STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315239	A. BUILDING _____ B. WING _____	10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS SPECIALIZED HOSPITAL MOUNTAINSIDE	150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092

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F 000	INITIAL COMMENTS STANDARD SURVEY: 10/22/19 CENSUS: 44 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 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 record review, it was determined that the facility failed to follow a physician's order for Head of Bed (HOB) at or equal to 30 degrees and the facility's [redacted]) protocol. This deficient practice was identified for Resident #33, 1 of 1 resident reviewed with a [redacted], and was evidenced by the following: According to the Registration Form, Resident #33 was admitted to the facility on [redacted], with	F 695	1. Resident #33 was found to have been affected by the deficient practice outlined in the CMS-2567. To correct this deficient practice resident #33's head of bed was elevated to 30 degrees. 2. All residents who are [redacted] dependent could have the potential to be affected by this deficient practice. 3. All Registered Nurses, Licensed Practical Nurses, Certified Nursing Aides, Respiratory Therapists, Physical Therapists, Occupational Therapists and	11/30/19

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

Electronically Signed | 11/08/2019

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F 695	Continued From page 1 diagnoses which included, but were not limited to: [redacted] Review of the resident's Annual Minimum Data Set (MDS), an assessment tool dated [redacted] revealed that the resident's cognition was [redacted] impaired. The MDS also revealed the resident required [redacted], and a [redacted] Review of the resident's Care Plan (CP), dated initiated on [redacted] revealed the resident was at risk for [redacted] and [redacted] The CP indicated, under "Additional Interventions," to "Elevate HOB>[greater]30 to optimize [redacted]" with an initiated date of [redacted] On 10/17/19 at 9:53 AM, the surveyor observed Resident #33 lying supine (on back facing upward) in bed. The degree indicator on the outside of the right upper side rail of resident's bed showed the HOB was elevated at 10 degrees. The HOB degree indicator revealed black marks drawn to show where the silver ball should be at 30 degrees. The silver ball inside the HOB indicator revealed the HOB was at 10 degrees. Resident #33's [redacted] was connected to the [redacted]. The resident was on continuous monitoring, which displayed the resident had an [redacted] During an interview with the surveyors on 10/17/19 at 9:57 AM, Registered Nurse (RN) #1	F 695	Speech Language Pathologists will receive education on the following policies; "[redacted] Protocol" and [redacted]". 4. Compliance with ventilator dependent residents' head of bed elevation; as indicated in the following policies "[redacted] Protocol" and "Prevention of [redacted], will be monitored by the [redacted] Care Service Manager or their designee in the form of direct observation and medical record review. There will be fifteen (15) observations per week until 100% compliance, then fifteen (15) observations per month until 100% compliance for 3 consecutive months. Audit reports will be submitted to the QAPI committee quarterly.	

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F 695	Continued From page 2	F 695		

stated that Resident #33 was not on [redacted] precautions and that the resident could lay flat. RN #1 stated there was nothing in the room to indicate that the resident was on [redacted] precautions. If a resident was on [redacted] precautions it would have been "endorsed" between staff members and/or it would be in the computer.

On 10/17/19 at 10:01 AM, the surveyor and RN #1 reviewed the resident's medical record which revealed an order to "Elevate Head Bed >/= [greater or equal to] 30 degrees" that was entered [redacted] at 3:03 PM. The surveyor questioned RN #1 about the positioning and HOB of Resident #33. RN #1 stated Resident #33's HOB was at 30 degrees. The surveyor and RN #1 went to the bedside of Resident #33. RN #1 confirmed that the resident's HOB was at 10 degrees and not at 30 degrees. RN #1 elevated the residents HOB to 30 degrees, which was indicated by the silver ball of the HOB indicator and the black marks drawn on the side rail. RN#1 stated the purpose of elevating the HOB was so that the resident did not [redacted] on their [redacted]

During an interview with the surveyors on 10/17/19 at 10:47 AM, the Respiratory Therapist (RT) #1 stated that according to the facility's protocol for residents that have a [redacted], the HOB should be at 30 degrees to prevent [redacted] and [redacted]. RT #1 stated that when a resident with a [redacted] lays flat, their [redacted] could go into their [redacted]. RT #1 stated that Resident #33 needed to be suctioned "quite often, every three or four hours." RT #1 stated that Resident #33 was not able to communicate and was not able to move around in the bed.

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F 695	Continued From page 3	F 695		

During an interview with the surveyors on 10/17/19 at 11:47 AM, Medical Doctor (MD) #1 stated that any resident that was dependent on a [redacted] for 24 hours a day was on [redacted] precautions. VAP precautions included HOB at 30 degrees. MD #1 stated that the purpose of elevating the HOB to 30 degrees was to prevent [redacted]P and for better [redacted] to the [redacted] MD #1 confirmed Resident #33 was dependent on the [redacted] for 24 hours a day and had [redacted] precaution orders.

During an interview with the surveyors on 10/17/19 at 1:08 PM, the Director of Nursing (DON) stated the [redacted] Protocol included HOB at 30 degrees and the reason was to prevent [redacted]. The DON stated that if a resident had an order for HOB at 30 degrees then the residents HOB should always be at 30 degrees. The DON stated the order would show on the nursing intervention list.

Review of the "Care Activity-Interventions," revealed that RN #1 had completed the intervention for "Elevate HOB>30 to optimize [redacted] on 1[redacted] at 7:30 AM.

Review of the facility's Policy#: PC-114, [redacted]," with a reviewed date of 06/19, revealed HOB elevation: HOB elevation >30 degrees is the preferred position for [redacted] patient.

Review of the facility's policy "[redacted]," with a revised and reviewed date of 06/19, revealed that the HOB should be elevated between 30 and 45 degrees unless other medical conditions dictated otherwise.

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F 695	Continued From page 4 Review of the facility's NetLearning on [redacted] education for RN#1 revealed a completion date of [redacted]. NJAC 8:39-27.1(a)	F 695		
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 record review, it was determined that the facility failed to maintain proper kitchen sanitation practices and properly store potentially hazardous foods in a safe and sanitary environment to address the risk of development of food-borne illness. This deficient practice was evidenced by the following:	F 812	1. At the time of survey there were six (6) residents who received food prepared or stored in dietary department and nine (9) who received [redacted] prepared in 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	12/22/19

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F 812	Continued From page 5 During a tour of the kitchen with the Assistant Dietary Manager (ADM) on 10/15/19 at 9:29 AM, the surveyor observed the following: 1. There was an opened (product exposed to the air) 20-pound box of lentils observed in the dry storage area. The ADM stated that it should not have been open and exposed and she removed it from the storeroom. 2. There was a 16-ounce clear plastic container of fresh strawberries observed on a shelf in the walk-in refrigerator. Some of the strawberries were observed to have a grayish/white fuzzy substance on them. The ADM stated that they should not be that way and that the product was recently delivered. She removed the strawberries from the refrigerator. 3. There was a case of 15-dozen raw eggs stored on the top shelf of a two tiered stainless steel utility cart. There was a case of unsalted butter next to the raw eggs. A case of heavy cream and a case of American cheese were observed on the shelf underneath the raw eggs. The ADM stated that the products were just delivered but should not have been stored that way. She further stated that raw eggs should always be stored on the bottom shelf. 4. There was a [redacted] (a machine that can mechanically alter a foods consistency or mix foods) observed to have cracks on the inside bottom of the gray plastic bowl (where there would have been food contact) as well as a small piece of plastic missing. The ADM stated the [redacted] was used to prepare mechanically altered food and that the gray bowl should no	F 812	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. 3. On the day of finding the following actions were taken; • The slicer, grill top, ovens and the manual can opener were all cleaned. • The lentils were removed and placed in a closed container • The wilted strawberries were discarded • The shell eggs were placed on the bottom of refrigerator #7 A Food and Nutrition Team Meeting was held on 10/29/19. The Food Service Manager reviewed findings from the survey tour. Polices and procedures related to cleaning of equipment, slicer, grill, ovens, open product food storage, wilted fruit, storage of eggs and disposition of potentially hazardous foods, were also reviewed in addition to the expectations in following these procedures. A comprehensive checklist will be completed by the Food Service Manager, Food Service Supervisor or their designee daily. This checklist includes, but not limited to; examination of open food items, wilted fruit and vegetables and expiration dates. During the tour any deficiencies will be reported to the Food Service Manager or Food Service Supervisors. Any findings of noncompliance will be documented and reported to QAPI quarterly. The damaged [redacted] was discarded. A new [redacted], that has a metal bowl to prevent cracking, chipping	

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F 812	Continued From page 6 longer be used. 5. There was a slicer covered with an opaque plastic bag. The ADM stated that if the equipment was covered that it indicated the equipment was cleaned. The ADM removed the bag and red debris was observed on the underside of the slicer where the blade sits. The ADM acknowledged the red debris. 6. There were two ovens that were heavily soiled with a black build up. The ADM could not speak to the last time they were cleaned and stated that the ovens were on a cleaning schedule. 7. There was a grill top that was heavily soiled with a black build up. The ADM could not speak to the last time it was cleaned and stated that the grill top was on a cleaning schedule. 8. There was a sticky build up on the base and in the gear of the table top manual can opener. The ADM stated that the can opener should have been cleaned through the dish machine after each use. She further stated that the base was on a cleaning schedule but could not speak to the last time it was cleaned. The Cook was also present at that time and stated that the can opener was cleaned every other day. During a tour of the kitchen with the ADM on 10/18/19 at 10:45 AM, the surveyor observed the following: 9. There were three light covers underneath the kitchen exhaust hood over the cooking equipment. The light covers were yellowed and there was a heavy build up of debris. The ADM acknowledged the observation.	F 812	or other damage, was ordered on 11/4/19. The policy on storing dairy items will be updated to state that shelled eggs will be store in refrigerator #7 upon delivery. All Food Service Team Members will be educated to the revised policy. The Food Service Manager, Food Service Supervisor or their designee will check all equipment (to include but not limited to grill, slicer, oven and all other cooking equipment) and the surrounding area of equipment for cleanliness daily. This will be validated through the closing checklist at the end of each shift and audited via visual inspection of the food service area by the Food Service Manager, Food Service Supervisor or their designee daily until 100% compliance for 3 consecutive weeks, then 3 times per week until 100% compliance for 3 consecutive months, then once a week continuously. These audits will be presented to the QAPI committee quarterly. The soiled light cover under the hood was cleaned and the discolored ceiling vent was repainted on 10/30/19. The light covers under the hood will be part of the quarterly hood cleaning. 4. The Food Service Manager will report on action plan and audits to the QAPI committee on a quarterly basis. Report will include outcomes and any additional action plans implemented when deviations are noted. Written reports of audits will be provided to the Committee and noted in the minutes.	

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F 812	Continued From page 7	F 812		

10. There was a square white ceiling vent over the coffee machine area that was discolored with a brownish/blackish substance. The ADM acknowledged the observation and could not speak to what the substance was.

During an interview with the surveyor on 10/15/19 at 9:29 AM, the ADM stated that the kitchen prepared mechanically altered foods for some residents and prepared powdered formula with sterile water for other residents.

During an interview with the surveyor on 10/21/19 at 9:17 AM, the Registered Dietitian (RD) stated that two resident's received pureed food from the kitchen, four residents received mechanically ground food from the kitchen, and 13 residents received formula prepared by the kitchen (three of which also received mechanically altered food).

Review of the "Children's Specialized Hospital Weekly Cleaning Assignment," with a revised date of 2018, indicated the following:
a. the grill was last cleaned on 10/13/19 from 2:45 to 2:55;
b. the oven (#1) was last cleaned on 10/14/19 from 4:32 to 4:50;
c. the oven (#2) was last cleaned on 10/9/19 from 3:25 to 3:45; and
d. the can opener, scales and food processor were last cleaned on 10/11/19 from 2:15 to 2:52.

Review of the facility policy "Food and Non Foods Storage," with a revised date of 10/12 and a reviewed date of 04/15, reflected that food and non-food products should be stored in a safe, sanitary and timely manner. It further indicated that plastic containers with tight fitting lids were

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F 812	Continued From page 8 used to store bulk foods such as grains, rice and beans. Review of the facility policy "H.A.C.C.P." (Hazard Analysis Critical Control Point Program), dated 12/16/91, reflected that the Dietary Department would protect residents and staff from food borne illness. It also reflected the identification of hazards which were indicated as situations that would allow for contamination, growth and survival of pathogens. The policy reflected the sources of contamination as naturally occurring, cross contamination, direct contamination and equipment not sanitized. It further reflected that the facility should monitor and verify the application of control methods by having checked for conditions that could lead to contamination. NJAC 8:39-17.2 (g)	F 812		