STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315443	A. BUILDING ______ B. WING ______	C 09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	94 STEVENS ROAD TOMS RIVER, NJ 08755

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaints # NJ 00176604 Survey dates: 9/10/2024-9/13/2024 Census: 18 Sample Size: 10+ 1 Closed Records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		10/25/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 10/07/2024

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.

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CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD** **TOMS RIVER, NJ 08755**

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F 584	Continued From page 1 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to provide a clean environment for 2 of 7 occupied resident rooms. The deficient practice was evidenced by the following: On 09/10/2024 at 09:41 AM during the initial tour, the surveyor entered room NJ Ex O which was occupied by residents. At that time, the surveyor observed an unpackaged, oral syringe on the floor, an unpackaged NJ Ex Order 26.4b1 left on a bed occupied by a resident, and residue stains on the floor. On 09/11/2024 at 08:59 AM, the surveyor entered room NJ Ex Ord At that time, the surveyor observed the closed-top trash bin partially open with disposable	F 584	1. Resident rooms NJ Ex O and NJ Ex O were found to have been affected by the deficient practice. Rooms NJ Ex O and NJ Ex O were cleaned. Rooms NJ Ex O and NJ Ex O will be cleaned daily and as needed. 2. All residents have the potential to be affected by the deficient practice. 3. The Environmental Services Director, Environmental Services Manager or their designee will provide education to all Toms River Long Term Care Team Members on policy “Room, Bed and Stretcher Cleaning” by the completion date, or before their next shift. 4. The Environmental Services Director or their designee will audit resident room	

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CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD TOMS RIVER, NJ 08755**

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F 584	Continued From page 2 gowns visible over the brim of the bin. On 09/12/2024 at 08:53 AM, the surveyor entered room NJ Ex Ord At that time, the surveyor observed a bedside table. The surveyor observed disposable gloves and two tissues left on top of the table. On the same date at 08:54, the surveyor entered room NJ Ex Ord At that time, the surveyor observed the closed-top trash bin partially open with disposable gowns visible over the brim of the bin. On 09/12/2024 at 11:06 AM during an interview with the U.S. FOIA (b) (6), the surveyor asked how often are trash cans emptied. The U.S. FOIA replied, "Each time they [Environmental Service Employees] visit the rooms." He also said that environmental service employees do not work overnight. Lastly, he said that rooms are cleaned twice daily. On the same date at 12:36 PM during an interview with the U.S. FOIA (the surveyor asked who is responsible for cleanliness when Environmental Services leave for the day. The U.S. FOIA replied, "Shared responsibility." A review of the facility-provided policy titled, "IC Cleaning and Disinfection of Room Following Discontinuation of Transmission Based Precautions" dated 1/1/2024 revealed under, "Policy" that, "To maintain a clean environment for patients/residents and minimize the risk of patient/resident and healthcare personnel exposure to potentially infectious microorganisms. The patient care environment throughout the facility will be maintained in a state of cleanliness that meets professional standards in order to protect patients/residents and	F 584	cleanliness by direct observations. There will be five (5) observations per week until 100% compliance, then five (5) observations per month until 100% compliance for 3 consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	

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F 584	Continued From page 3 healthcare personnel from potentially infectious microorganisms." § 8:39-31.4 (a)	F 584		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documents, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following: On 09/10/2024 at 07:50 AM, the surveyors observed the U.S. FOIA (b) (6)) in	F 812	1. At the time of survey there were three (3) residents who received food prepared or food stored in the dietary department. These residents have the potential to be affected by the deficient practice. 2. All current residents who may advance in their diets and any future residents who require nutrition and/or storage of food have the potential to be affected by this	10/1/24

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CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	94 STEVENS ROAD TOMS RIVER, NJ 08755

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F 812	Continued From page 4 the kitchen area. The U.S. FOIA (b) had a mustache and beard. The U.S. FOIA (was not wearing a beard restraint. When interviewed at that time by the surveyor the U.S. FOIA (said while in the kitchen he should have on a beard restraint. On 09/10/2024 from 8:03 AM to 8:37 AM, the surveyors, accompanied by the U.S. FOIA (b) (6)), observed the following: 1.) In the meat refrigerator there was a metal tier rack with twenty 3-ounce bowls of pears, 3 trays of 3-ounce bowls of gelatin, 1 tray of 3-ounce bowls of applesauce with no open or expiration date. There was a tray of fourteen plated brownies dated 09/06/2024. The U.S. FO said she was going to throw away the pears, gelatin, applesauce and brownies. The U.S. FO also said the items should be labeled and have an expiration date. 2.) In the meat refrigerator there was 1 case of frozen hot dogs. One bag was opened, exposed to air, and not labeled with an open or expiration date. At that time, the U.S. FO said she was going to throw the bag of exposed hotdogs away. 3.) In the produce / milk refrigerator there was a bag of unopened coleslaw with an expiration date of 08/23/2024. The U.S. FO said she was going to throw the coleslaw away. 4.) In the dry storage area, there was 15 loose coffee lids exposed to air. The U.S. FO said the coffee lids should not be exposed to air and she was going to throw them away. 5.) In the freezer, there was 1 bag of breaded nuggets that was opened and exposed to air. The	F 812	deficient practice. All residents who require nutrition and/or storage of food have the potential to be affected by this deficient practice. 3. At the time of the cited incidents the Director of Maintenance, was asked to exit the kitchen and upon returning needed to wear the requited hair net and beard net required in the foodservice areas. All food that was not properly labeled and/or dated was discarded as well as any food or non food related items that were exposed to air. All cooks and dietary aids were reeducated on proper food safety practices by the Director of Nutritional Services for Hampton Ridge Healthcare & Rehabilitation. These in-services included; - All food that is in the fridge and freezer must be covered, dated and not exposed to air. - All food in the freezer must have an open and used by dates to ensure that they are not expired. - All food in the dry storage area must be wrapped correctly and must have an open date and used by date to ensure that they are not expired or exposed to air. - All employees entering the kitchen and while in the kitchen must wear the proper hair and beard protectors To ensure compliance the following areas were added to The Daily Night Closing Checklist, to be completed by the Dietary Supervisor or their designee; - Proper food storage - All items in the refrigerators are covered - All items in the freezers have use by	

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F 812	Continued From page 5 bag was not labeled with an open or expiration date. The U.S. FOIA (b) (6) said she was going to throw the bag of breaded nuggets away. On 09/10/2024 at 8:40 AM during an interview with the surveyors, the U.S. FOIA (b) (6) said that the U.S. FOIA (b) (6) should have worn a beard restraint while in the kitchen area. He also said metal tier racks should be labeled and dated. A review of the undated facility policy titled, "Employee Sanitary Practices", revealed under number 1 that "all employees shall wear hair restraints (hairnet, hat, and/or bead restraint) to prevent hair from contacting exposed food." A review of the undated facility policy titled, "Labeling and Dating", revealed under procedure: "1.) That any newly opened perishable food items will have an "Opened On" date and a "Use By" date. Will be discarded after 7 days. 2.) That leftover cooked food products will have a "Use By" date and will be discarded after 3 days. 5.) That all foods are to be stored in an airtight manner and not exposed to open air. 6.) That food items will be discarded upon expiration." A review of the undated facility policy titled, "Storage Areas", revealed under procedure number 13 that "leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded." A review of the undated facility policy titled, "Storage Areas", revealed under procedure frozen foods that "all foods should be covered, labeled,	F 812	dates - All items in the dry storage area are correctly wrapped and have a used by date In addition, there will be a daily audit, completed by the Food Service Director or their designee, to ensure that all employees in the kitchen are wearing proper hair and beard protectors. 4. The Food Service Director or their designee will report the checklist findings and audit findings to the LNHA weekly. The results of the checklist and audit will be reported to the QAPI Committee on a quarterly basis until there are two consecutive quarters of 100% compliance.	

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F 812	Continued From page 6 and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded." A review of the undated facility policy titled, " Storage Areas", revealed under procedure number 5 that "all foods are to be stored in an airtight manner and not exposed to open air." A review of the undated facility policy titled, "Deliveries", revealed under procedure number 4 that "perishable food will be properly covered, labeled, and dated." N.J.A.C 8:39-17.2 (g)	F 812		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	22248L	A. BUILDING: ____ B. WING ____	C **09/13/2024**

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CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD** **TOMS RIVER, NJ 08755**

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S 000	Initial Comments THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/07/24

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315443	A. Building B. Wing	11/1/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	94 STEVENS ROAD TOMS RIVER, NJ 08755

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0584 Reg. # 483.10(i)(1)-(7) LSC	Correction Completed 10/25/2024	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 10/01/2024	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
9/13/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 000	Initial Comments Childrens Specialized Hospital of Toms River was in compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/11/2024 and 09/12/2024 and Children's Specialized Hospital was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Children's Specialized Hospital is a one-story building that was built in January 1990. It is composed of Type V protected construction. The facility is divided into two smoke zones. The 102 Kilo Watt (KW) Emergency Generator does approximately 40% of the building as per the US FOIA (b)(6)). The current occupied beds were 18 of 26. Children's Specialized Hospital is attached to Hampton Ridge Healthcare and Rehabilitation. Children's Specialized Hospital leases the section of the building from Hampton Ridge.	K 000		
K 293 SS=F	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING	K 293		10/11/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 10/07/2024

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K 293	Continued From page 1 Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and documentation review on 09/11/2024 and 09/12/2024 in the presence of facility management, it was determined that the facility failed to provide one (1) illuminated exit sign to clearly identify the exit access paths to reach an exit discharge door in accordance with NFPA 101:2012, Sections 7.7 and 19.2. This deficient practice had the potential to affect 18 residents and was evidenced by the following: A review of the facility provided lay-out on 09/11/2024, revealed the facility was a single-story (1) building with four (4) designated exit discharge doors that residents, visitors and staff could use to exit the building in the event of an emergency. Observations starting on 09/11/2024 at approximately 9:45 AM in the presence of the facility's U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) revealed there was no illuminated exit sign in the corridor near resident room #104 and the nursing station to clearly identify the exit access path. Observations also revealed an evacuation diagram posted in the corridor that identified the corridor route as the primary and/or secondary route to reach an exit.	K 293	1. No residents were found to have been affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. The Facilities Management Leadership team will receive education from the AVP & Administrator on CMS-2786R "FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE" by the completion date, or before their next shift. Children's Specialized Hospital has contracted with M Phase Electrical Contracting Inc to affix one illuminated exit sign to clearly identify the exit access path to reach an exit discharge door. The location is the corridor outside Medication Room 127 so that said exit sign can be viewed from same corridor outside Room 109 / Storage. 4. The Director of Facilities Management or their designee will report to the QAPI Committee quarterly the status of the exit sign until 100% compliance	

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	315443	A. BUILDING **01** B. WING ______	09/13/2024

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K 293	Continued From page 2 The U.S. FO and U.S. FO confirmed the finding at the time of observations. The U.S. FOIA (b) (6) U.S. FO and U.S. FO were informed of the deficient practice during the Life Safety Code survey exit on 09/12/2024 at approximately 10:30 AM. NJAC 8:39-31.1 (c), 31.2(e)	K 293		
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and review of facility documentation on 09/11/2024 and 09/12/2024 in the presence of facility management, it was determined that the facility failed perform Six-Year Maintenance testing for 1 of 6 fire extinguishers, in accordance with NFPA 101: 2012 Edition, Sections 9.7.4.1 and 19.3.5.12 and NFPA 10: 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3. This deficient practice had the potential to affect all 18 residents and was evidenced by the following: Observations on 09/11/2024 at approximately 10:45 AM in the presence of the facility's U.S. FOIA (b) (6) and U.S. FOIA (b) (6)), revealed one (1) fire extinguisher in the corridor next to the Mechanical/ Maintenance room that	K 355	1. No residents were found to have been affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. Upon discovery, the fire extinguisher was replaced with a compliant one. All fire extinguishers on-site were inspected and are compliant. The Facilities Management Leadership team will receive education from the AVP & Administrator on CMS-2786R "FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE" by the completion date, or before their next shift.	10/11/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315443	A. BUILDING **01** B. WING ______	**09/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD** **TOMS RIVER, NJ 08755**

(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) COMPLETION DATE
K 355	Continued From page 3 had a six (6) year maintenance last performed in March 2017, more than 7 years ago. The U.S. FO and U.S. FO confirmed the finding at the time of observations. The U.S. FOIA (b) (6) U.S. FO and U.S. FO were informed of the deficient practice during the Life Safety Code survey exit on 09/12/2024 at approximately 10:30 AM. NJAC 8:39 -31.1 (c), 31.2 (e). NFPA 10	K 355	4. Compliance with the fire extinguisher six-year maintenance will be audited by the Director of Facilities Management or their designee the form of direct observation. There will be five (5) observations per week until 100% compliance, then five (5) observations per month until 100% compliance for 3 consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations on 09/11/2024 in the presence of facility management, it was determined that the facility failed to maintain the integrity of smoke barrier partitions for one (1) of two (2) smoke barrier walls in accordance with NFPA 101:2012 Edition, Sections 8.5.6, 8.5.6.2,	K 372	1. No residents were found to have been affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice.	10/11/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315443	A. BUILDING **01** B. WING ______	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD** **TOMS RIVER, NJ 08755**

(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) COMPLETION DATE
K 372	Continued From page 4 8.5.6.3 and 19.3.6.2.3. This deficient practice had the potential to affect all 18 residents and was evidenced by the following: A review of the facility provided lay-out on 09/11/2024, revealed the facility was a single-story (1) building with two (2) smoke barrier walls and was connected to a Long-Term Care Nursing facility. Observations starting at approximately 10:31 AM in the presence of the facility's U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)), revealed above the corridor double smoke barrier doors (next to resident room #115), a ceiling tile with a 2-inch by 2-inch penetration with 17 low voltage wires running through the hole in the smoke barrier wall. The U.S. FO and U.S. FO confirmed the finding at the time of observations. The U.S. FOIA (b) (6) U.S. FO and U.S. FO was informed of the deficient practice during the Life Safety Code survey exit on 09/12/2024 at approximately 10:30 AM. N.J.A.C 8:39-31.2(e)	K 372	3. Upon discovery, the penetration was filled with fire caulk. The Facilities Management Leadership team will receive education from the AVP & Administrator on CMS-2786R FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE by the completion date, or before their next shift. 4. Compliance with mainlining the integrity of smoke barrier partitions will be audited by the Director of Facilities Management or their designee the form of direct observation. There will be five (5) observations per week until 100% compliance, then five (5) observations per month until 100% compliance for 3 consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second	K 918		10/11/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315443	A. BUILDING **01** B. WING ______	**09/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	**94 STEVENS ROAD** **TOMS RIVER, NJ 08755**

(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) COMPLETION DATE
K 918	Continued From page 5 criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 09/11/2024 in the presence of the facility management, it was determined that the facility failed to ensure a remote manual stop station for 1 of 1 emergency generators was installed in accordance with NFPA 110: 2010 Edition, Sections 5.6.5.6 and 5.6.5.6.1.	K 918	1. No residents were found to have been affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. 3. The Facilities Management Leadership team will receive education from the AVP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315443	A. BUILDING 01 B. WING ______	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	94 STEVENS ROAD TOMS RIVER, NJ 08755

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K 918	Continued From page 6 This deficient practice had the potential to affect all 18 residents and was evidenced by the following: In an interview on 09/11/2024 during the survey entrance at approximately 7:56 AM, the U.S. FOIA (b) (6)) stated the facility had a 102 KW (Kilowatt) Diesel Emergency Generator. Observations at 9:25 AM revealed the 102 KW Diesel Emergency Generator had an Emergency Stop button located inside the metal housing of the generator on the control panel. Observations revealed there was no remote Emergency Stop button for the 102 KW Diesel Emergency Generator outside the prime mover. In an interview at the time, U.S. FOIA (b) (6)) and U.S. FO confirmed the finding. The U.S. FOIA (b) (6) U.S. FO and U.S. FO were informed of the deficient practice during the Life Safety Code survey exit on 09/12/2024 at approximately 10:30 AM. NJAC 8:39-31.2(e), 31.2(g)	K 918	& Administrator on CMS-2786R "FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE" by the completion date, or before their next shift. Children's Specialized Hospital has contracted with M Phase Electrical Contracting Inc to affix a remote manual stop station for the emergency generator. 4. The Director of Facilities Management or their designee will report to the QAPI Committee quarterly the status of the emergency generator remote manual stop until 100% compliance	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315443	A. Building 01 - MAIN BUILDING 01 B. Wing	11/1/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER	94 STEVENS ROAD TOMS RIVER, NJ 08755

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 Reg. # NFPA 101 LSC K0293	Correction Completed 10/11/2024	ID Prefix Reg. # NFPA 101 LSC K0355	Correction Completed 10/11/2024	ID Prefix Reg. # NFPA 101 LSC K0372	Correction Completed 10/11/2024
ID Prefix Reg. # NFPA 101 LSC K0918	Correction Completed 10/11/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
9/13/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO