STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	158337	A. BUILDING: _____ B. WING _____	C 08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANCHESTER PEDIATRIC MEDICAL DAY CARE	1770 TOBIAS AVENUE MANCHESTER, NJ 08759

(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) COMPLETE DATE
J 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00166226 Census: 20 Sample Size: 3 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43J, Standards for Licensure of Pediatric Medical Day Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	J 000		
J 525	8:43J-3.3(a)(1-7)(i) Administration-Responsibilities of the Admin. (a) The administrator shall be responsible for, at minimum, the following: 1. Ensuring the development, implementation and enforcement of all policies and procedures, including child rights; 2. Planning and administering the operational, managerial, fiscal and reporting components of the facility; 3. Participating in the quality improvement program for child-care and staff performance;	J 525		

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J 525	Continued From page 1 4. Ensuring that all personnel are assigned duties based upon their education, training, competencies and job descriptions; 5. Ensuring the provision of staff orientation, staff education and ongoing staff training in accordance with this chapter; 6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with a child's parent; and 7. Ensuring that each child satisfies N.J.A.C. 8:43J-6.1(c) prior to admission. i. For purposes of this paragraph, the administrator may rely on an authorization letter from the fiscal agent reflecting a determination of eligibility pursuant to N.J.A.C. 8:87-3.4(c)5i This REQUIREMENT is not met as evidenced by: NJ00166226 Based on interview and record review on 8/4/23 it was determined that the facility failed to ensure the Registered Nurse (RN) followed the facility policy and procedure titled "PHARMACY MEDICATION ERROR AND DRUG REACTION" for 1 of 3 Participants reviewed, Participant #2. This deficient practice was evidenced by the following:	J 525		

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J 525	Continued From page 2 On 8/4/23 at 10:25 a.m., the surveyor reviewed the medical record (MR) of Participant #2 who was admitted to the facility on [redacted] with diagnoses of [redacted]). According to the "Physician Orders" dated [redacted] to [redacted] Participant #2 was ordered "Continuous Pulse [redacted] [and ordered] [redacted] at [redacted] PRN [as needed] for [redacted] On 8/4/23 at 12:35 p.m., the surveyor interviewed the transport Registered Nurse (RN) over the telephone in the presence of the Administrator (ADM) and the Director of Nursing (DON), who stated she received Participant #2 from the home on [redacted] with all equipment [redacted]) but the [redacted] machine was not attached to Participant #2 and was not turned on. The RN explained the family reported they did not turn the [redacted] machine on during transport. The RN stated she did not turn the [redacted] machine on during transport to the facility on [redacted] but she would turn on the [redacted] machine when Participant #2 arrived at the facility. The transport RN stated she was Participant #2's primary nurse since admission on [redacted] and was aware of Participant #2's care and Physician orders. On 8/4/23 at 12:45 p.m., the surveyor interviewed the ADM in the presence of the Director of Nursing (DON) who stated Participant #2's [redacted] monitor should have been turned on as ordered by the Physician. On 8/4/23 at 12:55 p.m., the surveyor reviewed	J 525		

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J 525	Continued From page 3 the facility policy and procedure titled "Pharmacy Medication Error and Drug Reaction" which listed under "PROCEDURE [: number] 3. Treatment is given according to physicians directions." The facility failed to ensure the RN followed the facility policy and procedure for Participant #2 on [redacted] in which she did not administer Physician ordered treatment for Participant #2 by failing to turn on [redacted] monitoring. Reference: J - 2025, 8:43J-7.5(b)(1)(ii)	J 525		
J2025	8:43J-7.5(b)(1)(i-viii) Nursing Services-Provision Nursing Services (b) A registered professional nurse shall be responsible for, at a minimum, the following: 1. Maintaining the standards of nursing practice including, but not limited to: i. Monitoring of identified medical conditions; ii. Administering and/or supervising the administration of prescribed medications and treatments; iii. Coordinating rehabilitative services; iv. Monitoring clinical behavior and nutritional status; v. Monitoring growth and development; vi. Implementing infection control procedures;	J2025		

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J2025	Continued From page 4 vii. Conducting daily checks to assure that a child's parent is maintaining the child's personal hygiene and administering medications as prescribed; and viii. Communicating findings to a child's primary health care provider. This REQUIREMENT is not met as evidenced by: NJ00166226 Based on interview and record review on 8/4/23 and 8/10/23 it was determined that the Registered Nurse (RN) failed to administer a physician ordered treatment to 1 of 3 Participants reviewed, Participant #2. This deficient practice was evidenced by the following: On 8/4/23 the Department of Health (DOH) conducted a survey at the facility in reference to a Facility Reportable Event (FRE) received on [redacted] regarding a Participant death. On 8/4/23 at 10:25 a.m., the surveyor reviewed the medical record (MR) of Participant #2 who was admitted to the facility on [redacted] with diagnoses of [redacted]). According to the "Physician Orders" dated [redacted] to [redacted] Participant #2 was ordered " [redacted]	J2025		

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J2025	Continued From page 5 [redacted]) [and was ordered] [redacted] via [redacted] at [redacted] PRN [as needed] for or [redacted] than] [redacted] On 8/4/23 continued review of Participant #2's MR showed on Participant #2's "Home Visit/ NICU ASSESSMENT" dated [redacted], a "Baseline [redacted] of] [redacted] [and a] [redacted] frequency of all day." The surveyor reviewed the [redacted] Patient Encounter" dated [redacted] which showed "[redacted] [apply to Participant #2] when [Participant #2] [redacted]." In addition, the "PRIMARY HEALTH CARE PROVIDER REPORT" dated [redacted] listed on page 2, under number "4. Treatment Procedure/Plan [redacted] On 8/4/23 at 11:25 a.m., the surveyor interviewed the Administrator (ADM) who explained Participant #2 was transported by the facility for the first time on [redacted]. The ADM stated while enroute to the facility the Registered Nurse (RN) performed [redacted] during a stop due to Participant #2 having [redacted] and [redacted] The [redacted] Participant #2, and while enroute to the next stop the RN noticed Participant #2 went [redacted]. The ADM explained emergency measures ([redacted]), 911 called) were implemented and Participant #2 was transferred to the hospital. The ADM stated while at the hospital on [redacted] Participant #2 expired. On 8/4/23 at 11:55 a.m., the surveyor interviewed the Director of Nursing (DON) who explained Participant #2's baseline was [redacted]	J2025		

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J2025	Continued From page 6 with a baseline [redacted] who required frequent [redacted] due to [redacted]. In addition, the DON stated Participant #2 was on [redacted] monitoring and never required as needed [redacted] due to relief from [redacted] On 8/4/23 at 12:00 p.m., the surveyor reviewed Participant #2's "Medication and Treatment Record" which showed documentation for Participant #2's [redacted] on days of attendance as follows: 1. On 7/13/23 Participant #2's [redacted] on [redacted] 2. On 7/18/23 Participant #2's [redacted] on [redacted] 3. On 7/20/23 Participant #2's [redacted] on [redacted]. 4. On 7/25/23 Participant #2's [redacted] on [redacted] On 8/4/23 at 12:12 p.m., the surveyor conducted a telephone interview with the transport RN who was on the bus with Participant #2 on [redacted]. The RN explained she picked up Participant #2 from home on [redacted] at baseline status [redacted] and while the bus was stopped, she [redacted] Participant #2 for [redacted] The [redacted] relieved Participant #2 and while the bus was enroute to the next stop she could no longer hear Participant #2's [redacted]. The bus pulled over and she observed Participant #2 was [redacted] in appearance and she directed the driver to call 911 (police and emergency medical services) while she performed [redacted] (an emergency procedure consisting of [redacted] often combined with [redacted] to preserve [redacted]	J2025		

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J2025	Continued From page 7 function). On 8/4/23 at 12:35 p.m., the surveyor interviewed the transport RN over the telephone in the presence of the ADM and DON, who stated she received Participant #2 from the home on [redacted] with all equipment ([redacted]) but the [redacted] machine was not attached to Participant #2 and was not turned on. The RN explained the family reported they did not turn the [redacted] machine on during transport. The RN stated she did not turn the [redacted] machine on during transport to the facility on [redacted] but would turn on the [redacted] machine when Participant #2 arrived at the facility. The transport RN stated she was Participant #2's primary nurse since admission on [redacted] and was aware of Participant #2's care and Physician orders. On 8/4/23 at 12:55 p.m., the surveyor reviewed the facility policy and procedure titled "Pharmacy Medication Error and Drug Reaction" which listed under "PROCEDURE [: number] 3. Treatment is given according to physicians directions." On 8/4/23 at 3:15 p.m., the surveyor requested a removal plan from the Administrator due to the RN failing to turn on Participant #2's [redacted] machine during transport on [redacted] which was ordered to be on [redacted] by the Physician. On 8/4/23 at 5:42 p.m., the ADM provided the surveyor with an acceptable removal plan. On 8/10/23 at 11:30 a.m., the surveyor interviewed the ADM who stated all staff were in-serviced on transportation safety, physician ordered equipment, and participant transportation plans. The surveyor reviewed the documented training and verified the removal plan was	J2025		

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J2025	Continued From page 8 implemented.	J2025		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
158337 (Y1)	A. Building B. Wing (Y2)	8/10/2023 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MANCHESTER PEDIATRIC MEDICAL DAY CARE	1770 TOBIAS AVENUE MANCHESTER, NJ 08759

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix J0525 Reg. # 8:43J-3.3(a)(1-7)(i) LSC	Correction Completed 09/22/2023	ID Prefix J2025 Reg. # 8:43J-7.5(b)(1)(i-viii) LSC	Correction Completed 09/22/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 8/10/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

Accepted POC for UHQB11 (8/10/23)

Manchester Pediatric Medical Day Care

Plan of Correction

J525: The policy / procedure titled "Pharmacy Medication Error and Drug Reaction" listed that "Treatment is given according to physicians directions." Participant #2 was not utilizing [redacted] as ordered by the physician during transportation at the request of the patient's parent. The policy, "Pharmacy Medication Error and Drug Reaction" was reviewed with staff during a training in-service on August 8, 2023. Facility staff also received a training in-service on August 8, 2023 regarding following physician orders during transportation.

To identify other residents with the potential to be affected by the same deficient practice the facility has implemented transportation care plans which identify participants that require [redacted] monitoring during transportation. Transportation care plans were initiated for every participant receiving transportation on August 8, 2023. Facility staff received a training in-service on August 8, 2023 regarding initiation of transportation care plans. All participants have the potential to be affected, so going forward all staff will receive the same in-service training annually. This will include education on following policy and procedure to follow physician orders.

To ensure the deficient practice does not recur the Director of Nursing or Administrator will monitor through chart review on a monthly basis that each participant receiving transportation has a care plan initiated and maintained. Additionally, the facility will monitor that the facility staff receive in-service training regarding following policies and procedures upon hire and during annual training. The monitoring will be done ongoing annually.

The completion date for this deficiency, **J525,** is August 11, 2023. This is the date the facility in-serviced nurses on the change in practice to initiate transportation care plans identifying equipment that must be utilized during transportation and the date that the facility in-serviced staff on the policy regarding "Pharmacy Medication Error and Drug Reaction."

J2025: The policy / procedure titled "Pharmacy Medication Error and Drug Reaction" listed that "Treatment is given according to physicians directions." Participant #2 was not utilizing [redacted] as ordered by the physician during transportation at the request of the patient's parent. The policy, "Pharmacy Medication Error and Drug Reaction" was reviewed with staff during a training in-service on August 8, 2023. Facility staff also received a training in-service on August 8, 2023 regarding following physician orders during transportation.

To identify other residents with the potential to be affected by the same deficient practice the facility has implemented transportation care plans which identify participants that require [redacted] monitoring during transportation. Transportation care plans were initiated for every participant receiving transportation on August 8, 2023. Facility staff received a training in-service on August 8, 2023 regarding initiation of transportation care plans. All participants have the potential to be affected, so going forward all staff will receive the same in-service training

Manchester Pediatric Medical Day Care

annually. This will include education on following policy and procedure to follow physician orders.

To ensure the deficient practice does not recur the Director of Nursing or Administrator will monitor through chart review on a monthly basis that each participant receiving transportation has a care plan initiated and maintained. Additionally, the facility will monitor that the facility staff receive in-service training regarding following policies and procedures upon hire and during annual training. The monitoring will be done ongoing annually. The facility will monitor that staff are administering prescribed treatments on a monthly basis through direct observation.

The completion date for this deficiency, **J2025,** is August 11, 2023. This is the date the facility in-serviced nurses on the change in practice to initiate transportation care plans identifying equipment that must be utilized during transportation and the date that the facility in-serviced staff on the policy regarding "Pharmacy Medication Error and Drug Reaction."

Please accept this plan of correction for the statement of deficiencies.