

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 06/27/2013
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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	D 000		
D5784	<p>8:43G-24.4(f) PLANT MAINTENANCE: PLANT MAINT SERVICES</p> <p>Floors, ceilings, and walls shall be free of cracks and holes, discoloration, residue build-up, water stains, and other signs of disrepair.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility document review, staff interview, and observation, it was determined that the facility failed to ensure that floors, walls and counter tops are free of cracks and holes, discoloration and other signs of disrepair.</p> <p>Findings include:</p> <p>Reference: Facility "Environmental Rounds" meeting minutes, dated January 30, 2013 states, "TU 1 Nursing Station Formica is off a large portion of the counter, an entire piece of formica is off, ketch stain noted. Plant operations made aware of missing formica, Housekeeping made aware to clean ketchup stain 1/30/13. Nurse manager to follow up."</p> <p>1. On 06/27/2013 at 1045, the in-patient unit, TU 2 was toured in the presence of Staff #1 and Staff #2. The following was observed:</p> <p>a) The Formica facade on the panel below the</p>	D5784	<p>In order to demonstrate compliance with Standard D5784 8-43G-24.4 (f), the facility has implemented a series of corrective actions.</p> <p>The facility is in the process of securing a vendor to replace/ repair the damaged Formica identified during the site visit on June 27, 2013. To date, two bids have been secured and a third vendor is scheduled to submit a final bid. Once all three bids are secured, the package will be forwarded for final approval by August 1, 2013. Once this process is complete the anticipated date of project initiation is August 19, 2013.</p>	<p>10/19/13</p> <p>ACUTE CARE HFEL 2013 JUL 24 AM 11:53 NJ DEPT OF HEALTH</p>

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

TITLE CEO

(X6) DATE 7/23/13

81115 LG

New Jersey Department of Health

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D5784	Continued From page 1 sink in Room #205 was missing.	D5784	The panels protecting the under sink piping are being reconstructed of a smooth plastic material (such as UHMW) both for patient safety and greater ease of access. To date the material has been ordered. 10/19/13
	<p>b) The carpet flooring had large stains throughout the hallways. Staff #1 and Staff #2 could not state when the carpet had last been cleaned.</p> <p>2. On 06/27/2013 at 1115, the In-patient unit TU 1 was toured in the presence of Staff #1 and Staff #3. The following was observed:</p> <p>a) The Formica on top of the counter at the nurse's station was missing in two places; at the center of the counter and at the end of the counter near the dining area. There was discoloration on the pressboard from ink and colored markers. The exposed pressboard was rough and chipped in several places. Staff #3 stated, "I think it happened a few months ago. ___ was here a few weeks ago measuring it."</p> <p>b) Formica was missing from the wall beneath the counter at the nurse's station. The exposed pressboard was rough and chipped.</p> <p>c) A quarter sized hole was present in the linoleum flooring in the dining area. The linoleum flooring in the area surrounding the hole has multiple cracks.</p> <p>d) The linoleum flooring by the doorway that separates the dining area from the common area of the unit contained a crack that extended the full width of the doorway.</p>		<p>The carpet flooring was cleaned and extracted on June 28<sup>th</sup> with no stains remaining after cleaning. Carpet cleaning will now be placed on a maintenance schedule. Carpets will be cleaned once a month. The housekeeping manager will audit daily for any stains and spills and do spot cleaning as needed. 7/19/13</p> <p>Flooring in the areas identified is scheduled to be removed and patched. The anticipated start of that project is August 19, 2013. 10/19/13</p> <p>Person(s) Responsible Director of Plant Operations Housekeeping Manager</p> <p>Multidisciplinary Rounds will take place weekly to assess Environment of Care and Infection Control issues. Findings will be forwarded to the Infection control committee and the Performance Improvement Committee. Findings will also be immediately reported to the Director of Plant Operations for follow up and repair.</p>

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 52006	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 8/6/2013
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<b>Name of Facility</b> SUMMIT OAKS HOSPITAL	<b>Street Address, City, State, Zip Code</b> 19 PROSPECT ST SUMMIT, NJ 07901
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This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>D5784</u> Reg. # <u>8:43G-24.4(f)</u> LSC _____	Correction Completed <u>08/06/2013</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By _____	Reviewed By <u>YHA</u>	Date: <u>8/6/13</u>	Signature of Surveyor: <u>[Signature]</u>	Date: <u>8/6/13</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>6/27/2013</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		