

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

PRINTED: 10/12/2018  
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>09/17/2018</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>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced annual and emergency preparedness survey was conducted at this facility from September 10, 2018 through September 17, 2018. 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 37. The survey sample included 6 (six) active phase 1 residents and phase 2 included 3 (three) active residents, 1 (one) closed record, and 2 (two) subsampled residents. The subsampled residents 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: Benik hand splint - type of apparatus used to keep the hand from moving and to protect it from any further damage; Bilateral - both sides; Cerebral Palsy - a group of permanent movement disorders that appear in early childhood; symptoms may include poor coordination, stiff muscles, weak muscles and tremors. There may be problems with sensation, vision, hearing, swallowing and speaking; Chronic respiratory failure - a long-term condition that happens when your lungs cannot get enough oxygen into your blood; CNA - Certified Nurse's Aide; Comfy hand splints - type of hand splints; Contractures - a permanent shortening of a muscle or joint; DON - Director of Nursing; NHA - Nursing Home Administrator; Posey hand rolls - designed specifically for</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**10/05/2018**

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 patients with hand contractures. Prevents skin breakdown in the palm region and contours to the shape of the patient's hand and prevents full hand contraction; Quadriplegia - paralysis caused by illness or injury that results in the partial or total loss of use of all four limbs and torso; RN - Registered Nurse; RNAC - Registered Nurse Assessment Coordinator.	F 000			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the	F 657		10/31/18	

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F 657	<p>Continued From page 2 comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews it was determined that the facility failed to revise the care plan to reflect current resident's needs for two (R8 and R9) out of 12 sampled residents. Findings include:</p> <p>1. R8's clinical record revealed the following physician's orders:</p> <p>12/20/17 - Left, Comfy hand splint to be worn 3 hours on, then 1 hour off throughout the night.</p> <p>12/21/17 - Bilateral Benik hand splints to be worn 3 hours on, then 1 hour off throughout the day.</p> <p>Review of R8's comprehensive care plan, effective date 9/17/18, failed to be revised to reflect use of the above mentioned hand splints.</p> <p>9/17/18 approximately 3:55 PM - In an interview, E3 (RNAC) confirmed that R8's care plan failed to reflect the use of the hand splints.</p> <p>9/17/18 approximately 5:45 PM - Findings were reviewed with E1 (NHA) and E2 (DON).</p> <p>2. R9's clinical record revealed the following physician's orders:</p> <p>10/8/15 - Bilateral hand splints 2 hours on 2 hours off during waking hours.</p> <p>10/12/15 - Bilateral elbow splints 4 hours on 2 hours off at night.</p>	F 657	<p>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.</p> <p>F 657</p> <p>1. Resident # 8 and Resident #9 care plans have been updated to include the use of splints.</p> <p>2. All resident's care plans have been reviewed and updated to include the use of appliances and devices including, not limited to, splints.</p> <p>3. Care plans for appliances and devices will be developed upon admission and/or upon start of a physician's order, and with changes for use, by the RNAC. The interdisciplinary team will review care plans quarterly, at a minimum, to ensure that are comprehensive.</p> <p>4. All appliance/device utilization care plans will be reviewed by DON, ADON, or designee quarterly to ensure completeness and will continue until 100% compliance is maintained. Results will be submitted to QAPI Committee for further recommendations.</p>		

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F 657	Continued From page 3 Review of R9's comprehensive care plan, effective date 9/17/18, failed to be revised to reflect use of the above mentioned hand and elbow splints.  9/17/18 approximately 3:55 PM - In an interview, E3 (RNAC) confirmed that R9's care plan failed to reflect the use of the hand splints.  9/17/18 approximately 5:45 PM - Findings were reviewed with E1 (NHA) and E2 (DON).	F 657			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview it was determined that the facility failed to ensure that a resident with limited range of motion receives appropriate treatment and	F 688	F688 1. Resident #5 was issued new bilateral hand-rolls following an OTR evaluation. Resident #8 was assessed by OTR for	10/31/18	

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F 688	<p>Continued From page 4</p> <p>services to increase range of motion and/or to prevent further decrease in range of motion for two (R5 and R8) out of 12 sampled residents. Findings include:</p> <p>1. Review of R5's clinical record revealed the following:</p> <p>5/8/04 - R5 was originally admitted to the facility with diagnoses that included chronic respiratory failure, contractures and quadriplegia.</p> <p>2/7/17 - A physician's order stated bilateral Posey hand rolls to be worn at all times with removal only for care.</p> <p>7/24/18 - A Physician's Medical Update Letter stated R5 has multiple joint contractures and equipment needs included bilateral Posey hand rolls.</p> <p>The following observations were made of R5:</p> <p>9/10/18 12:50 PM - R5 was lying in bed and did not have any Posey hand rolls in place.</p> <p>9/11/18 9:50 AM - R5 was in bed with no Posey hand rolls in place.</p> <p>9/11/18 4:20 PM - R5 lying in bed with a Posey hand roll in place only in the right hand.</p> <p>9/13/18 11:15 AM and 1:15 PM - R5 was observed lying in bed with no Posey hand rolls in place.</p> <p>9/13/18 2:17 PM - R5 observed seated in a wheelchair wearing only a right Posey hand roll.</p>	F 688	<p>continued Benik hand splints.</p> <p>2. All residents with appliances and devices issued will be audited by OTR or designee for availability and wear schedule per physician's order.</p> <p>3. Appliances and Devices for all residents will be signed off on CNA daily documentation per shift to ensure wear schedule as per physician's order. Deviation from the schedule will require the CNA to notify the child's nurse for intervention (ie. OTR assessment required for fit or wear, alternative device required, soiled, etc.).</p> <p>4. OTR or designee, 5x per week for 2 weeks, then 2x per week for 2 weeks followed by weekly and ongoing, will conduct an audit for each resident's wear schedule of appliances/devices per MD order. Results will be forwarded to the QAPI Committee for further recommendations.</p>		

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F 688	<p>Continued From page 5</p> <p>The facility failed to ensure that R5, who had limited range of motion due to contractures, received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>9/17/18 approximately 5:45 PM - During an interview, findings were reviewed with E1 (NHA) and E2 (DON).</p> <p>2. Review of R8's clinical record revealed the following:</p> <p>6/19/12 - R8 was originally admitted to the facility with diagnoses that included cerebral palsy and quadriplegia.</p> <p>12/21/17 - A physician's order stated bilateral Benik hand splints to be worn 3 hours on 1 hour off throughout the day.</p> <p>9/17/18 - R8 was observed at 12:14 PM, 1:12 PM, 1:30 PM, 1:45 PM, and 3:15 PM not wearing bilateral Benik hand splints.</p> <p>9/17/18 approximately 3:55 PM - During an interview, E3 (RNAC) stated that according to R8's CNA it was overlooked.</p> <p>9/17/18 approximately 5:45 PM - Findings were reviewed with E1 (NHA) and E2 (DON).</p>	F 688			

**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

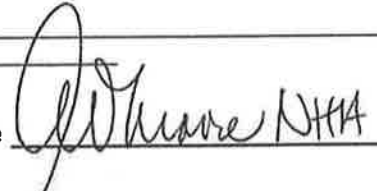
DHSS - DELCRRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: September 17, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1</p> <p>3201.1.2</p>	<p><b>The State Report incorporates by references and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced annual and emergency preparedness survey was conducted at this facility from September 10, 2018 through September 17, 2018. 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 37. The survey sample included 6 (six) active phase 1 residents and phase 2 included 3 (three) active residents, 1 (one) closed record, and 2 (two) subsampled residents. The subsampled residents were included for family interviews only, so for the purposes of this survey, the sample size will be 12.</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>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.</p> <p>F 657</p> <ol style="list-style-type: none"> <li>1. Resident # 8 and Resident #9 care plans have been updated to include the use of splints.</li> <li>2. All resident's care plans have been reviewed and updated to include the use of appliances and devices including, not limited to, splints.</li> <li>3. Care plans for appliances and devices will be developed upon admission and/or upon start of a physician's order, and with changes for use, by the RNAC. The interdisciplinary team will review care plans quarterly, at a minimum, to ensure that are comprehensive.</li> <li>4. All appliance/device utilization care plans will be reviewed by DON, ADON, or designee quarterly to ensure completeness and will continue until 100% compliance is maintained. Results will be submitted to QAPI Committee for further recommendations.</li> </ol>	<p>10/31/18</p>

Provider's Signature  Title Administrator Date 10/5/18

**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: September 17, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p><b>This requirement is not met as evidenced by the following:</b> Cross Refer to the CMS 2567-L survey completed September 17, 2018: F657, and F688.</p>	<p>F688</p> <ol style="list-style-type: none"> <li>1. Resident #5 was issued new bilateral hand-rolls following an OTR evaluation. Resident #8 was assessed by OTR for continued Benik hand splints.</li> <li>2. All residents with appliances and devices issued will be audited by OTR or designee for availability and wear schedule per physician's order.</li> <li>3. Appliances and Devices for all residents will be signed off on CNA daily documentation per shift to ensure wear schedule as per physician's order. Deviation from the schedule will require the CNA to notify the child's nurse for intervention (ie. OTR assessment required for fit or wear, alternative device required, soiled, etc.).</li> <li>4. OTR or designee, 5x per week for 2 weeks, then 2x per week for 2 weeks followed by weekly and ongoing, will conduct an audit for each resident's wear schedule of appliances/devices per MD order. Results will be forwarded to the QAPI Committee for further recommendations.</li> </ol>	<p>10/31/18</p>

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