion" in [R3's] room, while she was in that patients bathroom. [E9] further stated that she could hear [E10, RT] speaking in a (sic) unprofessional manner towards the patient. [E9] left the bathroom to check on the patient and [E10] in the room. [E9] asked [E10] if everything was ok, to which she stated [E10] told her that [R3] had swatted at her. [E9] reported this incident to the charge nurse and [E10] was placed on administrative leave pending investigation. During an interview conducted with [E10] by the [E1, NHA] and [E2, DON] she admitted to "swatting" [R3] after she had struck [E10], and stated that she told [R3] to "Stop Hitting." A review of the video camera footage was conducted by the NHA and DON on 09/09/2023... shows the child sitting on the floor, which [E10] is straightening up items behind the</p>	F 600			

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F 600	<p>Continued From page 6</p> <p>child in room [XXX]. At approximately 14:23 (2:23 PM) something occurs to which [R3] makes a motion towards [E10]. [E10] pushes her away, then makes a slapping motion toward the child's left lower arm telling her to stop hitting. At which point [E9] is observed walking out of the bathroom into the room to check on the situation. At this point [E10] begins explaining to [E9] that [R3] had hit her. Actions taken:</p> <ul style="list-style-type: none"> <li>- [E10, RT] was placed on Administrative Leave on 09/09/2023;</li> <li>- Incident was initially reported to DHS (Department of Health Services/State Agency) on 09/09/2023;</li> <li>- Resident was assessed for injury on 09/09/2023 and [F1, family member]/physician were notified. No bruising was noted after the incident on 09/09 or on 09/10;</li> <li>- [Name of] Police were contacted on 09/11/2023 Report #[YY-YY-YYYYY];</li> <li>- [S1's name], Ombudsman notified on 09/11/2023.</li> </ul> <p>Conclusion: In this writer's opinion, Resident Abuse occurred. The first motion by [E10, RT] was not abusive and looked reactionary and as move to protect herself, the second motion where [E10] "swatted/slapped" [R3] on the left arm was "Abusive" in my opinion. It is recommended that the employee be terminated, and that this incident be reported to her professional licensing board."</p> <p>9/11/23 at 3:15 PM - E10's (RT) written statement emailed to E1 (NHA) was as follows: "... my account of the alleged incident involving Resident [initials of R3] on 9/9/23 ... On the day in question, I wheeled [initials of R3] in her gait trainer to her room for her respiratory treatment. After situating herself nicely on the mat in her</p>	F 600		



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F 600	<p>Continued From page 7</p> <p>room, she began to hit me multiple times as she often does out of anger for being led from the living room. Because of this ongoing negative behavior, I have had to become a little creative in coming up with ways to distract her to redirect her physical behavior. I have danced, sung to her, given her hand or foot massages, and played the... or shoe toss back and forth. On this day however her hitting was exceptionally worse than usual. I found myself having to block shots with my arms and even caught her arm a couple of times mid swing placing it on her lap while sternly saying that we do not hit. My correction and not allowing myself to be hit seemed to anger her more, so as I waited for the treatment to finish, I sang to the video and waved my arm back and forth to prevent her from raising her hand and striking me. As I stated, there was light contact. It came from the backswing of a wave and my fingertips barely touched her left arm. It's possible that the combination of all the above with the light touch and stern correction hurt her feelings, which is why when charge asked about anything occurring, I had no idea why she would be crying. This behavior is more the rule than the exception and occurs regularly. Though there was no deliberation, and the vantage point of the reporter did not give a clear view of the event, I am in 100% agreement with the report to preserve the rights of the resident, even at my expense. I trust that the combination of the video and this account will be what is needed to clear myself...".</p> <p>9/12/23 - The facility's QAPI Committee reviewed the 9/9/23 staff to resident abuse incident.</p> <p>9/26/23 - E1 (NHA) provided evidence that staff were educated on this day about abuse incident and the importance of reporting during the</p>	F 600			

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F 600	Continued From page 8 general staff meeting.  Review of the facility's surveillance footage provided to the State Agency revealed: - at 14:23:31 (hour:minute:second), R3 turns her head to left, with left hand swatted/hit E10's (RT) left lower leg. R3's right back hand covering mouth. E10 swats at R3's left hand while stepping back and bending down to R3's face and says, "Stop it. Don't you hit." E10 appears to grab the left lower arm of R3 with her right gloved hand and pushed R3's left lower arm down to the floormat while pointing with her finger and stating, "Put your hand down. Put it down. Put it down. We're not playing that." ... RT stated, "You need some manners girl" while standing behind R3 working with the medical equipment. - at 14:23:46, E9 (CNA) asked E10 if everything was okay. E10 said, "I'm hollering at her because she hit me. I'm tired of her hitting me. She knows better. She knows exactly what she is doing. That's what I do with my kids yell at them." - at 14:25:00, R3 turns head to left and E10 said, "You better stop looking around behind you. You hit me that's it." E10 was bent over behind R3 and continues to organize medical equipment. E10 stated, "You better knock it off girl." R3 was stilled turned to the left where E10 was bent over. - at 14:25:17, E10 responds, "Turn around I'm not doing anything to you." - at 14:25:36, E10 said, "Turn around and watch the show" while pointing her finger toward the TV. R3 was watching E10. E10 responds, "I'm fixing things turn around. Cry all you want. I don't care. You hit me. You're in trouble." - at 14:25:56, R3 reached out with left hand and E10 pushed it away. Video ended at 14:26:04. *14:00 = 2:00 PM	F 600			

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F 600	Continued From page 9  5/24/24 at 11:02 AM - During an interview, E11 (RN) confirmed that she was the charge nurse on 9/9/23. E11 stated that E9 (CNA) said that she was in the bathroom and she heard the [E10, RT] say "R3's name stop." E11 stated that E9 told her that she heard what it sounded like a slap and when E9 looked over at R3 she was crying. E11 stated that when R3 cries the resident exhibits facial redness, no tears. When R3 was angry, the resident will put out her trach, throw things around her and/or she will hit you. When she grabs or hits you the resident is trying to communicate something she wants. E11 stated that R3 has had the grabbing/hitting behavior before this incident. E11 stated that R3 can't communicate and can't understand why she can't have things when she wants it. E11 stated that it is acceptable to tell her to stop hitting. However, E11 stated it was not acceptable at the facility to hit any child or yell at a child. E11 stated that she requested E10 (RT) to leave the patient floor and immediately checked on R3. E11 stated that upon her assessment, R3 was completely as baseline and performed a skin check with no injuries or signs of pain. E11 stated that R3 would exhibit pain by crying with mouth wide open/no noise. E11 stated that R3 appeared happy as she was clapping while watching her favorite movie, Frozen. E11 immediately notified E2 (DON) and remembered that E1 (NHA) and E2 (DON) arrived at the facility "super quick" to review the surveillance camera footage. E11 also stated that she notified the physician.  5/24/24 at 12:45 PM - During an interview, E12 (RN) confirmed that she was R3's assigned nurse on 9/9/23 during the incident. E12 stated that she went into R3's room to administer medications	F 600			

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F 600	<p>Continued From page 10</p> <p>and the charge nurse (E11) came into the room informing her of the incident and performed a full body skin assessment. E12 stated that on that day R3 was more agitated than usual right from the beginning of the shift. E12 stated that this usually happened on weekends when R3 was not in a structured environment. When asked if R3 was acting any different after the incident, E12 (RN) stated "No. I would not have known had I not been told about the incident."</p> <p>5/24/24 at 12:56 PM - Surveyor left voicemail for E10 (RT) and as of 5/28/24 at 8:38 AM, no return call was received.</p> <p>5/28/24 at 10:15 AM - During an interview, E1 (NHA) stated that E10 was immediately suspended on 9/9/23 pending the investigation. E10 never returned to the facility and was terminated on 9/13/23 by phone. E1 stated that QAPI Committee reviewed the incident and staff were in-serviced for abuse prevention on 9/26/23. When asked if there have been any abuse incidents since 9/9/23, E1 stated no. When asked how you assure retaliation does not occur when staff report an allegation of abuse, E1 stated that in this case he wrote a letter to E9 stating how she did the right thing for reporting it. E1 stated that he encourages staff to report and educates staff by using a real life example of an allegation of abuse that occurred in the past at another facility. E1 stated that he tells his staff to trust the process.</p> <p>5/28/24 at 11:27 AM - During an interview, E2 (DON) confirmed that she was notified by E11 (RN/Charge Nurse) and E10 was removed from patient care and suspended then terminated. When asked if any medical interventions were</p>	F 600		

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F 600	Continued From page 11 done, E2 stated no medical interventions were required. R3 was back to baseline with no noted changes. E2 stated that R3 had behaviors of swatting/hitting prior to and after the 9/9/23 incident.  Verification of the facility's immediate actions taken after the 9/9/23 incident included: - suspended E10 (RT) on 9/9/23 and then terminated on 9/13/23; - assessed R1 after incident and continued to monitor; - notified F1 (R1's representative) and the Physician on 9/9/23; - other residents were assessed by nursing on 9/9/24 and 9/10/24; - conducted a facility investigation and maintained evidence; - conducted a QAPI Committee review on 9/12/23; - reported incident to the State Agency, Ombudsman's Office, local law enforcement and Delaware Professional Regulations Agency; and - in-serviced all staff regarding the facility's abuse policy and reporting on 9/26/23. The facility was in substantial compliance as of 9/26/23.  5/28/24 at 2:00 PM - Findings were reviewed with E1 (NHA), E2 (DON), E4 (Medical Director) and a representative from the Ombudsman's Office.	F 600			
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced	F 641		6/20/24	

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F 641	<p>Continued From page 12</p> <p>by: Based on record review and interview, it was determined that for four (R3, R21, R28, R33) out of eight residents reviewed for resident assessments, the facility failed to accurately report the resident's status. Findings include:</p> <p>According to the CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) Version 3.0 Manual, October 2023, page A-20, under A1005 Ethnicity and A1010 Race, the "Steps for Assessment: Interview Instructions... 2. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative... 4. Respondents should be offered the option of selecting one or more ethnic [and racial] designations... 5. Only use medical record documentation to code A1005, Ethnicity [and A1010 Ethnicity] if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item... Code X, Resident unable to respond: if the resident is unable to respond. In cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical record documentation, check all boxes that apply, including X. Resident is unable to respond...".</p> <p>1. R3's clinical record revealed:</p> <p>4/30/24 - E7 (MD) documented in the Physician Medical Update letter that R3 was "nonverbal" and "had significant and global developmental delays with severe intellectual disability."</p>	F 641	<p>F641 Accuracy of Assessments</p> <p>CFR(s): 483.20(g)</p> <p>Goal: To ensure that resident assessments accurately reflect the resident's status, regarding race, ethnicity and anticoagulant use.</p> <p>Residents R3, R21, R28, and R33 MDS sections A1005 and A1010 have been corrected to accurately reflect resident race and ethnicity in accordance to Version 3.0 of the Resident Assessment Manual. For resident R33, MDS section N0415E has been corrected removing anticoagulant use, in accordance with Version 3.0 of the Resident Assessment Manual.</p> <p>Like Residents will be identified by reviewing MDS's that were completed in the last 90 days, they will be reviewed to ensure that race, ethnicity and high-risk drugs were coded correctly. Inaccuracies identified will be corrected and submitted during the residents' next quarterly assessment.</p> <p>The RN Clinical Specialist/Educator educated the Registered Nurse Assessment Coordinator on 06/13/2024 regarding appropriately coding race, ethnicity and high-risk drugs, in accordance with Version 3.0 of the Resident Assessment Manual.</p>		

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F 641	<p>Continued From page 13</p> <p>5/13/24 - R3's annual MDS (Minimum Data Set) assessment documented in Section A under A1005 Ethnicity, "X. Resident unable to respond" and under A1010 Race, "X. Resident unable to respond." The MDS documentation failed to provide any other information regarding R3's ethnicity or race.</p> <p>5/24/24 - Review of R3's facesheet demographics revealed that R3's race was "white."</p> <p>2. R21's clinical record revealed:</p> <p>3/14/24 - E6 (MD) documented in the Physician Medical Update letter that R21 was "nonverbal" and "globally delayed with severe intellectual disability."</p> <p>4/21/24 - R21's quarterly MDS assessment documented in Section A under A1005 Ethnicity, "X. Resident unable to respond" and under A1010 Race, "X. Resident unable to respond."</p> <p>5/24/24 - Review of R21's facesheet demographics revealed that R21's race was "black or African American."</p> <p>3. R28's clinical record revealed:</p> <p>2/29/24 - E5 (MD) documented in the Physician Medical Update letter that R28 was "nonverbal" and had "global developmental delays."</p> <p>4/13/24 - R28's quarterly MDS assessment documented in Section A under A1005 Ethnicity, "X. Resident unable to respond" and under A1010 Race, "X. Resident unable to respond."</p> <p>5/23/24 - During an interview, E8 (RN) stated that</p>	F 641	<p>The Director of Nursing or designee will conduct at least two audits over the next six months to ensure MDSs are accurately coded regarding race, ethnicity and high-risk drugs in accordance with Version 3.0 of the Resident Assessment Manual. The sample for each audit will include at least 25% of the resident population. The Director of Nursing or designee will report to the facility quality assurance committee any non-compliance issues for analysis and correction as necessary.</p>		

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F 641	<p>Continued From page 14</p> <p>R28 "was of Middle Eastern descent but was not sure what country his family comes from. His (family member) speaks Arabic."</p> <p>5/24/24 - Review of R28's facesheet demographics revealed that the section on race and ethnicity were not completed.</p> <p>4. R33's clinical record revealed:</p> <p>11/8/23 - E6 (MD) documented in the Physician Medical Update letter that R33 was "nonverbal... with severe intellectual disability."</p> <p>4/19/24 - R33's quarterly MDS assessment documented in Section A under A1005 Ethnicity, "X. Resident unable to respond" and under A1010 Race, "X. Resident unable to respond."</p> <p>5/24/24 - Review of R21's facesheet demographics revealed that R21's race was "Hispanic, Latino and/or Spanish origin."</p> <p>5/28/24 12:04 PM - During an interview, E3 (ADON) stated, "The reason that I don't document race or ethnicity is that it is an interview question and most of our residents are not interviewable."</p> <p>The facility failed to ensure that each residents' MDS assessment accurately reflected the residents' status with respect to ethnicity and race.</p> <p>5. According to the CMS RAI Version 3.0 Manual, October 2023, page N-9, "Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E,</p>	F 641			



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F 641	<p>Continued From page 15</p> <p>Anticoagulants. Do not code flushes to keep an IV access port patent."</p> <p>R33's clinical record revealed:</p> <p>3/23/24 - E6 (MD) ordered in R33's electronic medical record (EMR), "Heparin lock flush (porcine) 10 units/ml (milliliters) 5 ml IV (intravenous) once a day. DX (diagnosis)... management of vascular access device."</p> <p>4/19/24 - R33's quarterly MDS assessment documented in Section N under N4015 High Risk Drug Classes - Uses &amp; Indications that R33 was ordered "E. Anticoagulants...".</p> <p>5/24/24 - Review of R33's active physician orders revealed no evidence of any anticoagulants ordered for R33.</p> <p>The facility failed to accurately code R33's 4/19/24 quarterly MDS assessment with respect to anticoagulant use.</p> <p>5/28/24 at 2:00 PM - Findings were reviewed with E1 (NHA), E2 (DON), E4 (Medical Director) and a representative from the Ombudsman's Office.</p>	F 641			