STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315239	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Childrens Specialized Hospital Mountainside	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to consistently maintain appropriate infection control practices to limit the spread of infection. The deficient practice was observed with 1 (one) staff person and 1 resident (Resident#7) in room [ROOM NUMBER] during the medication pass observation. This deficient practice was evidenced by the following: On 1/21/26 at 9:51 AM, the surveyor observed the Registered Nurse (RN) wearing a pair of gloves. The RN was observed preparing medications using a syringe. After the medication was prepared, she administered all the medication to Resident #7 by G-Tube (Gastrostomy tube, a small tube surgically inserted into the abdomen directly into the stomach to deliver nutrition, fluids, and medication). After administering medications, the RN threw the syringes into the garbage, and then back to the resident without changing the gloves. RN, using the same gloves, took the zinc oxide tube to the medication cart using her right hand and stated to the surveyor that she would be giving the zinc oxide treatment to Resident #7. The surveyor observed the RN holding the tube with the right hand while showing the surveyor, using her left hand, the resident's neck covered with a dressing. RN stated that she is going to do the treatment for the resident later, when the resident was in bed. RN put back the zinc oxide into the cart using the same gloves from preparing medication to administering medications by GT, who touched the resident's neck with a covered dressing. The surveyor interviewed the RN regarding the observation. She stated that she usually changed her gloves between preparing medications and administering them to the resident. The RN revealed that she should change her gloves between preparing medications and administering them and touching the resident's treatment area. The RN added that the medication cart includes all the medications and treatments for 4 residents in room [ROOM NUMBER]. On 1/21/26 at 12:19 PM, the surveyor reviewed the electronic health record of Resident #7, which revealed the following: A review of the patient demographics reflected that Resident #7 was admitted with diagnoses that included but were not limited to anoxic brain injury (a type of brain damage resulting from a total lack of oxygen in the brain), pressure injury neck posterior, gastrostomy tube, and tracheostomy (a surgical procedure that creates an opening to the neck to the trachea to provide an alternative means of breathing) status. A review of the quarterly Minimum Data Set (Q/MDS) (an assessment tool used to facilitate the management of care) with the date of 10/30/25, indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which stated that the resident had impaired cognition. A review of an active order of medications included, but was not limited to, zinc oxide 20% ointment, administered topically 2 times daily to the neck area, with a start order of 5/29/25. A review of the care plan initiated on 5/14/25 with a problem that includes compromised skin integrity. Interventions included, but were not limited to, applying skin protectant as ordered. On 1/22/2026 at 1:49 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to discuss the above concerns. The DON acknowledged the infection control breach described by the surveyor. A review of the facility policy titled Infection Control Standard and Transmission-Based Precautions Guidelines (Procedure) with an effective date of 1/9/26 stated under II. Fundamentals of Infection Control Precautions A. Standard Precautions: 1. Hand Hygiene . it (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	may be necessary to clean hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. And 4. Use of Personal Protective Equipment (PPE): a. Gloves: wear clean gloves when touching blood, body fluids, secretions, excretions, and patients' skin that may potentially be contaminated and contaminated items, put on clean gloves just before touching mucous membranes and non-intact skin, and remove gloves after contact with a patient and/or surrounding environment (including medical equipment) using proper technique to prevent hand contamination. NJAC 8:39-19.4