



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality
Office of Long Term Care Residents Protection

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

STATE SURVEY REPORT

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: June 17, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
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<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p> <p>3210</p> <p>3210.6.0</p>	<p>An unannounced Complaint Survey was conducted at this facility from May 30, 2024 through June 17, 2024. The deficiencies contained in this report are based on observations, interviews and review of clinical records. The facility census on the first day of the survey was forty-five (45). The survey sample size was three (3) residents.</p> <p>Regulations for Skilled and Intermediate Care Nursing 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:</p> <p>Cross Refer to the CMS 2567-L survey completed June 17, 2024: F712</p> <p>Nursing Home and Pediatric Residents</p> <p>Medical Services</p>	
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Provider's Signature  Title Executive Director Date 08/07/2024



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3210.6.5	<p>The licensee through licensed healthcare professionals shall ensure complete physical assessments are performed on pediatric residents.</p> <p>Based on record review and interviews for one (R1) out of three residents reviewed it was determined that the facility failed to have an RN (Registered Nurse) document a complete assessment upon R1's readmission to the facility. Findings include:</p> <p>12/28/24 – R1 admitted to the facility.</p> <p>4/24/24 – R1 was admitted to a hospital for a surgical procedure.</p> <p>5/14/24 2:00 PM – R1 was readmitted to the facility.</p> <p>5/14/24 2:09 PM – E4 (LPN) documented in a progress note in R1's EMR (electronic medical record) assessments on R1's respiratory and skin. The note also included the care provided at the hospital, notification of the family and the physical therapy department of R1's return.</p> <p>5/15/23 5:32 PM – E5 (RN) documented in a progress note in R1's EMR regarding "new orders from hospital stay verified by MD (medical doctor)."</p> <p>Review of R1's progress notes from 5/14/24 through 5/26/24 reveal no evidence of a complete physical assessment that was performed by either a primary care provider (PCP) or a primary care nurse (PCN) as required by state regulations.</p> <p>6/4/24 1:25 PM – During a telephone interview, E4 (LPN) confirmed that she was the "car-</p>	<p style="text-align: right;">08/07/2024</p> <p>It is the policy of the facility through licensed healthcare professionals complete physical assessments on pediatric residents.</p> <p>Resident #R1 was discharged prior to survey.</p> <p>An audit will be conducted reviewing admissions and readmission from 06/01/2024 – 06/30/2024 to identify like residents.</p> <p>The assessment policy has been revised to state that admission and readmission assessments are to be completed by a registered nurse. Nurses have been educated on this revision.</p> <p>Admission and Readmission assessments will be monitored by the rounding nurse to assure assessments are documented on the resident's electronic medical record by a registered nurse.</p> <p>The Director of Nursing or designee will audit admissions and readmissions on a Quarterly basis, auditing at least 33.3% of resident charts quarterly for at least three quarters. Reporting to the facility quality assurance committee on a quarterly basis any non-compliance issues for analysis and correction as necessary.</p>

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	<p>ing/bedside nurse for R22 on the 5/14/24 admission. The RN did it. She verified the meds (medications) with the doctor and put R1 back in the system. I am pretty sure that she did a head to toe assessment."</p>	
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Provider's Signature

Title Executive Director

Date 08/07/2024

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

PRINTED: 07/09/2024
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 C 06/17/2024
NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL CARE FOR CHILDREN			STREET ADDRESS, CITY, STATE, ZIP CODE 11 INDEPENDENCE WAY NEWARK, DE 19713		
(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	INITIAL COMMENTS An unannounced Complaint Survey was conducted at this facility from May 30, 2024 through June 17, 2024. The deficiencies contained in this report are based on observations, interviews and review of clinical records. The facility census on the first day of the survey was forty-five (45). The survey sample size was three (3) residents.	F 000			
F 712 SS=D	ADON Assistant Director of Nursing; Health Appraisal Visit - physician visit; NHA - Nursing Home Administrator Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced	F 712		7/3/24	

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

TITLE

(X6) DATE

Electronically Signed

07/01/2024

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 712	Continued From page 1 by: Based on record review and interview, it was determined that for three (R1, R2 and R3) out of three residents reviewed for hospitalization, the facility failed to ensure that the physician conducted the required visits. Findings include: 1. Review of R1's clinical record revealed: 12/28/24 - R1 was admitted to the facility to the facility. 12/28/24 - R1 was examined by a physician and a Health Appraisal Visit documented the encounter in the electronic medical record (EMR). 4/10/24 - R1 was examined by a physician and a Health Appraisal Visit documented the encounter in the EMR. R1 went 104 days between physician visits. During the first 90 days of an admission to a skilled nursing facility, by regulation a patient must be examined every 30 days. 2. Review of R2's clinical record revealed: 5/1/18 - Admission to the facility. 7/25/23 - R2 was examined by the physician and a Health Appraisal Visit documented the encounter in the EMR. 11/14/23 - R2 was examined by the physician and a Health Appraisal Visit documented the encounter in the EMR. R2 went 112 days between physician visits instead of the 60 days as required.	F 712	F712 Physician Visits – Frequency / Timeliness CFR(s): 483.30(c) (1)-(4) It is the practice of the facility to ensure that children are seen by a physician at least once every 30 days for the first 90 days after admission and, and at least once every 60 thereafter. Resident #R1 was discharged prior to survey. Resident #R2 was seen by their physician on 06/11/2024, prior to survey exit. Resident #R3 was seen by their physician on 06/04/2024, prior to survey exit. Like residents will be identified by an audit of physician visits uploaded into the electronic medical record. This audit will be conducted by the physician rounding nurse or designee. A physician visit schedule/log will be developed to ensure timely physician visits occur in accordance with facility policy and procedure during the next quarter and going forward. Physician visits will be tracked on the physician visit log to assure timely visits are documented on the resident's electronic medical record. The Physician and Physician Rounding Nurse will be Educated by the Director of Nursing on timely physician visits in accordance with facility policy and procedure.		

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F 712	Continued From page 2 3/4/24 - R2 was examined by a physician and a Health Appraisal Visit documented the encounter in the EMR. R2 went 112 days between physician visits instead of the 60 days as required. 3. Review of R3's clinical record revealed: 7/18/23 - R3 was admitted to the facility. 10/31/23 - R3 was examined by a physician and a Health Appraisal Visit documented the encounter in the EMR. R3 went 105 days between physician visits. During the first 90 days of an admission to a skilled nursing facility, by regulation a patient must be examined every 30 days. 2/13/24 - R3 was examined by a physician and a Health Appraisal Visit documented the encounter in the EMR. 6/4/24 - R3 was examined by a physician and a Health Appraisal Visit documented the encounter in the EMR. R2 went 111 days between physician visits instead of the 60 days as required. 4/17/24 approximately 1:00 PM - During an interview with E3 (Quality Assurance/Infection Control Nurse) it was revealed that the physician visits occur with the quarterly assessments and a physicians' group round on residents once a week. When asked if the facility had evidence that the physicians' group see and examine each	F 712	The Director of Nursing or designee will audit for timely physician visits on a Quarterly basis, The facility will audit 33% every three months until reaching 100% compliance. Then, at six months until 100% compliance, then nine months until 100% compliance. Then one year until 100% compliance. Reporting to the facility quality assurance committee on a quarterly basis any non-compliance issues for analysis and correction as necessary.		

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F 712	Continued From page 3 resident every every 60 days, E3 stated that all residents were seen quarterly but the physicians group rounds on residents that are sick and or require a visit by the physicians group. 6/17/24 at 2:20 PM - During an exit conference findings were reviewed with E1 (NHA) and E2 (ADON).	F 712			