

New Jersey Department of Health

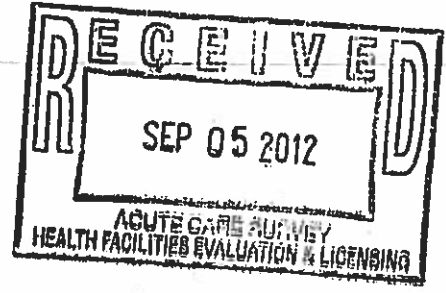
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2012
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NAME OF PROVIDER OR SUPPLIER SUMMIT OAKS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 19 PROSPECT ST SUMMIT, NJ 07901
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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
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D 000 8:43G INITIAL COMMENTS
C# NJ 53592 and 55985
Sample size: 4
The facility is not in compliance with the requirements of N.J.A.C. Title 8 Chapter 43G for Hospital Licensing Standards, based on this complaint investigation only.

D 000



D 465 8:43G-4.1(a)(27) PATIENT RIGHTS: PATIENT RIGHTS
The patient rights shall include at least the following:
To be given a summary of these patient rights, as approved by the New Jersey State Department of Health, and any additional policies and procedures established by the hospital involving patient rights and responsibilities. This summary shall also include the name and phone number of the hospital staff member to whom patients can complain about possible patient rights violations. This summary shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language. In addition, a summary of these patient rights, as approved by the New Jersey State Department of Health, shall be posted conspicuously in the patient's room and in public places throughout the hospital. Complete copies of this subchapter shall be available at nurse stations and other patient care registration areas in the hospital for review by patients and their families or guardians.

D 465

D 465 8:43G-4.1 (a) (27) Patient Rights: Patient Rights
The facility is now in compliance with the regulation regarding patient rights, by ensuring that the patient receives a summary of patient rights as approved by the New Jersey State Department of Health and any additional policy and procedures involving patient rights and responsibilities.
1. The signs located in the main lobby and patient care areas regarding patient rights now reflect the state's approved patient Bill of Rights as stipulated in N.J.A.C. 8:43G.
2. The notices provided to the patients at the time of admission now reflect the state approved patient Bill of Rights as stipulated in N.J.A.C. 8:43G.
3. The facility's policy and procedure RI 036 has been revised to include visiting hours on each of the units.
4. Staff have been educated regrading the changes to the notices provided to the patients.
5. The patient handbooks will be reviewed and revised to reflect visiting hours
Responsible person (s)
1. Purchasing Officer
2. Director of Admissions
3. Director of Needs Assessment
How audited:
1. Once implemented, a random audit of the facility posters will occur to ensure that all old posters have been removed and new one are in place and located in visible areas on the patient care units and in the lobby.
2. A total of 50 files will be audited monthly, for at least three (3) months to ensure that the revised form is being used and distributed to patients at the time of admission. Findings will be reported to the PI committee.

9/28/2012

OK
9/6/12
WZ

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE
CEO

(X6) DATE
8/31/12

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2012
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NAME OF PROVIDER OR SUPPLIER SUMMIT OAKS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 19 PROSPECT ST SUMMIT, NJ 07901
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D 465	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a review of the posted Patient Rights on TU4 and TU5 and staff interview it was determined that the facility failed to post accurate Patient Rights on the patient care units. Findings include: 1. The posted Patient Rights sign states that the patient has the right to visitation every day. 2. Per Staff # 1 the visitation is only on Wednesday, Saturday, and Sunday. a. Staff # 1 stated that the facility is in the process of changing the Patient Rights signs and forms.	D 465		
D3056	8:43G-13.4(h) HOUSEKEEPING/LNDRY/SANI: HOUSEKEEPING PT SVCS Walls, ceilings, and vents shall be kept clean to sight and touch and odor-free. This REQUIREMENT is not met as evidenced by: Based on observations made during tours of the patient care units it was determined that the facility failed to ensure that all walls were maintained clean to sight and touch. Findings include: 1. The following issues were identified while touring TU5 at approximately 2:00 on 8/9/12, in the presence of Staff # 5:	D3056	D 3056 8:43G-13.4 (h) Housekeeping/ Laundry/ Sanitation Housekeeping Patient Services The facility is now in compliance with the regulation regarding Housekeeping patient services by ensuring that walls, ceilings and vents in the facility are kept clean to sight and touch and odor free. 1. On August 20, 2012 the Director of Plant Operations solicited quotations from contract painters so that areas where raw drywall and/ or peeling paint could be prepared and painted. An estimate for damaged and/ or missing cove bases is also included in this quote. 2. As of August 28, 2012, the facility still anticipating two additional quotes to make a final decision. 3. Housekeeping protocol-including cleaning of walls was reviewed with the housekeeping staff during their monthly staff meeting	10/30/2012 OK 9/6/12 WJ

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2012
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NAME OF PROVIDER OR SUPPLIER SUMMIT OAKS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 19 PROSPECT ST SUMMIT, NJ 07901
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D3056	<p>Continued From page 2</p> <p>a. Every Patient room toured had raw drywall repairs. This is a porous surface that can not be properly cleaned.</p> <p>b. Many of the Patient rooms had paint that was peeling off the walls, preventing proper cleaning.</p> <p>c. Patient bathroom #108A had paint peeling from the walls and missing base board tiles, preventing proper cleaning.</p> <p>d. These findings were confirmed by Staff #5.</p>	D3056	<p>Responsible person(s)</p> <ol style="list-style-type: none"> 1. Director of Plant Operations 2. Infection Control Practitioner 3. Housekeeping Manager <p>How audited:</p> <ol style="list-style-type: none"> 1. A multidisciplinary staff will conduct weekly rounds to review cleanliness of the facility and any environmental concerns that may pose a safety risk to patient, staff and/ or visitors. 2. A focused review of the patient satisfaction survey- specifically reviewing the patient's perception of cleanliness and comments will be reviewed monthly during the Quality Council meeting. A review of scores by unit, overall scores for facility and corporate benchmark will be reviewed to help leadership troubleshoot areas of concern. 3. Findings from the multidisciplinary leadership rounds will also be reviewed monthly at the Quality council meeting to help leadership troubleshoot and prioritize areas of concern and/ or dissatisfaction. 	<p>OK 9/6/12 WZ</p>
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