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 _____	09/16/2019

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 000	INITIAL COMMENTS STANDARD SURVEY: 09/16/19 CENSUS: 21 SAMPLE SIZE: 12 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 812 SS=E	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 document review, it was determined that the facility failed to maintain 1.) kitchen equipment in a manner to minimize microbial growth and cross	F 812	1. No residents were found to have been affected by the deficient practice outlined in the CMS-2567. The meat slicer, blender and sink were cleaned upon	10/14/19

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

Electronically Signed | 10/04/2019

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F 812	Continued From page 1 contamination, 2.) the nourishment room on the [redacted] unit in a clean and sanitary manner, and 3.) the storage of bottles and equipment used to make [redacted] nutrition formula in a manner to minimize microbial growth and cross contamination for 7 out of 7 residents who received on-site prepared nutrition formula. This deficient practice was evidenced by the following: On 09/13/19 at 8:28 AM, the surveyor, accompanied by the Dietary Director (DD), completed a tour of the kitchen and observed the following: A meat slicer was covered and identified as clean by the DD. There was food debris on the base and blade of the slicer. A large blender, identified as clean by the DD, was stored upright with the lid on. The lid was removed, and the blender was visibly wet inside. At 9:04 AM, the tour continued in the [redacted] unit nourishment room and the following was observed: Two brushes identified as bottle cleaning brushes were soiled and stored directly on top of the sink. The two compartment sink, identified as being used in the bottle cleaning process, was visibly soiled throughout and contained a dark gelatinous type substance in and around both of the drains. The following was observed in a cabinet labeled, "Formula Containers N Lids," and identified by the	F 812	finding. 2. Only residents who receive facility prepared formula or receive facility prepared food have the potential to be affected by the deficient practice. 3. The Dietary Team was educated on how to properly clean the meat slicer and blender. The Dietary Daily Check List will be utilized to ensure cleanliness of kitchen equipment, including the meat slicer and large blender (Robot Coup). Compliance of this checklist and equipment cleanliness will be audited daily by the Dietary Director or their designee. The nourishment room on the pediatric unit will be cleaned by the environmental services department daily. The cleanliness of the nourishment room will be audited by the site lead or their designee weekly to ensure compliance. Facility prepared formula will be placed in single use disposable containers. There will be no ware washing of formula prep items or equipment in the nourishment room. Ware washing will be completed in the main kitchen. 4. The Dietary Director or their designee will provide their audit of the Dietary Daily Check List to the QAPI committee on a quarterly basis. The Environmental Services Director or their designee will provide their audit on the nourishment room cleanliness to the	

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F 812	Continued From page 2 DD as containing clean formula containers: Nine, two-quart bottles. Two were visibly wet and all had a white residue inside the bottles. One, one-liter cup that was labeled with Resident #6's name, contained white residue and other debris inside. Four, one-quart bottles were visibly wet inside and three of the four bottles contained white residue inside. One, one-pint bottle contained residue inside. At 9:13 AM, the Administrator joined the tour. The Administrator and DD were interviewed regarding who was responsible for the cleanliness of the nourishment room. Neither provided information regarding the responsibility for the cleanliness of the nourishment room. At 9:36 AM the surveyor, Administrator and Director of Nursing (DON) observed the nourishment room. The DON confirmed that the formula containers are rinsed out in the sink that contained the debris. On 09/16/19 at 8:27 AM, the surveyor conducted a telephone interview with the Registered Dietitian, regarding the nourishment room. The RD stated the blender is used for pediatric formula preparation and that it should not have been stored wet. She also stated that the bottles should have been dry from being stored overnight and they should not have been wet. She further stated that some of the formulas are difficult to remove from the containers and the brushes were used to scrub the containers. She stated the brushes should have been put through the	F 812	QAPI committee on a quarterly basis.	

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F 812	Continued From page 3 dish machine for cleaning and stored in the drawer, and not on top of the sink. Review of the undated "Food Preparation Appliances" policy indicated that small appliances (such as mixers and food processors) will be cleaned and sanitized after each use. The policy also revealed that the appliances should be air dried. Review of the Clinical Nutrition Services, "Preparation of Formulas" policy, dated revised 4/2019, revealed that all equipment reused for formula preparation is passed through a commercial dish machine and each blender is stored in a tightly knotted plastic bag. At 9:16 AM, the surveyor, in the presence of the survey team, interviewed the Administrator regarding the cleaning policy for the nourishment room. The Administrator stated it is sort of a blended policy between housekeeping and dietary and no specifics were provided. NJAC 8:39 17.2(g)	F 812		
F 880 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.	F 880		11/1/19

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F 880	Continued From page 4 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 §483.70(e) 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 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	F 880		

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F 880	Continued From page 5 (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 staff failed to follow the facility infection control policy for a resident on modified contact precautions. This deficient practice was identified for 1 of 2 residents reviewed for infections, Resident #6, and was evidenced by the following: On 09/11/19 at 12:46 PM, the surveyor observed a stop sign posted outside of Resident #6's room. The sign revealed that the resident was on Modified Contact Precautions. There were gloves, gowns and masks observed outside of the resident's room. The sign revealed that at bedside, a gown should be worn whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces, or equipment in close proximity to the patient. The sign indicated to don a gown upon entry into the resident's room or cubicle. When interviewed, the staff stated that	F 880	1. No residents were found to have been affected by the deficient practice outlined in the CMS-2567. 2. If there is a resident on the unit with an active order for “Modified Contact Precautions” all residents would have the potential to be affected by the deficient practice. 3. All residents who are on “Modified Contact Precautions” will be reviewed to ensure this intervention is still required. All team members will be reeducated to policy IC-05; including the attachment IC-05C [redacted] Complex Care Association; Clinical Practice Guideline: Multi Drug Resistant Organisms.” The Infection Preventionist or their designee will complete the following	

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F 880	Continued From page 6 the resident was currently at an off campus school. According to the Resident Registration Form and Interdisciplinary Plan of Care (IDPC), Resident #6 was admitted to the facility on [redacted] and had diagnoses including [redacted]. Review of the Minimum Data Set (MDS), an assessment tool used to facilitate care dated [redacted], revealed that Resident #6 had a Brief Interview of Mental Status (BIMS) of [redacted]. The Long Term Care orders revealed a Physician order, dated 03/28/19, for Modified Contact Precautions for [redacted]. A Progress Note, dated 08/29/19 and signed by the Advanced Nurse Practitioner revealed Resident #6 had [redacted] and was on Modified Contact Precautions. On 09/12/19 at 2:29 PM, the surveyor interviewed the Behavior Analysts (BA) while positioned outside of the rear of the facility and awaiting the return of Resident #6 from school. The BA stated the resident was [redacted] and has a private nurse that accompanies the resident to and from school each day. The surveyor observed the mini van arrive back to the facility with Resident #6. The surveyor observed the BA walk to assist Resident #6. The surveyor observed the BA tie Resident #6's shoe and assist the resident off of the van along with the contracted nurse. The staff, including the contracted nurse were observed	F 880	audits monthly to ensure compliance with the following: personal protective equipment (PPE) containers are properly stocked, PPE is properly worn, donned and doffed, all transmission based precaution (TBP) orders are accurate and that all residents on TBP have proper signage displayed outside their rooms. 4. The Infection Preventionist or their designee will provide their audits to the QAPI committee on a quarterly basis.	

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F 880	Continued From page 7	F 880		

walking the resident into the facility. The BA was interviewed regarding any special precautions for the resident and she stated the the resident is on modified contact precautions only if he/she [redacted] are worn only when the resident is given medications.

At 2:43 PM the surveyor interviewed the contracted nurse who accompanied the resident to and from school. The contract nurse stated that she assists the resident on and off the toilet while at school and she wore gloves during care. She further stated that she is not aware of any other precautions for the resident while at school or upon arrival back to the facility.

On 09/13/19 at 2:40 PM, the surveyor observed Resident #6 arrive from school in a minivan. The BA and a Recreation Childlife Assistant (RCA) attended to the resident upon arrival in the minivan. The contract nurse was observed holding the Resident's hand and the BA and RCA provided close supervision for the resident while the resident walked into the building and toward the resident's room.

A review of the "Infection Control Precaution Guidelines" Policy # IC-05, Effective Date: 9/07, Reviewed: 12/18, reflected that Modified Contact Precautions requires the following Personal Protective Equipment: a. Wear gloves whenever touching the patients intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry into the room or cubicle. b. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or

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F 880	Continued From page 8 equipment in close proximity to the patient. Additionally, the policy revealed that the duration for precautions for patients who are colonized or infected for MRDO's remained undefined. Colonization from [redacted] can persist for may months and patients with [redacted] may have precautions discontinued when [redacted] can no longer be recovered from the original site of infection/colonization and [redacted] cultures are negative on three consecutive cultures obtained at least a wear apart. (Note: Be sure to order [redacted] On 09/12/19 at 1:24 PM, the surveyor, in the presence of the survey team, interviewed the facility Infection Preventionist (IP) by telephone, and in person, the Director of Patient Safety (DOPS). The IP stated the Modified Contact Precautions are used for patients that are allowed outside of their rooms and if a patient has [redacted], the patient will be placed on Modified Contact Precautions. She further stated that unless someone is providing direct care to a patient, they are not required to do anything when entering the room. When asked about the Modified Precaution Sign indicating that gloves must be worn upon entry into the room or cubicle, she stated gloves do not have to be worn when entering the room, although the sign indicated that gloves should be worn. She continued and stated the that gloves do not need to be worn unless there is direct contact with body fluids. She continued to state that the Modified Contact Precautions do not transfer for the children who attend school, although the sign, nor the policy does not reflect guidelines for children who regularly attend off campus activities. The DOPS stated there is a disconnect between the sign and what we should actually be doing.	F 880		

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F 880	Continued From page 9 On 9/16/19 at 8:48 AM, the surveyor, in the presence of the survey team interviewed the Administrator, IP and Senior Regulatory and Accreditation Specialist (SRAS). The IP stated that Resident #6 has [redacted] and the current infection control policies have been approved by the infection control committee. She further stated that the current sign was not part of the approval process for the infection control policies. The surveyor requested cultures related to the MRDO for Resident #6. At 10:00 AM the surveyor, in the presence of the survey team and facility Administrator, interviewed the IP, who stated that there were no [redacted] available for the resident for two years due to the resident being on another [redacted]. The Infection Prevention and Control Committee Meeting Minutes, dated 12/18/18, revealed the Policies for Review and Approval, included the IC-05 Infection Control Precautions Guideline with no changes indicated and the committee approved all. NJAC 8:39-19.1(b)	F 880		