DEPARTMENT OF HEALTH AND HUMAN SERVICES FC						
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		(X3) DATE SURVEY COMPLETED	
	315524		B. WING	C 12/10/2020		
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
	BROOK REHABILITATIO	N AND HEALTHCARE CENTER	3	718 CHURCH ROAD		
			N	NOUNT LAUREL, NJ 08054	1	
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 000	INITIAL COMMENTS		F 000			
	COMPLAINT #: NJ 1	41624				
	CENSUS: 172					
	SAMPLE SIZE: 4					
	THE REQUIREMENT SUBPART B, FOR LO	DT IN COMPLIANCE WITH TS OF 42 CFR PART 483, DNG TERM CARE ON THIS COMPLAINT				
F 812 SS=D		tore/Prepare/Serve-Sanitary 2)	F 812		12/22/20	
	§483.60(i) Food safet The facility must -	ty requirements.				
	state or local authorit (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo (iii) This provision doe from consuming food	ed satisfactory by federal, ies. bod items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents s not procured by the facility.				
	serve food in accorda standards for food se This REQUIREMENT by:	is not met as evidenced				
	COMPLAINT # NJ 14	41624		Preparation and/or execution of this pl of correction does not constitute an	an	
ABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE	(X6) DATE	
Electroni	cally Signed				12/18/2020	

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.

PRINTED: 11/19/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							
DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	315524	B. WING	B. WING			C 12/10/2020	
ROVIDER OR SUPPLIER	•		ST	IREET ADDRESS, CITY, STATE, ZIP CODE			
			3718 CHURCH ROAD				
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			М	OUNT LAUREL, NJ 08054			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	DBE COMPLETION		
Continued From page 1		F	812				
 F 812 Continued From page 1 Based on observation, interview, and record review, it was determined that the facility failed the store potentially hazardous foods in a manner to prevent food borne illness as evidenced by the following: On 12/10/2020 at 10:03 AM, the surveyor toureat the walk-in refrigerator with the Dietary Director (DD) and observed the following: 1. One opened case of bacon labeled keep frozen. The case contained no date of when received, thawed, or when to use by. 2. One case of ground beef labeled received 11/30/2020. The vacuum sealed packaging contained a red clear color liquid and no foul smell. The DD stated that the ground beef was frozen after delivery and pulled to the refrigerator at a later date. The package contained no pull of use by dates. 3. One case containing three large pork loins labeled received 11/24/2020. Two of the three packages contained a red clear liquid and no four smell. The DD stated that the pork was frozen after delivery and pulled to the refrigerator at a later date. 		F 812 ac of cc Di pr pr re O ba cc in di (F st th er la as by Si O st Pr or f f st th er la st by Si O st th f f f f f f f f f f f f f		admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws require it. On 12/10/2020, the opened case of bacon, case of ground beef, and case containing three large pork loins identified in the Statement of Deficiencies were discarded by the Food Service Director (FSD)/designee. An audit of all food storage was conducted and completed by the FSD/designee on 12/10/2020 to ensure all foods are properly stored, labeled, and dated. Items were discarded as indicated. No residents were impacted by the deficient practice noted in the Statement of Deficiencies. On 12/10/2020 and 12/14/2020 all dietary staff were in-serviced by the Vice President of Dining Services and the FSD on storing potentially hazardous foods in a manner to prevent food borne illness, including properly storing, dating, and labeling of foods. FSD/designee will conduct regular audits to assure that hazardous food items are			
Services (VPDS) stat labled and dated whe stated that the facility Department of Agricu	ed that all foods should be en to use by. The VPDS followed the United States Iture (USDA) and the United			audits will be conducted as follows: F days a week for four weeks. Then, tw days a week for four weeks. After tha one day a week for 4 weeks. The FSD/Designee will review the results	ive o t, of		
	S FOR MEDICARE & DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER BROOK REHABILITATIO SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Based on observation review, it was determ store potentially haza prevent food borne ill following: On 12/10/2020 at 10: the walk-in refrigerate (DD) and observed th 1. One opened case frozen. The case cor received, thawed, or 2. One case of groun 11/30/2020. The vac contained a red clear smell. The DD stated frozen after delivery a at a later date. The puse by dates. 3. One case containin labeled received 11/2 packages contained a smell. The DD stated frozen after delivery and pull later date. The packa by dates. At 10:20 AM, the Vice Services (VPDS) stat labled and dated whe stated that the facility Department of Agricu States Food and Drug	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Altistat ROVIDER OR SUPPLIER BROOK REHABILITATION AND HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on observation, interview, and record review, it was determined that the facility failed to store potentially hazardous foods in a manner to prevent food borne illness as evidenced by the following: On 12/10/2020 at 10:03 AM, the surveyor toured the walk-in refrigerator with the Dietary Director (DD) and observed the following: 1. One opened case of bacon labeled keep frozen. The case contained no date of when received, thawed, or when to use by. 2. One case of ground beef labeled received 11/30/2020. The vacuum sealed packaging contained a red clear color liquid and no foul smell. The DD stated that the ground beef was frozen after delivery and pulled to the refrigerator at a later date. The package contained no pull or use by dates. 3. One case containing three large pork loins labeled received 11/24/2020. Two of the three packages contained a red clear liquid and no foul smell. The DD stated that the pork was frozen after delivery and pulled to the refrigerator at a later date. The package contained no pull or use	S FOR MEDICARE & MEDICAID SERVICES DF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILDI 315524 ROVIDER OR SUPPLIER 315524 B. WING. ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY TO THE PRECEDED BY (DD) and observed the following: FI 1. One opened case of bacon labeled keep frozen. The case contained no date of when received, thawed, or when to use by. 2. One case of ground beef labeled received 11/30/2020. The vacuum sealed packaging contained a red clear color liquid and no foul smell. The DD stated that the ground beef was frozen after delivery and pulled to the refrigerator at at a later date. The package contained no pull or use by dates. S. One case	S FOR MEDICARE & MEDICAID SERVICES DF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING	S FOR MEDICARE & MEDICAID SERVICES 0F DEFICIENCIES (X1) PROVIDER/SUPPLICE/CLIA DERIFICATION NUMBER: (V2) MULTIPLE CONSTRUCTION A BUILDING 315524 B. WING ROVDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3716 CHURCH ROAD MOUNT LAUREL, NJ 08054 ROVDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3716 CHURCH ROAD MOUNT LAUREL, NJ 08054 ROUNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3716 CHURCH ROAD MOUNT LAUREL, NJ 08054 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLD CROSS REFERENCE TO THE APPROVID of the truth of the facts alleged or conclusion set forth in the Statement to prevarel food borne illness as evidenced by the following: Continued From page 1 F 812 Based on observation, interview, and record review, it was determined that the facility failed to store potentially hazardous foods in a manner to prevarel food borne illness as evidenced by the following: F 812 1. One opened case of bacon labeled keep frozen. The case contained no date of when received, thawed, or when to use by. FSD/designee on 12/10/2020 to ensure all food as properly stored, labeled, and dated. Items were impaction storing potentially hazardous food manner to prevent food borne illness, includeed 11/24/2020. Two of the three packages contained no pull or use by dates. Statement of Deficiencies. On 12/10/2020 all 21/14/2020 all did staff werei in-serviced by the Vice President of Dining Service	S FOR MEDICARE & MEDICAID SERVICES OMB INC Source construction (x) PROVIDER SUPPLIER (x2 MULTIPLE CONSTRUCTION (x3 MULTIPLE CONSTRUCTION 315524 E. WING (x3 MULTIPLE CONSTRUCTION (x3 MULTIPLE CONSTRUCTION ROWDER OR SUPPLIER 315524 E. WING (x3 MULTIPLE CONSTRUCTION ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 3746 CHROCK RADD ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 3746 CHROCK RADD SUMMARY STREEMENT OF DEFICIENCIES MONT LAREL, NJ 08054 (x3 MULTIPLE CONSTRUCTION) Continued From page 1 F 812 PROVINCE AURCE CONSTRUCTION (CONSTRUCTION) Continued From page 1 F 812 admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws require it. On 12/10/2020 at 10:03 AM, the surveyor toured the wark-in refrigerator with the Diatary Director (DD) and observed the following: On 12/10/2020, the opened case of bacon labeled keep frozen. The case contained no date of when received, thawed, or when to use by. Statement of Deficiencies. Ware discarded as indicated. No residents were discarded the State state and the facility follows and property stored, labeled, and dated. The audit of all food sin a manner to prevent (ood borne illness, including asyning, dating, and labeled received 11/20/2020 and 12/14/2020 and 12/14	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: NJ03015

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 11/19/2021 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315524	B. WING			C 12/10/2020	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			3718 CHURCH ROAD MOUNT LAUREL, NJ 08054				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	SHOULD BE COMPLETION		
					DEFICIENCY)		
F 812	At 2:30 PM, the surveyor discussed these findings with the Licensed Nursing Home Administrator, Director of Nursing, Regional Director Clinical Services, Regional Operator, and VPDS. The VPDS stated that all the meats in question were immediately discarded.		meeting. The au		Assure Performance Improvement meeting. The audits will continue for a		
					period of at least three months or until Quality Improvement Performance Improvement Committee has identified substantial compliance.		
	Policy included; all fo	r's undated "Food Receiving" ods in the refrigerator or d, labeled and dated "use					
	Storage Chart dated I provided by the VPDS	Refrigerator and Freezer March 2018, which was S included that fresh meats e refrigerator for 3-5 days.					
	NJAC 8:39-17.2(g)						

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