

Statement of Deficiencies

1915-A: Health Services - Observation

Not Met

1915-A: Observation. Upon arrival at the center, the physical condition of each child shall be observed for possible signs of illness, infections, bruises or injuries, and when something is observed, it shall be documented and such documentation shall include an explanation from the parent or child.

Finding:

1915.A Based on Record Review/ Interview: The provider did not document observations on all children, when something is observed, noted on children upon arrival to the center. Per interview with S-10, she stated that she observed that C-1 was coughing excessively, sneezing and had a runny nose on 3-7-17 and her co-worker failed to notate this information on the child's daily health check, Specialist only observed that S-9 placed her initial in the health check block next to C-1's name and no observations were noted. S-10 stated that she was unaware that staff was required to place illnesses on the daily health check, she learned that this information was required when S-1 completed a training with all staff on 3-10-17. Per interview with S-9, she stated that she did observe that C-1 had a runny nose, was sneezing and coughing on 3-7-17, but she failed to notate this information. S-9 also stated that C-1 has had allergy symptoms almost daily since transferring to their classroom in January 2017, but she did not know that she had to document this information on each time she observed this.

1917-K: Emergency Medication Plan and Records

Not Met

1917-K: Emergency Medications

1. Children who require emergency medications, such as an EpiPen or Benadryl, shall have a written plan of action that shall be updated as changes occur or at least every six months, and shall include:

- a. method of administration;
- b. symptoms that indicate the need for the medication;
- c. actions to take once symptoms occur;
- d. description of how to use the medication; and e. signature of parent and date of signature.

2. Medication administration records for emergency medication shall be maintained and include the following:

- a. symptoms that indicated the need for the medication;
- b. actions taken once symptoms occurred;
- c. description of how medication was administered;
- d. signature of administering staff member; and
- e. phone contact with the parent after administering emergency medication.

Finding:

1917.K Based on Record Review/ Interviews: The facility has a child (C-1) that is enrolled in the facility who has an Emergency Medication Plan in place and requires an emergency medication (Ibuprofen) to be administered to the child whenever the staff observes that the child has a fever to prevent the child from having a convulsion. On 3-7-17, S-10 observed that C-1 felt warm when she awoke him from his nap and she failed to take the child's temperature or alert other personnel of this so C-1's medication could be administered to the child. S-10 stated that she informed C-1's sister O-1 when she picked up the child from the facility on 3-7-17 @ 1:59pm that she observed that the child body felt warm but not his forehead and that the child was observed coughing, sneezing and had a runny nose on this date. C-1 suffered a seizure after arriving at home on 3-7-17 and was rushed to the hospital, Medical personnel discovered that C-1 had a temperature of 104 or 105 when C-1 was treated.