

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

PRINTED: 01/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2021
NAME OF PROVIDER OR SUPPLIER CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 Survey: CENSUS: 18 SAMPLE: 10 + 2 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 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review and review of other facility documentation, it was determined that the facility failed to apply	F 688	1. One out of two residents was found to have been affected by the deficient practice outlined in the CMS 2567. Upon	9/17/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/13/2021

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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F 688	<p>Continued From page 1</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. based on the person-centered care plan for 1 of 2 residents reviewed for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (Resident #13). This deficient practice was evidenced by the following:</p> <p>On 07/27/21 at 10:48 AM, during the initial tour, the surveyor observed Resident #13 in the activities room with NJAC 8:43E-2.1 on his/her NJAC 8:43E-2.1 and 8:43E-2.2.</p> <p>On 07/28/21 at 01:15 PM, the surveyor observed Resident #13 in his/her room seated in a wheelchair. There were no NJAC 8:43E-2.1 on his/her NJAC 8:43E-2.1 and 8:43E-2.2 at this time.</p> <p>On 7/29/21 at 12:31 PM, the surveyor observed Resident #13 in his/her room seated in a wheelchair. There were no NJAC 8:43E-2.1 on his/her NJAC 8:43E-2.1 and 8:43E-2.2.</p> <p>According to the medical record, Resident #13 was admitted to the facility with a diagnosis including but not limited to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>A review of Long Term Care orders with a date of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. revealed under NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>A review of Resident #13's care plan revealed under the problem section NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. mobility. Under the goals section, "Maintain ROM NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (Resident #13) will maintain NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. through exercises and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. as needed as noted by sustained NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p>	F 688	<p>disclosure of this concern by the surveyor, resident #13's splints were donned and doffed according to the interdisciplinary plan of care's splint wearing schedule.</p> <p>2. All residents that utilize orthotics have the potential to be affected by the deficient practice outlined in the CMS 2567.</p> <p>3. All Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Respiratory Therapists, Physical Therapists, Occupational Therapists, Certified Occupational Therapy Assistant and other appropriate support staff will receive education by the completion date, or before their next shift, on the following policy, "Splinting Procedure" and complete the computer-based learning PowerPoint "Orthotics/Splint Education" with posttest.</p> <p>4. Compliance for adhering to splint wearing schedules for all residents will be monitored by the Therapy Supervisor, or designee, in the form of direct observation and completion of the audit tool. There will be ten (10) observations per week until 100% compliance has been maintained for four (4) consecutive weeks, then ten (10) observations per month until 100% compliance has been maintained for three (3) consecutive months. Audit reports will be submitted to the QAPI committee quarterly.</p>	

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F 688	Continued From page 2 <p><small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small> The interventions in the care plan included to Apply <small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small> <small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small> Type of <small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small> <small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small></p> <p>During an interview on 07/29/21 at 12:33 PM, Registered Nurse (RN #2) stated, they (the <small>NJAC 8:43E-2.1</small>) should be on in response to the surveyor's question about why Resident #13 does not have the <small>NJAC 8:43E-2.1</small> on. RN #1 confirmed the order for the <small>NJAC 8:43E-2.1</small> in the Electronic Medical Record. At that time, RN #2 confirmed that Resident #13 did not have <small>NJAC 8:43E-2.1</small> on his/her <small>NJAC 8:43E-2.1</small> <small>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</small> RN #2, with the help of another staff member, applied the <small>NJAC 8:43E-2.1</small> to Resident #13.</p> <p>A review of a facility policy titled, "Splinting Procedure" with a reviewed date of 7/21, revealed under the Purpose statement, To Promote appropriate alignment of body/joints and to prevent loss of ROM. Under the Procedure section, A wearing schedule will be established by the therapist and communicated to the primary nurse and assistants, as well as Nursing will be responsible for monitoring splints and informing therapists if there are any problems.</p>	F 688			
F 880 SS=D	N.J.A.C 8:39-27.1 (a) 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	F 880		9/9/21	

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F 880	<p>Continued From page 3</p> <p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism 	F 880			

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F 880	<p>Continued From page 4 involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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, record review and review of other facility documentation, it was determined that the facility failed to ensure an enteral feeding pump set (bags that are designed to be used with feeding pumps) were set up according to manufacturer's directions, to minimize the risk of contamination during the administration of enteral feedings for 2 of 10 sampled residents (Resident #14 and #18).</p> <p>This deficient practice was evidenced by the following:</p>	F 880	<p>1. Two residents were found to have been affected by the deficient practice outlined in the CMS 2567. Upon disclosure of this concern by the surveyor, the enteral feeding bags were closed.</p> <p>2. All residents who receive enteral feeding via the feeding pump set have the potential to be affected by the deficient practice outlined in the CMS 2567.</p>		

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F 880	<p>Continued From page 5</p> <p>1. During the initial tour on 7/27/21 at 10:14 AM, the surveyor observed a tube feeding pump set connected to Resident #18's [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED]). The top cap of the pump set was opened and exposed the nutritional formula to potential contamination.</p> <p>On 7/29/21 at 08:02 AM, the surveyor observed the tube feeding pump set connected to resident #18's [REDACTED]. The top cap of the pump set was opened and exposed the nutritional formula to potential contamination.</p> <p>On 8/2/21 at 09:21 AM, the surveyor observed Resident #18's pump set top cap was opened and exposed the nutritional formula to potential contamination during active tube feed administration.</p> <p>According to medical record Resident #18 was admitted to the facility with a diagnosis of but not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED]</p> <p>A review of the Annual Minimum Data Set (MDS), an assessment tool dated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED], revealed Resident #18 had a [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED].</p> <p>A review of the Long Term Care Orders dated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] revealed Resident #18 had the following tube feed orders: [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] with [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] full strength, [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] per hour via GT, start drip [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] and stop drip [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] (3:00 PM). [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] full strength, [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED].</p>	F 880	<p>3. All Registered Nurses and Licensed Practical Nurses will receive education on or before their next shift on the manufacture's guidance on how to use the feeding pump sets; including but not limited to ensuring a secure closer of the bag.</p> <p>4. Compliance for adhering to the manufacture's guidance on how to use the feeding pump sets will be monitored by the Director of Nursing, or designee, in the form of direct observation and completion of the audit tool. There will be ten (10) observations per week until 100% compliance has been maintained for 4 consecutive weeks, then ten (10) observations per month until 100% compliance has been maintained for three (3) consecutive months. Audit reports will be submitted to the QAPI committee quarterly.</p> <p>5. Directed Plan of Correction and Directed In-Service Training</p> <p>a. A RCA was completed and concluded.</p> <p>i. Lack of awareness to maintain the feeding bag closed during the feeding coupled with lack of knowledge regarding correct mechanism of feeding bag closure among staff led to a deficiency finding related to failure to ensure an enteral feeding bags were not set up according to manufacturer's directions, to minimize the risk of contamination during the administration of enteral feedings</p> <p>ii. The top of the feeding poles are</p>	

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F 880	<p>Continued From page 6</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. water to feeds. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>During an interview on 7/29/21 at 8:44 AM, Registered Nurse (RN #1) stated, "The nutritional bag doesn't have to be closed but it is preferred."</p> <p>2. On 7/29/2021 at 12:14 PM, Resident #14 was observed lying in bed receiving an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The surveyor observed the top cap on the NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. bag opened and the nutritional formula was exposed to potential contamination.</p> <p>According to the quarterly MDS, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Resident #14 had the following diagnoses: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The MDS further revealed in section K that resident #14 had a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.."</p> <p>A review of the Long Term Care Orders for Resident #14 revealed the following physician orders: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. addition, Resident #18 has the following order, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.: Vital 1.5 237 ml. Add 120 ml of water to each feed and run over 60 minutes at 0600, 1200, and 1800 (6:00 PM). Add 15 ml sugar free prostat to each feed.</p> <p>During an interview on 7/29/2021 at 12:25 PM, RN #2, who was assigned to care for Resident</p>	F 880	<p>inaccessible to some team members due to the height not being adjustable. This may have led to the Kangaroo feeding bags not being closed during feeding</p> <p>b. Directed In-Service Training</p> <p>i. Module 1 <input type="checkbox"/> Infection Prevention & Control Program</p> <p>1. Completed by topline staff and Infection Preventionist</p> <p>ii. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out!</p> <p>1. All identified team members have either completed this Directed In-Service Training or must complete the Directed In-Service Training before the start of their next shift.</p>	

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F 880	<p>Continued From page 7</p> <p>#18, stated the following: "The bag should be capped as best practice during tube feed administration. The most concern would be that you do not want any contaminants in the feeding. You want it closed as best practice."</p> <p>During an interview on 8/3/2021 at 8:31 AM, with the Registered Dietitian (RD), the RD, when questioned concerning the administration of enteral feedings being delivered with the cap of the pump set open the RD responded, "I would expect that the bag would be closed during administration of an enteral feeding but that is more of a nursing thing. When questioned whether the manufacturer directions for the enteral pump set setup should be followed the RD stated, "Yes, I would follow the manufacturer's instructions."</p> <p>During an interview on 8/3/2021 at 9:31 AM, the Director of Nursing (DON), the DON stated, "We are aware that the manufacturer recommends that the bag be closed and that is our policy. I think we aren't closing the bags appropriately and they are coming open. We are going to in-service our staff for consistency in this procedure."</p> <p>A review of the manufacturer Tube Feeding Pump Set directions revealed the following under "Directions", "1. Fill bag with desired amount of formula. 2. Close and hang bag ..."</p> <p>NJAC 8:39-27.1 (a)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315443	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/14/2022	Y3
NAME OF FACILITY CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0688	Correction	ID Prefix F0880	Correction	ID Prefix _____	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed
LSC _____	09/17/2021	LSC _____	09/09/2021	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/3/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		