



**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**

Page 1 of 3

**NAME OF FACILITY:** Exceptional Care for Children

**DATE SURVEY COMPLETED:** May 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Annual Survey was conducted at this facility from April 29, 2025, through May 1, 2025. The deficiencies contained in this report are based on observations, interviews and review of records. The facility census on the first day of the survey was forty-four (44). The survey sample size was seven (7) residents.</p>		
3201	<b>Regulations for Skilled and Intermediate Care Nursing Facilities</b>		
3201.1.0	<b>Scope</b>		
3201.1.2	<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 May 1, 2025: F812.</p> <p>Abbreviations/definitions used in this state report as follows:</p> <p>CDC - Centers for Disease Control; CNA - Certified Nurse Assistant;</p>		

Provider's Signature

Title Executive Director

Date 05/16/2025



**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**

Page 2 of 3

NAME OF FACILITY: Exceptional Care for Children

DATE SURVEY COMPLETED: May 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201.6.0	DON - Assistant Director of Nursing; HRD - Human Resources Director; IGRA - Interferon Gamma Release Assay or TB blood test; Mycobacterium Tuberculosis - the bacteria that causes Tuberculosis; NHA - Nursing Home Administrator; Quantiferon - TB blood test; TB - tuberculosis OR tubercle bacillus.  <b>Services to Residents</b>	<b>3201.6.9.2.4</b> <b>Minimum requirements for pre- employment tuberculosis (TB) testing</b>  It is the practice of the facility to have a base line two step tu-berculin skin test (TST) or single Interferon Gamma Release Assay for new employees.	05/22/2025
3201.6.9	<b>Specific Requirements for Tuberculosis</b>	The affected employee received her first step PPD on 4/29/25 with negative results on 5/1/25. Step Two of the TST will be administered within 1-3 weeks, completing the full testing process.	
3201.6.9.2.4	<b>Minimum requirements for pre-employ- ment tuberculosis (TB) testing require all employees to have a base line two step tu- berculin skin test (TST) or single Interferon Gamma Release Assay (IGRA or TB blood test) such as QuantiFeron. Any required subsequent testing according to risk cate- gory shall be in accordance with the rec- ommendations of the Centers for Disease Control and Prevention of the U.S. Depart- ment of Health and Human Services. Should the category of risk change, which is determined by the Division of Public Health, the facility shall comply with the recommendations of the Center for Dis- ease Control for the appropriate risk cate- gory.</b>  <b>This requirement was not met as evi- denced by:</b>  Based on interview and review of other fa- cility documentation it was determined that the facility failed to ensure TB testing was completed in accordance with Centers for disease control and Prevention (CDC) guide- lines for one (E10) out of four randomly se- lected new staff members. Findings in- clude:	The facility will enhanced onboarding procedures. HR and education nurses will re-educate on protocols to ensure timely PPD administration prior to any interaction with residents.  The Infection Control Specialist or designee will conduct monthly compliance audits to verify the timely completion of two-step TST for all new hires. Reporting to the facility quality assurance committee on a quarterly basis any non-compliance issues for analysis and correction as necessary.	

Provider's Signature

Title Executive Director

Date 05/16/2025



**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**

Page 3 of 3

**NAME OF FACILITY:** Exceptional Care for Children

**DATE SURVEY COMPLETED:** May 1, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings included that all healthcare workers in low risk settings should receive baseline TB screening upon hire... After baseline testing for infection with <i>M. tuberculosis</i>, additional TB screening is not necessary unless an exposure to <i>M. tuberculosis</i> occurs.</p> <p>E3 (HR Director) completed the Personnel Audit Sheet provided by the State Agency. Review of this document revealed that E10 failed to have TB testing timely.</p> <p>4/16/25 - E10's first day in the facility as a CNA.</p> <p>A review of E10's floor assignments revealed that E10 was assigned to work with other CNAs as new hire orientee in multiple patient care areas on the following days:</p> <p>4/21/25 4/22/25 4/28/25 4/29/25</p> <p>4/29/25 – A facility Two Step PPD Test revealed E10's Test #1 (1st step) TB Screening.</p> <p>5/1/25 – E10's TB test result came back negative.</p> <p>5/1/25 1:30 PM – An interview with E3 confirmed the aforementioned findings.</p> <p>5/1/25 2:30 PM – Finding was reviewed with E1 (NHA) and E2 (DON) during the Exit Conference.</p>		

Provider's Signature

Title Executive Director

Date 05/16/2025



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

PRINTED: 06/13/2025  
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>05/01/2025</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	
E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted at this facility from date April 29, 2025 through May 1, 2025. The facility census was forty-four (44) 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 Survey was conducted at this facility from April 29, 2025 through May 1, 2025. The deficiencies contained in this report are based on observations, interviews and review of records. The facility census on the first day of the survey was forty-four (44). The survey sample size was seven (7) residents.	F 000			
F 812 SS=F	DON - Assistant Director of Nursing; FSD - Food Service Director; NHA - Nursing Home Administrator. Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly	F 812		5/22/25	

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

TITLE

(X6) DATE

Electronically Signed

05/16/2025

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.

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

PRINTED: 06/13/2025  
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>05/01/2025</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 812	<p>Continued From page 1</p> <p>from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure food/items were stored and/or prepared under sanitary conditions. Findings include:</p> <p>1. An initial tour of the kitchen on 4/29/25 beginning at 9:07 AM found: Observation of the reach in freezer revealed the following opened and undated food items, confirmed onsite by E4 (FSD).</p> <p>2. 4/29/25 2:05 PM - A review of 236 temperature logs in the 1st floor resident dining room refrigerator revealed 68 refrigerator temperatures were not documented between January 1, 2025, and April 28, 2025.</p> <p>5/1/25 11:30 AM - During interview, E4 (FSD) stated that she checks the refrigerator temp twice a day, in the morning and afternoon ... sometimes E5 (Food Service Aid) and E6 (Food Service Aid) check the afternoon temperature. When asked about the multiple missing entries, E4 stated "Those were the days when we [kitchen staff] were not working ... I guess nursing should be</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve Sanitary CFS(s): 483.60(i)(1)(2)</p> <p>It is the practice of the facility to - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>1. The undated food item was discarded, and dietary was inspected for other compliance issues prior to survey exit.</p> <p>2. The facility has installed a WIFI based Temperature Data logger to record refrigerator and freezer temperatures in the Dietary Department.</p> <p>Dietary staff will be educated on Food Safety / Preparation / Handling in accordance with facility policy and procedure.</p>		

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

PRINTED: 06/13/2025  
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>05/01/2025</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 812	Continued From page 2 checking the temperatures when we are not here".  5/1/25 2:30 PM - Findings were reviewed with E1 (NHA) and E2 (DON) during the Exit Conference.	F 812	The Dietary Manager will conduct rounds on at least a weekly basis to ensure compliance. Reporting to the facility quality assurance committee on a quarterly basis any non-compliance issues for analysis and correction as necessary.	

