

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>22249L</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHILDRENS SPECIALIZED HOSPITAL MOUNT,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092</b>
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(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) COMPLETE DATE
S 000	<p><b>Initial Comments</b></p> <p>Inspection Date: 6/21/23</p> <p>No deficiencies were noted during the inspection of the Phase 1, Renovation Inspection Survey for 13 additional licensed beds.</p> <p>The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	S 000		

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

TITLE

(X6) DATE

Electronically Signed

07/05/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092</b>		
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>TYPE OF SURVEY: Renovation Project: This inspection of Phase 1 included the following areas:</p> <ul style="list-style-type: none"> <li>- Resident rooms: <i>Ex Order 26. 4B1</i> [REDACTED] and <i>Ex Order 26. 4B1</i> [REDACTED].</li> <li>- Nursing Station, Three (3) Unisex bathrooms, Storage rooms, Dining room, Family-Visit room, Dental Exam room, Quiet room Tub room, Therapy room, Oxygen storage room, ADL (activities of daily living) classroom and common areas.</li> </ul> <p>This inspection would include the addition of (13) newly licensed beds.</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 6/21/2023, and Children's Specialized Hospital of Mountainside 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 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies for the newly renovated Rehabilitation Gym and Dining Room.</p> <p>Children's Specialized Hospital of Mountainside is a seven (7) story facility. The Existing Health Care Occupancy section of the facility is two (2) levels (#B and #1 levels) Type II Protected building. The building has two smoke compartments on #1 level.</p> <p>The above noted areas may not be occupied until formal notification by the Certificate of Need and</p>	K 000			

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TITLE

(X6) DATE  
**07/10/2023**

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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NAME OF PROVIDER OR SUPPLIER  <b>CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092</b>		
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K 000	Continued From page 1	K 000			
K 131 SS=D	<p>Multiple Occupancies CFR(s): NFPA 101</p> <p>Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> <li>o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.</li> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</li> </ul> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 6/21/2023, the facility failed to provide two-hour fire resistance-rated elements and assemblies in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.4. between the Community Recreation pool area and the Nursing Facility part of the complex. The unit is currently unoccupied but the deficient practice has the potential to affect all residents. This deficient</p>	K 131	<p>1. No residents were found to have been affected by the deficient practice outlined in the CMS 2567.</p> <p>2. All residents have the potential to be affected by the deficient practice outlined in the CMS 2567.</p> <p>3. On 7/7/23 the double fire-rated doors</p>	7/7/23	

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NAME OF PROVIDER OR SUPPLIER  <b>CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092</b>		
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K 131	<p>Continued From page 2</p> <p>practice was evidenced by the following:</p> <p>On 6/21/2023 during the survey entrance at approximately 10:00 AM, a request was made to the AVP (Assistant Vice President) of Access Management and Regulatory Affairs and Director of Facilities (DOF) to provide the Department of Community Affairs (DCA) approved architectural plans for review and a copy of the facility lay out which identifies the various rooms in the facility.</p> <p>A review of the facility provided lay-out identified the facility has two levels (level #B and level #1) with other occupancy groups that make up the complex.</p> <p>During the tour of the renovated area in the presence of the DOF, the surveyor observed in corridor that connects the Nursing Facility to the Community Recreation pool area 1-1/2 hour fire rated doors had a 3/8 inch gap between the meeting edges.</p> <p>The double fire-rated doors are part of the two-hour fire wall that separates the Nursing Facility from Community Recreation pool area.</p> <p>The DOF confirmed the finding at the time of observation.</p> <p>The AVP of Access Management and Regulatory Affairs was informed of the deficiency during the survey exit on 6/21/2023 at approximately 01:30 PM.</p> <p>NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 101, 2012 Edition, Section 19.1.3.4.</p>	K 131	<p>found deficient in the CMS 2567 were repaired.</p> <p>4. Compliance will be reported to the QAPI Committee at the next quarterly meeting by the Director of Facilities Management or their designee. The fire doors will be inspected annually by a certified vendor. The annual report will be submitted to the QAPI Committee by the Director of Facilities Management or their designee annually.</p>		

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K 351 K 351 SS=E	Continued From page 3 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, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility provided documentation on 6/21/2023, in the presence of facility management it was determined that the facility failed to properly install sprinklers, as required by CMS (Centers for Medicare & Medicaid Services) regulation §483.90(a) physical environment to all areas in accordance with the requirements of NFPA 101 2012 Edition, Section 19.3.5.1, 9.7, 9.7.1.1 and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems 2012 Edition  The deficient practice is evidenced by the following,	K 351 K 351	1. No residents were found to have been affected by the deficient practice outlined in the CMS 2567.  2. All residents have the potential to be affected by the deficient practice outlined in the CMS 2567.  3. On 7/7/23 a fire sprinkler was installed in the room outlined in the CMS 2567 that was noted as missing a fire sprinkler.  4. Compliance will be reported to the QAPI Committee at the next quarterly meeting by the Director of Facilities	7/7/23	

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K 351	<p>Continued From page 4</p> <p>On 6/21/2023 during the survey entrance at approximately 10:00 AM, a request was made to the AVP (Assistant Vice President) of Access Management and Regulatory Affairs and Director of Facilities (DOF) to provide the Department of Community Affairs (DCA) approved architectural plans for review and a copy of the facility lay out which identifies the various rooms in the facility.</p> <p>A review of the facility provided lay-out identified the facility has two levels (level #B and level #1) with one stairwell that connects the two floors.</p> <p>During the tour of the renovated area in the presence of the DOF, the surveyor observed inside a fourteen (14") inch deep by five feet two inch (5'- 2") wide Electrical closet across from the Dental Exam room had no evidence of a fire sprinkler inside the closet.</p> <p>A review of facility provided DCA-approved architectural plans Project # 5204-21 plan FP-2 Fire Sprinkler Protection identified the closet had no fire sprinkler coverage. The facility failed to provide fire sprinkler coverage to all areas in the facility.</p> <p>The DOF confirmed the finding at the time of observation.</p> <p>The AVP of Access Management and Regulatory Affairs was informed of the deficiency during the survey exit on 6/21/2023 at approximately 01:30 PM.</p> <p>Fire Safety Hazard. NJAC 8:39 -31.2(a)</p>	K 351	Management or their designee.		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315239	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 7/13/2023	Y3
NAME OF FACILITY CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092		

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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0131	07/07/2023	LSC K0351	07/07/2023	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 6/21/2023		<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		