

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315239	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/23/2026
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NAME OF PROVIDER OR SUPPLIER CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 NEW PROVIDENCE ROAD , MOUNTAINSIDE, New Jersey, 07092
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F0000	INITIAL COMMENTS STANDARD SURVEY: 1/20-1/23/2026 CENSUS: 54 SAMPLE SIZE: 14+3 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.	F0000		02/07/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F0880	One (1) resident (residents #7) were found to have been affected by the deficient practice outlined in the CMS 2567. After disclosure of deficient practice the observed ^{USFC} was provided reeducation on Children's Specialized Hospital policy "Infection Control Standard and Transmission-Based Precautions Guidelines (Procedure)". All residents have the potential to be affected by the deficient practice outlined in the CMS 2567. The Director of Nursing, Assistant Nurse Managers, Nurse Educator or their designee will provide all Registered Nurses (RN) and Licensed Practical Nurses (LPN) with education by the completion date, or before their next shift, on the Children's Specialized Hospital policy "Infection Control Standard and Transmission-Based Precautions Guidelines (Procedure)". Compliance for adhering to policy "Infection Control Standard and Transmission-Based Precautions Guidelines (Procedure)" will be monitored by the Director of Nursing, Assistant Nurse Managers, Nurse Educator or their designee, in the form of direct observation and completion of an audit tool. The Director of Nursing, Assistant Nurse Managers, Nurse Educator or their designee will complete 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)	03/01/2026

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F0880 SS = D	Continued from page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: 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 [REDACTED] during the medication pass observation.	F0880	Continued from page 1 consecutive months. Audit reports will be submitted to the QAPI committee quarterly by the Director of Nursing or designee. Completion date: 3/1/26	03/01/2026

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<p>F0880 SS = D</p>	<p>Continued from page 2</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/21/26 at 9:51 AM, the surveyor observed the US FOIA (b)(6) wearing a pair of gloves. The US FO was observed preparing medications using a NJ Exec Order 26.4b1. After the medication was prepared, she administered all the medication to Resident #7 by NJ Exec Order 26.4b1.</p> <p>. After administering medications, the US FO threw the NJ Exec Order 26.4b1 into the garbage, and then back to the resident without changing the gloves. US FO using the same gloves, took the NJ Exec Order 26.4b1 to the medication cart using her right hand and stated to the surveyor that she would be giving the NJ Exec Order 26.4b1 treatment to Resident #7. The surveyor observed the US FO holding the NJ Exec Order 26.4b1 with the right hand while showing the surveyor, using her left hand, the resident's NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1. US FO stated that she is going to do the treatment for the resident later, when the resident was in bed. US FO put back the NJ Exec Order 26.4b1 into the cart using the same gloves from preparing medication to administering medications by US FO who NJ Exec Order 26.4b1 the resident's NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1. The surveyor interviewed the US FO regarding the observation. She stated that she usually changed her gloves between preparing medications and administering them to the resident. The US FO revealed that she should change her gloves between preparing medications and administering them and NJ Exec Order 26.4b1 the resident's treatment area. The US FO added that the medication cart includes all the medications and treatments for 4 residents in room NJ Exec Order 26.4b1.</p> <p>On 1/21/26 at 12:19 PM, the surveyor reviewed the electronic health record of Resident #7, which revealed the following:</p> <p>A review of the patient demographics reflected that Resident #7 was admitted with diagnoses that included but were not limited to NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p>	<p>F0880</p>		<p>03/01/2026</p>

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<p>F0880 SS = D</p>	<p>Continued from page 3 A review of the quarterly Minimum Data Set (Q/MDS) (an assessment tool used to facilitate the management of care) with the date of [redacted] indicated that the facility assessed the residents' [redacted] using a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which stated that the resident had [redacted].</p> <p>A review of an active order of medications included, but was not limited to [redacted] administered [redacted] 2 times daily to the [redacted], with a start order of [redacted].</p> <p>A review of the care plan initiated on [redacted] with a problem that includes [redacted] interventions included, but were not limited to, [redacted] as ordered.</p> <p>On 1/22/2026 at 1:49 PM, the surveyor met with the [redacted] and the [redacted] to discuss the above concerns. The [redacted] acknowledged the infection control breach described by the surveyor.</p> <p>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 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."</p> <p>NJAC 8:39-19.4</p>	<p>F0880</p>		<p>03/01/2026</p>

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 3/4/2026 in relation to the 1/23/26 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	F0000		

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K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/22/26 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Childrens Specialized Hospital Mountainside is a two-story building that built in 1979. It is composed of Type I protected construction. The facility is divided into three smoke zones. The two diesel generators, a 275 KW and 750 KW, power 100% of the building per the U.S. FOIA (b) (6) . The number of occupied beds was 54 of 64.	K0000		02/07/2026
K0351 SS = F Bldg. 01	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2,	K0351	No residents were found to have been affected by the deficient practice. All residents have the potential to be affected by the deficient practice. Manager of Plant Operations has toured all areas of the facility and confirmed that all areas have appropriate fire suppression. Interim Life Safety Measures (ILSM) initiated by the Environment of Care Specialist. Which included: a) inspect exits in affected areas on a daily basis, b) increase surveillance of buildings, grounds, and equipment, c) enforce storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level, d) Provide additional training on use of fire extinguishing equipment (i.e., fire extinguishers) to those who work in the Facility area affected, and e) educate staff in or near affected area to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. A certified vendor has installed fire suppression inside the generator room that is located inside the boiler room.	04/03/2026

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K0351 SS = F Bldg. 01	Continued from page 1 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the sprinkler system was installed throughout the facility in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.5.1. and CMS C&S Letter 13-55 LSC dated 8/16/13. This deficient practice had the potential to affect all 54 residents and was evidenced by the following: An observation on 01/22/26 2:30 PM revealed a 20-foot by 12-foot generator room inside the boiler room on the first floor that was not protected with an automatic sprinkler system. The room is built with concrete block walls on all four sides with a 1 ½ hour fire rated door assembly indicating it's a two-hour fire rated room containing the 275 KW diesel generator. During interview at the time of observation, the US FOIA (b)(6) verified the lack of sprinkler coverage in the generator room. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K0351	Continued from page 1 The Director of Plant Operations or their designee will report to the QAPI Committee quarterly the status of the facility's fire suppression system until fire suppression is installed in the generator room and it is confirmed that all areas have appropriate fire suppression.	04/03/2026

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 01/22/26. The facility was found to be in compliance with 42 CFR 483.73.	E0000		02/07/2026

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 4/12/2026 in relation to the 1/23/2026 Life Safety Code survey. The facility was found to be in compliance 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.	K0000		04/13/2026

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