

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>10/22/2019</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>	
(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
E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 901 SS=C	<p>LIFE SAFETY CODE 101:2012</p> <p>This facility is in substantial compliance with the Minimum Life Safety Code requirements as surveyed using CMS-2786 R.</p> <p>Fundamentals - Building System Categories CFR(s): NFPA 101</p> <p>Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to conduct a formal building systems risk assessment as required by NFPA 99.</p> <p>This deficient practice was evidenced by the following: On 10/18/19 at 10:45 AM, the surveyor reviewed</p>	K 901	<p>1. A risk assessment was completed by Children's Specialized Hospital of all utility systems and equipment. This risk assessment had not been completed utilizing NFPA 99, 2012 edition criteria thereby had the potential to affecting all residents.</p> <p>2. All residents have the potential to be</p>	12/20/19

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

TITLE

(X6) DATE

Electronically Signed

11/08/2019

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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K 901	<p>Continued From page 1</p> <p>the facility's Life Safety Code records which revealed that the facility did not have a documented process for a risk assessment of their building systems. During the review, the surveyor requested from facility management any documented information that indicated a formal building systems risk assessment was conducted.</p> <p>During an interview with the facility's Physical Plant Manager and Environmental Service Director on 10/18/19 at 11:00 AM, they both acknowledged and confirmed that the facility did not conduct a building systems risk assessment and they were unaware of this requirement.</p> <p>During the Life Safety Code exit conference On 10/18/19 at 12:30 PM, the surveyor informed the Administrator of the above findings.</p> <p>NJAC 8:39-31.2(e)</p>	K 901	<p>affected if the facility fails to conduct a formal building systems risk assessment as required by NFPA 99, 2012 edition.</p> <p>3. A risk assessment will be conducted utilizing criteria established in NFPA 99, 2012 edition. This risk assessment will be completed by the interdisciplinary team lead by the Environment of Care Specialist. The team will include but will not be limited to the following departments; nursing, therapy, respiratory, patient safety, infection control, biomedical and facilities management. The risk assessment will be submitted to and reviewed by the Environment of Care Committee and the QAPI Committee.</p> <p>4. The risk assessment will be reviewed annually and modified when new systems or equipment are added or existing systems are changed or removed. All reviewed and/or updated risk assessments will be submitted to the quarterly QAPI Committee for review.</p>		