

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 05/28/2024
NAME OF PROVIDER OR SUPPLIER Exceptional Care for Children		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Independence Way Newark, DE 19713	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47621</p> <p>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> <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>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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 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, 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 & Indications that R33 was ordered E. Anticoagulants .</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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>		