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 06/15/2023

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
E 000	Initial Comments This facility is in substantial 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		
F 000	INITIAL COMMENTS Survey Date: 06/15/23 Census: 22 Sample Size: 14 + 1 closed record. 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 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of	F 686	1. One resident was found to have been	7/14/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/30/2023

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F 686	Continued From page 1 medical records and other pertinent facility documentation it was determined that the facility failed to: a.) assure that a pressure relieving device was in place to prevent the development of a pressure ulcer b.) timely notify the physician regarding the resident change in skin condition consistent with professional standards of practice and c.) accurately document a skin assessment. This deficient practice was identified for 1 of 1 resident, (Resident #9) reviewed for Ex.Order 26.4(b)(1) [redacted] and was evidenced by the following: A review of Resident #9's Admission Record indicated that the resident was admitted to the facility with diagnoses which included but was not limited to Ex.Order 26.4(b)(1) [redacted] A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of a resident's care dated Ex.Order 26.4(b)(1) [redacted] indicated that Resident #9 had Ex.Order 26.4(b)([redacted] The MDS indicated that the resident was Ex.Order 26.4(b)(1) [redacted] The MDS further indicated that the facility was Ex.Order 26.4(b)(1) [redacted] The surveyor reviewed the undated Interdisciplinary Plan of Care (CP) which indicated that the resident was Ex.Order 26.4(b)(1) [redacted] The CP did not include interventions such as an Ex.Order 26.4(b)(1) [redacted].	F 686	affected by the deficient practice outlined in the CMS 2567. Upon disclosure of this concern by the surveyor, resident #9 was reassessed, the plan of care was reviewed, and the provider and guardian were notified of resident's #9 status. 2. All residents have the potential to be affected by the deficient practice outlined in the CMS 2567. 3. All Registered Nurses and Licensed Practical Nurses will receive education by the completion date, or before their next shift, on the following policy and procedure, "Pressure Injury Prevention and Management." 4. Compliance for adhering to policy "Pressure Injury Prevention and Management" for all residents will be monitored by the Director of Nursing, or designee, in the form of direct observation and completion of an audit tool. There will be five (5) observations per week until 100% compliance has been maintained for four (4) consecutive weeks, then five (5) observations per month until 100% compliance has been maintained for three (3) consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	

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F 686	Continued From page 2	F 686		

On 06/12/23 at 08:42 AM, the surveyor observed the resident sitting up in a wheelchair. The resident appeared to be sitting on a positioning cushion. The resident was not able to be interviewed due to Ex.Order 26.4(b)(1) [redacted]

On 06/12/23 at 09:05 AM, the surveyor reviewed Resident #9's electronic medical record (EMR) and according to the physician order history on the EMR a treatment was ordered by the physician on Ex.Order 26.4(b)(1) at 16:42 for Ex.Order 26.4(b)(1) [redacted]

On 06/13/23 at 09:21 AM, the surveyor interviewed the Registered Nurse (RN #1) who stated that she had been employed in the facility for approximately Ex.Order 26.4(b)(1). RN #1 stated that the Certified Nursing Assistant (CNA) reported to the nurse on Ex.Order 26.4(b)(1) that Resident #9 had some Ex.Order 26.4(b)(1) and that Physical Therapy (PT) was notified and adjusted the resident's Ex.Order 26. The RN then added that the resident had developed a Ex.Order 26.4(b)(1) [redacted] and that the nursing staff was applying Ex.Order 26.4(b)(1) to the area every 12 hours. She stated that the Ex.Order 26.4(was discovered on Ex.Order 26.4(b)(1 The RN showed the surveyor the Skin and Wound Assessment (SWA) sheet dated Ex.Order 26.4(b)(1) [redacted], which indicated that the Ex.Order 26.4(b) was located on the resident's Ex.Order 26.4(b)(1) and measured Ex.Order 26.4(b)(1) [redacted]

RN #1 further stated that two (2) nurses assessed that the Ex.Order 26.4(b)(1) [redacted] She then stated that a Ex.Order 26.4(b)(1)

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F 686	Continued From page 3	F 686		

was completed for Resident #9 every 12 hours. RN #1 stated that the PT should have been notified to see if the wheelchair was the cause of the Ex.Order 26.4(b)(1) but she was not sure if that was done. She then reviewed the SWA dated Ex.Order 26.4(b)(1) and explained to the surveyor that the Ex.Order 26.4(was discovered by RN #2 on Ex.Order 26.4(b)(1) and provided the surveyor with RN #2's name. RN #1 then stated that according to the SWA the Ex.Order 26.4(b was not measured upon discovery, but that the Ex.Order 26.4(b should have been monitored and measured every 12 hours. She stated that the treatment was being administered every 12 hours. RN #1 could not explain to the surveyor why the physicians order was dated Ex.Order 26.4(b)(1) when the Ex.Order 26.4(was discovered on Ex.Order 26.4(b)(1).

On 06/13/23 at 09:41 AM, the surveyor interviewed the PT who stated that she had been employed by the facility for Ex.Order 26.4(b)(1). The PT explained the process the occurred when residents in the facility developed wounds. The PT explained that when a wound was discovered, the nurse would measure the wound and a treatment would be ordered by the physician. The PT continued to explain that there was a "team approach" that happened to investigate the cause of the wound. She stated that some wounds were caused by mechanical issues, and some were caused by physical issues. She explained that when she was notified that any resident had developed a wound, she would look at seating to see if the chair was causing the issue or if the resident required extra cushioning such as an anti-pressure device (chair cushion used for treating or preventing pressure ulcers). She continued to add that the nurses would be responsible to find out if the resident needed a

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new mattress. She stated that she was made aware that Resident #9 developed Ex.Order 26.4(b)(1) [redacted]. She stated that the Ex.Order 26.4(b)(1) [redacted]s that were currently in stock in the facility, were too big. She revealed that she was only told yesterday (06/12/23) that Resident #9 had a Ex.Order 26.4(b)(1) and she explained that she needed to order the chair cushion. She indicated that she had not yet sent the email to order the cushion.

On 06/13/23 at 10:04 AM, the PT provided the surveyor with a copy of an email dated 06/13/23 at 09:59 AM, that indicated that the PT attempted to contact a provider requesting the need for a Ex.Order 26.4(b)(1) [redacted] to be delivered to the facility for Resident #9.

On 06/13/23 at 10:10 AM, the surveyor interviewed the Registered Nurse/Assistant Nurse Manager (RN/ANM) who stated that she had been employed in the facility for Ex.Order 26.4(b) [redacted]. The RN/ANM explained to the surveyor what her responsibilities included. She explained that she acted as the Director of Nursing (DON) when DON was not available. She added that she made sure resident appointments were scheduled, organized the unit, and made sure that the unit was flowing right. She continued to explain that each shift nurse was responsible to monitor a wound's condition, assure that there were no signs and symptoms of infection and perform measurements of the wound. The RN/ANM stated that Resident #9's Ex.Order 26.4([redacted] was not measured when Ex.Order 26.4(b)(1) [redacted] was discovered on Ex.Order 26.4(b)(1) [redacted] and that there was not a description of the Ex.Order 26.4([redacted] documented on the SWA on Ex.Order 26.4(b)(1) [redacted] The RN/ANM also confirmed that there was not any documentation that the physician

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was notified at that time or that the responsible party was notified. She stated that she would have to investigate it and get back to the surveyor.

On 06/13/23 at 10:18 AM, the surveyor interviewed the Registered Dietician (RD) who stated that she had been employed in the facility for Ex.Order 26.4(b)(1) and explained that if a resident developed an in-house pressure ulcer, then she should have been notified. She stated that she was notified of Resident #9's Ex.Order 26.4(b)(1) last Friday on Ex.Order 26.4(b)(1). She indicated that she was notified through the supervisor's report. She stated that she was very familiar with Resident #9 and would not be changing the resident's feeding and that the resident's nutritional needs were being met through Ex.Order 26.4(b)(1). She continued to add that that she did not feel that the facility acquired Ex.Order 26.4(b) was caused by Ex.Order 26.4(b)(1). She stated that the resident's formula was very high in protein and that his/her weight was stable. She stated that the Ex.Order 26.4(b) could have been caused by other reasons such as positioning issues, however that was to be determined by the PT.

On 06/13/23 at 11:45 AM, the surveyor interviewed the Director for Professional Development and Research who was also a Registered Nurse. She explained the facility process if a resident developed a facility acquired pressure ulcer. She indicated that two clinicians were to assess and stage the pressure ulcer and treatment was then ordered. She also stated that as soon as a pressure ulcer was identified that an intervention to prevent further deterioration of the skin should have been put in place as soon as possible.

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On 06/13/23 at 12:28, the RN/ANM provided the surveyor with copies of the resident's medical records to the surveyor for review.

On 06/14/23 at 09:20 AM, the surveyor reviewed the SWA dated Ex.Order 26.4(b)(1) which indicated that Resident #9 developed Ex.Order 26.4(b)(1) . The surveyor did not observe that there were any measurements of the Ex.Order 26.4(b) nor any physical description of the Ex.Order 26.4(b) documented on the SWA. The surveyor then interviewed the Registered Nurse (RN #2) who discovered the Ex.Order 26.4(b) RN #2 stated that she was notified by a CNA on Ex.Order 26.4(b) that Resident #9 had Ex.Order 26.4(b)(1) She stated that there was an area of Ex.Order 26.4(b)(1) he stated that she notified the Registered Nurse/ Charge Nurse (RN/CN) and that together both RN #2 and the RN/CN assessed the Ex.Order 26.4(b) and determined that the Ex.Order 26.4(b)(1) She did admit to not measuring the Ex.Order 26.4(b) and confirmed that she should have measured the Ex.Order 26.4(b)(1) that there was a baseline. She added that she completed the Situation Background and Recommendation (SBAR) - Change in condition assessment and a Ex.Order 26.4(b) assessment. She stated that she did not update the CP with interventions. She revealed that the resident did not have an Ex.Order 26.4(b)(1) on his/her wheelchair at the time that the Ex.Order 26.4(b) was discovered. She stated that she did not call the physician about the Ex.Order 26.4(b) and that she was not sure who called the physician. She continued to explain that the nurses applied a treatment to the Ex.Order 26.4(b)(1) did not obtain a physician's order until later. RN #2 could not explain why if a Ex.Order 26.4(b) developed on Ex.Order 26.4(b)(1)

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there was not a physician's treatment order until Ex.Order 26.4(b)(1). She could not speak to the process regarding putting interventions in place that would have prevented further Ex.Order 26.4(b)(1). RN#2 further stated that she had not implemented interventions since she has been working in the facility.

On 06/14/23 at 09:40 AM, the surveyor attempted to telephone interview the RN Charge Nurse that assessed Resident #9's Ex.Order 26.4(b)(1) however there was no answer. The surveyor left a message.

On 06/14/23 at 11:13 AM, the surveyor interviewed the Director of Nursing (DON) who stated that she had been employed at the facility for Ex.Order 26.4(b)(1). The DON explained that if a pressure injury was discovered that two nurses were required to assess the wound, measure it and then stage the wound. The DON continued to explain that the nurses were to notify the provider (physician) to inform them that there was a change in the status of the resident's skin. The DON explained that the provider should have been notified so that the plan of care could have been edited and the physician could have provided additional orders. She then stated that if the wound was related to positioning or an orthotic that the resident wore, then the nurses would notify the PT for lower body and Occupational Therapist (OT) for upper body, to see if modifications had to be done to the orthotic or if any additional interventions needed to be obtained. She stated that the PT oversaw the rehabilitation technician build the resident's wheelchair. She stated that PT would recommend an anti-pressure cushion. She continued to explain that children grow and may

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need wheelchair modifications to accommodate growth. She stated that any changes in a resident's skin condition would be documented on the SWA. She continued to add the facility's SBAR form was a change in condition form that was formulated to be able to communicate a change in the resident's condition and to communicate recommendations. The DON reviewed the SBAR note that was completed on Ex.Order 26.4(b)(1) regarding Resident #9's facility acquired Ex.Order 26.4(b)(1). She stated that the form was not complete to include that the parent or guardian was notified or that the physician was notified that the resident had a change in condition. The DON stated that the PT should have been notified the day that a Ex.Order 26.4(b)(1) was discovered. The DON stated that the Ex.Order 26.4(b) was a Ex.Order 26.4(b)(1). She stated that her expectation would be that the PT would have been notified about the resident's development of Ex.Order 26.4(b)(1) within 24 hours. She stated that if the physician ordered an ointment to be applied to the Ex.Order 26.4(b), the facility would have been required to obtain a physician's order but since the treatment was only Ex.Order 26.4(b)(1), the facility was not required to obtain a physician's order.

The DON explained why the resident did not have an Ex.Order 26.4(b)(1) on his/her wheelchair from Ex.Order 26.4(b)(1) She explained that on Ex.Order 26.4(b)(1) the resident came home from school with his/her chair cushion in a bag. She stated that the cushion had a strong odor, such as a bowel movement odor. She stated that the resident usually had a strong body odor. She explained that the cushion had to be cleaned and deodorized. She further revealed that while the cushion was being cleaned and deodorized, the facility did not have a replacement cushion to put

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onto the resident's chair. The resident developed a Ex.Order 26.4(b)(1) during the time that the Ex.Order 26.4(b)(1) was not available.

On 06/14/23 at 11:55 AM, the surveyor reviewed the PT LTC productivity minutes dated Ex.Order 26.4(b)(1) at 16:00 hrs (04:00 PM) which indicated that the resident was without an Ex.Order 26.4(b)(1) and was not sitting on a cushion from Ex.Order 26.4(b)(1) until Ex.Order 26.4(b)(1)

On 06/15/23 at 08:10 AM, the surveyor observed the Ex.Order 26.4(b) on Resident #9's Ex.Order 26.4(b)(1). The surveyor observed a very Ex.Order 26.4(b)(1) and the surrounding area Ex.Order 26.4(b)(1) The DON stated that the area was a small layer of skin that the facility was being extra cautious of, so they treated it as Ex.Order 26.4(b)(1) to prevent further Ex.Order The DON further stated that it was a Ex.Order 26.4(b)(1) that the resident had, so it was not necessary to call the physician and notify the physician of the Ex.Order 26.4(b)(1) at that time because the physician was already aware of it and that they were going to round with the physician the next day.

On 06/15/23 at 10:30 AM, the DON stated that she was not disputing the surveyor findings and had no additional information to provide.

The surveyor reviewed the facility policy, "Pressure Injury Prevention and Management," dated 01/01/2023, which indicated that nursing, in collaboration with the healthcare team, would assess and manage skin integrity for all patients throughout their stay. The prevention procedure indicated that pressure relieving surfaces/specialty beds as clinically appropriate. Documentation of pressure injury prevention and

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F 686	Continued From page 10 pressure relieving devices and support surfaces (cushions, beds, boots, etc.). The policy also indicated that pressure injuries were assessed with each ordered dressing change and documentation should be as followed: Pressure ulcer description and size. The policy also indicated that the facility was to communicate to the provider, any new areas of skin breakdown and concern. Initiate appropriate nutritional referrals and notify the provider as soon as a pressure ulcer is identified. Patient and family education concerning pressure ulcer care and pressure injury prevention. NJAC 8:39-27.1(e)	F 686		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of medical record it was determined that the facility failed to assure that 1 of 3 residents, (Resident #17) reviewed for Ex.Order 26.4(b)(1) was administered a Ex.Order 26.4(b)(1) [redacted]) treatment appropriately. This deficient practice is evidenced by the	F 695	1. One of three residents was found to have been affected by the deficient practice outlined in the CMS 2567. Upon disclosure of this concern by the surveyor, re-education regarding aerosol administration process was initiated. 2. All residents receiving aerosolized medications or treatments have the	7/14/23

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F 695	Continued From page 11 following: A review of the Admission record reflected that Resident #17 was admitted in Ex.Order 26.4(b)(1) with diagnoses that included but were not limited to Ex.Order 26.4(b)(1) [redacted] weeks. A review of Long Term Care Orders, revealed a physician order for the medication, Ex.Order 26.4(b)(1) [redacted] A review of the paper Medication Administration Record (MAR) dated Ex.Order 26.4(b)(1) revealed an physician order dated 0 Ex.Order 26.4(b)(1), for Ex.Order 26.4(b)(1) [redacted] and Ex.Order 26.4(b)(1) [redacted] A review of the June 2023 electronic MAR revealed that Ex.Order 26.4(b)(1) was administered on Ex.Order 26.4(b)(1) at 08:54 AM. The record also revealed that Ex.Order 26.4(b)(1) [redacted] was administered on Ex.Order 26.4(b)(1) at 08:54 AM. On Ex.Order 26.4(b)(1) at 08:52 AM, Resident #17 was observed supine in bed with Ex.Order 26.4(b)(1) [redacted] On 06/13/23 at 08:53 AM, two staff members	F 695	potential to be affected by the deficient practice outlined in the CMS 2567. 3. All Registered Nurses, Licensed Practical Nurses and Respiratory Therapists will receive education by the completion date, or before their next shift, on the following policy and procedure, “PC-Aerosol Administration.” 4. Compliance for adhering to policy and procedure “PC-Aerosol Administration” for all residents receiving aerosolized medications or treatments will be monitored by the Director of Nursing, or designee, in the form of direct observation and completion of an audit tool. There will be five (5) observations per week until 100% compliance has been maintained for four (4) consecutive weeks, then five (5) observations per month until 100% compliance has been maintained for three (3) consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	

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	315443	A. BUILDING _____ B. WING _____	C 06/15/2023

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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F 695	Continued From page 12	F 695		

arrived at the resident's bedside with a medication cart. The surveyor interviewed the Licensed Practical Nurse (LPN) who stated she was the orientee and that the Registered Nurse (RN) was the orienter. The LPN approached the resident's bedside and the RN stood next to the end of the bed at the medication cart. The LPN Ex.Order 26.4(b)(1) The LPN then placed the Ex.Order 26.4(b)(1) over the resident's Ex.Order 26.4 The Ex.Order 26.4(b)(1) was observed to have Ex.Order 26.4(b)(1)

On 06/13/23 at 08:59 AM, the LPN and the RN left Resident #17's room with the medication cart and entered another room. The surveyor remained in the resident's room.

On 06/13/23 at 09:02 AM, the surveyor observed Resident #17's Ex.Order 26.4(b)(1) connected to the Ex.Order 26.4(b)(1) resting on the resident's left shoulder. The Ex.Order 26.4(b)(1) was not covering Ex.Order 26.4(b)(1)

On 06/13/23 at 09:04 AM, the surveyor observed Resident #17's Ex.Order 26.4(b)(1) connected to the Ex.Order 26.4(b)(1) resting on the resident's left shoulder. The Ex.Order 26.4(b)(1) was not covering the Ex.Order 26.4 The resident was holding the Ex.Order 26.4(b)(1) in his/her hands.

On 06/13/23 at 09:08 AM, the surveyor observed Resident #17's Ex.Order 26.4(b)(1) connected to the Ex.Order 26.4(b)(1) resting on the resident's left shoulder. The Ex.Order 26.4(b)(1) was not covering the Ex.Order 26.4 The resident was

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F 695	Continued From page 13	F 695		

holding the Ex.Order 26.4(b)(1) in his/her hands.

On 06/13/23 at 09:11 AM, the LPN and the RN returned to Resident #17's bedside. At that time, the surveyor interviewed the LPN and the RN. The RN stated that it was the nurse's responsibility to administer the Ex.Order 26.4(b)(1) there was no respiratory therapist working. The LPN stated the process for administering a Ex.Order 26.4(b)(1) was that the medication got added to the Ex.Order 26.4(b)(1) medication cup which was connected to the Ex.Order 26.4(b)(1) and was also connected to the Ex.Order 26.4(b)(1) tubing. The surveyor inquired if the Ex.Order 26.4(b)(1) was in place over the Ex.Order 26.4 when the nurses returned to the resident's room. The LPN stated, "No, it was on the side, so I tightened it a bit more to keep it in place." The surveyor inquired as to how the nurse would have known how much medication was given if the Ex.Order 26.4(b)(1) was not covering the Ex.Order 26. The LPN stated she did not know and that she would tighten the green straps (that are connected to the Ex.Order 26.4(b)(1)) to keep t Ex.Order 26.4(b)(1) in place. The LPN further stated that it was important to ensure the Ex.Order 26 was in proper position so that the resident received the proper dose of medication.

On 06/13/23 at 09:16 AM, the surveyor interviewed the Assistant Unit Manager (AUM) who stated that it was the nurse's responsibility to administer Ex.Order 26.4(b)(1) treatments when there was not a respiratory therapist working. The AUM acknowledged that the resident would not have received the full ordered medication dose if the Ex.Order 26.4(b)(1) was resting on his/her shoulder and that the Ex.Order 26.4 would have needed to be closer to the Ex.Order 26.4. The AUM stated that it was important for the Ex.Order 26.4(b)(1) to have been secured and

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F 695	Continued From page 14	F 695		

have stayed in place with the medication cup upright during the medication administration so that the resident received the physician ordered dose and that the nurse should have stayed at the bedside to ensure Ex.Order 26.4(b)(1) stayed in place.

On 06/13/23 at 12:14 PM, via phone the surveyor interviewed the Respiratory Therapist (RT) who stated that the RT would have administered respiratory treatments but that she worked 4:00 PM to 12:30 AM on Monday through Friday and that sometimes there were per diem (as needed) RTs from 06:00 AM until 10:00 AM. The RT stated that if no RT was working that it was the nurse's responsibility to administer nebulizer treatments. The RT stated that when a resident had a trach and was ordered a nebulizer treatment that the trach collar was positioned over the trach stoma (opening in neck.) The surveyor informed the RT of the Ex.Order 26.4(b)(1) observation and the RT stated that the Ex.Order 26.4(b)(1) should not have been resting on the resident's shoulder and that she would have stayed and watched the resident and would not have left the room while the medication was being administered because it would not have been known how much medication the resident received. The RT further stated that it was important to ensure Ex.Order 26.4(b)(1) was in place over the Ex.Order 26.4(b)(1) when administering a Ex.Order 26.4(b)(1) so that the resident got the ordered medication.

On 06/14/23 at 11:54 AM, the surveyor interviewed the Director of Nursing (DON) who stated that the RT was primarily responsible for providing respiratory treatments but that the RTs were not available at all times so it would have been the nurse's responsibility to administer

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F 695	Continued From page 15 nebulizer treatments. The DON stated that the trach collar was like a bow tie and got positioned in front of the trach which could have been loosened or tightened with the connected elastic band. The surveyor informed the DON of the Ex.Order 26.4(b)(1) administration observation and the DON stated that the Ex.Order 26.4(b)(1) should not have been resting on the resident's shoulder and that it was too loose and navigated to his/her shoulder and was not administering the Ex.Order 26.4(b)(1) treatment to him/her. The DON further stated that it was important to make sure the Ex.Order 26.4(b)(1) was over the Ex.Order 26.4(b)(1) when the Ex.Order 26.4(b)(1) was administered because it was an inhaled treatment and it would have ensured the resident received the respiratory treatment. A review of the facility policy, "PC-Aerosol Administration," effective date 1/1/2023, revealed, Procedure: 11. a. Initiate treatment using age and condition appropriate method. i. Age and ability to cooperate will affect treatment method used. b. Via trach collar: iv. Make sure trach collar is placed securely over tracheostomy tube. N.J.A.C. 8:39-27.1(a)	F 695		
F 812 SS=D	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.	F 812		6/23/23

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F 812	Continued From page 16 (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, interviews and review of facility documentation it was determined that the facility failed to: a.) properly handle and store potentially hazardous foods in a manner intended to prevent the spread of food borne illnesses, b.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross contamination, and c.) maintain adequate infection control practices during food service in the kitchen. This deficient practice was observed and was evidenced by the following: On 06/09/23 at 09:46 AM, in the presence of the Director of Nutritional Services (DNS), the surveyor toured the kitchen and observed the following: 1.) In the walk-in refrigerator #1, there was a rolling metal rack with a tray containing yellow cut squash that was uncovered and exposed to air. The DNS acknowledged the tray was uncovered and stated that it was important to make sure prepped foods were covered to protect from debris and contamination.	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 outlined in CMS-2567. 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 deficient practice. All residents who require nutrition and/or storage of food have the potential to be affected by this deficient practice. 3. All the cooks and dietary aids were educated on proper food safety practices. These in-services included; - All food that is in the fridge should be covered and not exposed to air - All food in the freezer should 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 should have an open date and used by date to ensure that	

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F 812	Continued From page 17 2.) In the walk-in freezer #2, on a metal rack, there was an opened 10 pound box marked beef franks which contained an opened clear package of eight beef franks that were wrapped with clear plastic wrap with no open or use by dates. The DNS acknowledged that he was unsure when the package was opened and stated that it was important to date the food items when they were opened to ensure they were not expired. 3.) In the dry storage room, there was half a loaf of brown sliced bread, the DNS identified the bread as raisin bread, that was wrapped in clear plastic wrap with no label or use by dates. The DNS acknowledged the bread was not wrapped correctly and stated that the package should have had an opened or use by date. 4.) In the kitchen there was a meat slicer that was covered with a dark plastic bag. The DNS stated that once the slicer was used that it was cleaned and covered with the plastic bag. The DNS removed the plastic bag and there was white and tan debris on the base and tan debris on the arm of the slicer which the DNS removed with his finger. The DNS acknowledged the debris and stated that it should not have been there and that it was important to keep the equipment clean for infection control. 5.) In the prep area there was one large box containing a roll of clear plastic wrap film that was opened, uncovered and exposed to air. There was one large box containing a roll of aluminum foil that was opened, uncovered and exposed to air. The DNS stated that the plastic wrap and the foil were used to cover food and acknowledged that it was important to keep them covered to avoid getting dust or debris on them.	F 812	they are not expired. - The meat slicers must be cleaned and wrapped properly after each use. - All food coverings including clear plastic wrap and aluminum foil must be covered - All cutting boards must be free gouges and dirt. All cutting boards must be sanitize properly between each use - 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 dates - All items in the dry storage area are correctly wrapped and have a used by date - That the meat slicers are cleaned and wrapped properly - All wrappings are covered - All cutting boards are free of gouges and dirt 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	

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F 812	Continued From page 18 6.) On a clean rack under a prep area there was a rack that contained one green plastic cutting board with a large amount of tan debris and black smudges. There was one white plastic cutting board with gouges, and black and brown debris. The DNS stated they were used for food prep and that they were cleaned and sanitized after each use. The DNS stated they were clean then moved the cutting boards to the dishwashing area. 7.) At the grill, there was a cook observed cooking hamburgers who had a moustache and beard stubble with no facial hair restraint. The cook acknowledged that he was not wearing a beard guard and that he probably should have been. The cook stated that it was important to keep all hair covered so that hair did not fall into the food. During an interview with the surveyor at that time, the DNS stated the hairnet policy included that everyone in the kitchen had to wear a hair restraint such as a hairnet or hat and that beard guards were to be worn for those with beards. When the surveyor inquired as to whether the cook should have been wearing a beard guard, the DNS stated, "I suppose." On 06/14/23 at 12:39 PM, the surveyors met in the conference room with the Licensed Nursing Home Administrator and the Director of Nursing who were made aware of the kitchen observations. A review of the undated facility policy, "General Food Preperation and Handeling [sic]," revealed Procedure: 2. Food Storage, b. Food is covered for storage. 3. Food Preparation, e. cutting	F 812	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 19	F 812		

boards are washed and sanitized after each use. 5. Equipment, a. all food service equipment should be cleaned, sanitized, dried, and reassembled after each use. b. plastic-ware or dishware that has lost its glaze or is chipped or cracked must be disposed of.

A review of the undated facility policy, "Storage Areas," revealed Procedure: 8. c. Food should be dated as it is placed on the shelves. 13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. 14. Refrigerated Food Storage: f. All foods should be covered, labeled and dated. 15. Frozen Foods: d. All foods should be covered, labeled and dated.

A review of the undated facility document, "Proper Hair Restraint," revealed, Food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting: exposed food, clean equipment, and utensils.

NJAC 8:39-17.2(g)

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
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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 | 06/30/23

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	7/31/2023

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 F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 07/14/2023	ID Prefix F0695 Reg. # 483.25(i) LSC	Correction Completed 07/14/2023	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 06/23/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	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	
6/15/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO