

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Childrens Specialized Hospital Mountainside		STREET ADDRESS, CITY, STATE, ZIP CODE  150 New Providence Road Mountainside, NJ 07092	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>50919</p> <p>Complaint # NJ175565</p> <p>Based on observations, interviews, medical record review, and other pertinent facility documents on 07/18/2024 and 07/19/2024, it was determined that the facility who has been in an active outbreak of the Multi-Drug Resistant Organism (MDRO) of Carbapenem-Resistant Acinetobacter baumannii (CRAB - bacteria resistant to nearly all antibiotics and difficult to control and eradicate from the environment) failed to provide documentation in the residents' medical records of consents, declinations, and family education for CRAB testing.</p> <p>This deficient practice was identified for 51 out of 54 residents and evidenced by the following:</p> <p>During an interview with the Surveyor on 07/18/2024 at 1:03 P.M., the Advanced Practice Nurse (APN) stated she did obtain some consents for CRAB testing from parents and guardians through emails and phone calls. The APN provided the Surveyor with 3 email communications for consent for testing between APN and 3 residents' families. APN stated, I deleted the other emails containing consents. The APN further stated that there was no documentation that family education or attempts to obtain consent for CRAB was provided in the residents' medical records. The APN stated, documentation of families that declined are only on the spreadsheet. The APN stated that consents were needed every time before testing was conducted.</p> <p>During an interview with the Surveyor on 07/19/2024 at 11:42 A.M., the Infection Preventionist (IP) stated the medical team which consists of the Medical Director (MD) and APN were responsible for notifying resident's families of testing and obtaining consents.</p> <p>During an interview with the Surveyor on 07/19/2024 at 1:08 P.M., the APN stated the medical team was directed by the IP to obtain consents for CRAB testing. The APN further stated, only spreadsheet was proof of documentation that consents were obtained in addition to 3 emails received from parents and guardians.</p> <p>During an interview with the Surveyor on 07/19/2024 at 1:13 P.M., the Director of Nursing (DON) stated the standard of practice was to document in the resident's chart. The DON further stated that the expectation was that all consents should be documented in residents' chart.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Surveyor on 07/19/2024 at 2:21P.M., the Licensed Nursing Home Administrator (LNHA) stated consents were the responsibility of the Medical Team. The LNHA further stated the expectation was the medical team would obtain consents from residents' families and guardians. The LNHA stated, the expectation was that whether consents are obtained or not, it should be documented in the resident's medical record.</p> <p>Review of the facility's policy dated 01/22/2024 and titled Nursing Documentation System revealed under Policy, Documentation is a crucial aspect of the implementation of the nursing process. Under Critical Documentation Times/Frequencies, Due to the need for continuity across shifts, there are six critical documentation times. These are initial assessment upon admission/readmission, when baseline assessment changes, evaluation of progress towards outcomes, patient education .</p> <p>Review of the facility's policy dated 01/30/2024 and titled Medical Record Content revealed under Procedures, There is evidence of informed consent in the patient's medical record.</p> <p>Review of the facility's policy dated 01/11/2024 and titled LTC-Medical Records revealed under Policy Statement, The Medical Record shall include (at least) the following: 13. Signed consent and release forms.</p> <p>NJAC 8.39-35.2 (d) (13)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50919</p> <p>Complaint # NJ175565</p> <p>Based on observations, interviews, medical record review and review of other facility documentation on 07/19/2024, it was determined that the facility failed to implement appropriate infection control measures for the storage of respiratory equipment.</p> <p>This deficient practice was identified for 1 of 6 resident rooms observed for infection control.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) During a tour of a resident room on North Wing of facility unit on 07/19/2024 at 12:11P.M., the Surveyor observed ventilator connector and tubing on the floor of room.</p> <p>During an interview with the Surveyor on 07/19/2024 at 12:13 P.M., the Registered Nurse (RN) confirmed the ventilator connector and tubing was on the floor in the room. The RN further stated that the ventilator connector and tubing should not be on the floor. The RN further stated, tubing is put and stored across ventilator machine. The RN stated that the Respiratory Therapy Staff usually disconnects the ventilator connector and tubing.</p> <p>During an interview with the Surveyor on 07/19/2024 at 12:24 P.M., the Respiratory Therapist (RT) stated when disconnecting a resident from the ventilator, ventilator tubing gets hung over ventilator equipment. The RT further stated the expectation was the ventilator connector and tubing should not be on the floor.</p> <p>During an interview with the Surveyor on 07/19/2024 at 1:13 P.M., the Director of Nursing (DON) stated that ventilator tubing should be stored in the basket next to the ventilator and not on the floor. The DON further stated the expectation was ventilator tubing should not be stored on the floor.</p> <p>During an interview with the Surveyor on 07/19/2024 at 2:21 P.M, the Licensed Nursing Home Administrator (LNHA) stated the expectation was that no respiratory equipment and tubing should be stored on the floor. LNHA further stated, I can't answer how respiratory equipment is supposed to be stored. The Surveyor requested a policy from LNHA on Respiratory Equipment Storage. LNHA stated the facility did not have policy on Respiratory Equipment Storage.</p> <p>NJAC 8.39-19.4 (a)</p>