

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/01/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315527</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINCHESTER GARDENS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>333 ELMWOOD AVENUE MAPLEWOOD, NJ 07040</b>		
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F 000	INITIAL COMMENTS  Standard Survey 3/6/20  Census 20  Sample Size 15  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 812 SS=F	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 review of documentation provided by the facility, it was determined the facility failed to maintain the	F 812	This Plan of Correction constitutes the Winchester Gardens Health Care Center's written allegation of compliance	3/20/20	

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

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(X6) DATE

Electronically Signed

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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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F 812	<p>Continued From page 1</p> <p>kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness.</p> <p>This is a repeat deficiency.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/4/20 at 8:13 AM, in the presence of Supervisor the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>The surveyor observed a Utility Aide (UA1) with 1/2-inch-long beard hair with no beard covering. The surveyor asked UA1 if his beard should be covered, he stated that is should have been covered and proceeded to obtain a beard restraint and apply it.</li> <li>In the dish washing area the following items that were in circulation for use: <ul style="list-style-type: none"> <li>- 13 steam table half pans stacked with water between them.</li> <li>- Eight steam table quarter pans stacked with water between them.</li> <li>- 12 steam table shallow half pans stacked with water between them.</li> <li>- 11 full sheet pans stacked with water between them.</li> <li>- Seven steam table half pans stacked with water between them.</li> <li>- 20 steam table full pans stacked with water between them.</li> <li>- Three steam table deep pans stacked with water between them.</li> <li>- Five plastic deep cambro's stacked with water between them.</li> <li>- Five small plastic cambro's stacked with water</li> </ul> </li> </ol>	F 812	<p>for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>1A. There were no reports of residents finding hair in their food or being affected by foodborne illnesses.</p> <p>1B. All residents have the potential to be affected. The employee who was not wearing a beard restraint put the beard restraint on immediately. All other employees with beards had their beard restraint in place as evidenced by the Supervisor conducting an immediate tour to inspect that all employees had beard guards who should.</p> <p>1C. All Culinary staff will be in-serviced on the need for a beard restraint anytime facial hair is present. The opening Culinary Manager will observe all staff at the start of the shift to see that beard guards are in place for all those with facial hair and the Culinary Managers will conduct visual audits throughout the shift from opening to closing.</p> <p>1D. The Assistant Culinary Director and the Director, Culinary Services will conduct Kitchen Sanitation Audits weekly that include observations of proper</p>	

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F 812	<p>Continued From page 2</p> <p>between them.</p> <ul style="list-style-type: none"> <li>- One large plastic hydration tank stored right side up with water visible inside.</li> <li>- Three coffee carafes that were stored upright and with water pooled at the bottom.</li> </ul> <p>The Supervisor stated that the pans should have been completely dried before stacking and that the hydration tank as well as the coffee carafes should have been dried and stored upside down.</p> <p>3. At the dish machine the surveyor observed UA1 run a rack of flatware through the dish machine. The flatware was laying flat and laying overtop each other. Then UA1 removed a hand full of wet silver wear and started drying the items with a paper towel.</p> <p>The Supervisor stopped UA1 and reported that a special flatware rack should have been used when running the flatware through the machine. The supervisor also stated that the flatware should have been allowed to air dry and the staff should never dry dish wear with a towel.</p> <p>4. On the shelf next the the three compartment sink there was a layer of cardboard, that was completely saturated with water. UA2 stated that the cardboard was there to hold up pans for drying because they would just slip down.</p> <p>The supervisor stated that there should not be cardboard there being used for that purpose and removed in immediately.</p> <p>5. The following was observed in the food preparation area:</p> <ul style="list-style-type: none"> <li>- The candy stove was soiled with dried drippings</li> </ul>	F 812	<p>hairnets and beard guards. The Executive Director (LNHA) will conduct monthly Kitchen Sanitation Audits that include observations of proper hairnets and beard guards. The Springpoint Director, Hospitality will conduct monthly Kitchen Sanitation Audits that include observations of proper hairnets and beard guards. The results of all of these audits will be reported at the monthly QAPI meeting. Deficient practices observed during these audits will be corrected immediately and will result in re-education of the staff.</p> <p>2&amp;4A. There were no reports of residents being affected by foodborne illnesses.</p> <p>2&amp;4B. All residents have the potential to be affected. All of the identified wet nested pans, Cambros, coffee carafes and the one hydration station were washed and sanitized again and then dried on a drying rack that was brought over from a different location so wet nesting would not occur. The cardboard that the Utility Staff used was discarded immediately.</p> <p>2&amp;4C. All Utility Staff will be in-serviced on proper washing and drying techniques as well as Infection Control practices. 4 new drying racks were ordered that allow space in between pans for proper air flow and drying.</p> <p>2&amp;4D. The Executive Chef and the Director, Culinary Services will observe dishwashing and drying techniques during</p>	

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F 812	<p>Continued From page 3</p> <p>of a brown/black grease-like substance and food debris.</p> <ul style="list-style-type: none"> <li>- The large range hood over top of all of the cooking appliances was soiled with a light brown grease-like substance.</li> <li>- The steam table backsplash was soiled with food drippings and food debris.</li> <li>- One of two ovens was soiled with dried drippings of a brown/black grease-like substance and charred food debris.</li> <li>- The stove cook top backsplash was soiled with dried drippings of a brown/black grease-like substance.</li> <li>- The grill top was soiled with a brown/black grease-like substance and charred food debris.</li> <li>- The broiler was soiled brown/black grease-like substance and charred food debris.</li> </ul> <p>The supervisor stated that these items should have been cleaned on Saturday however they should also have been cleaned as needed.</p> <p>The surveyor reviewed an undated facility policy titled, "Employee Sanitary Practices." Under procedure number one the policy revealed that "All employees will: Wear hair restraint (hair net and/or beard restraint) to prevent hair from contacting exposed food."</p> <p>The surveyor reviewed an undated facility policy titled, "Food Safety-Director of Food and Nutrition Services Responsibility." Under procedure number two the policy revealed that "Dishwashing guidelines and techniques will be understood by staff and carried out in compliance with state and local health codes."</p> <p>The surveyor reviewed an undated facility policy titled, "Cleaning Dishes/Dish Machine." Under</p>	F 812	<p>their Kitchen Sanitation Audits that occur weekly and the results of these audits will be reported at monthly QAPI meetings. Deficient practices identified during the audits will be corrected immediately and staff will be retrained.</p> <p>3A. There were no reports of residents being affected by foodborne illnesses.</p> <p>3B. The flatware identified during the surveyor's tour that was laying over top of each other and that was dried with a paper towel were washed and dried again using proper sanitation techniques.</p> <p>3C. All Utility Staff will be in-serviced on proper dishwashing and drying procedures. The dishwashing and drying steps will be posted on the wall by the dish machine as a quick guide for the dishwasher.</p> <p>3D. The Executive Chef and the Director, Culinary Services will observe dishwashing and drying techniques during their Kitchen Sanitation Audits that occur weekly and the results of these audits will be reported at monthly QAPI meetings. Deficient practices identified during the audits will be corrected immediately and staff will be retrained.</p> <p>5A. There were no reports of residents being affected by foodborne illnesses.</p> <p>5B. The Candy Stove, range hood, steam table backsplash, 1 oven, stove cooktop backsplash, grill top and the broiler were</p>	

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F 812	Continued From page 4 procedure numbers six, and nine through 10 the policy revealed that "Flatware should be pre-soaked prior to washing, and loaded into cylinders with mouthpiece exposed. Flatware should be washed twice, with mouthpiece down during the second washing. Flatware should not be nested prior to washing in cylinders." "Dishes should be air dried on the dish racks. Do not dry with towels." "Inspect for cleanliness and dryness, and put dishes away if clean." "Dishes should not be nested unless they are completely dry."  NJAC 8:39-17.2(g)	F 812	all immediately cleaned after the surveyor identified that they were soiled.  5C. The equipment cleaning schedule that was in place at the time of the survey showed that the equipment was deep-cleaned on 2/28/20 (Friday) and was due to be cleaned on 3/6/20(Friday). The equipment cleaning schedule will be updated so deep-cleaning is completed every Tuesday and Friday. Cleaning will also be done throughout the day while the equipment is being used as well as part of closing procedures each night. The steam table backsplash was replaced and the stove top backsplash was removed and discarded.  5D. The closing Culinary Manager utilizing a closing checklist reviews that all kitchen equipment is clean and sanitary prior to closing the kitchen each day. The Executive Chef and the Director of Culinary Services will conduct weekly Kitchen Sanitation Audits and the results of those audits will be reported on at monthly QAPI meetings. The Executive Director (LNHA) will conduct monthly Kitchen Sanitation Audits and the results of those audits will be reported on during monthly QAPI meetings. The Springpoint Director, Hospitality Services, will conduct monthly Kitchen Sanitation Audits and the results of those audits will be reported on during monthly QAPI meetings. The Executive Director and the Culinary Director will review equipment for replacement quarterly. This review will be reported on during the QAPI Meeting		

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F 812	Continued From page 5	F 812	each quarter. Deficient practices will be corrected immediately and staff will be retrained.		

New Jersey Department of Health

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H 000	Initials Comments  The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H3470	8:43E-10.11(c)(2) Other Rprtng Rqrmnts Unrltd to Pt Sfty Act  Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility.  This REQUIREMENT is not met as evidenced by: Based on interviews and review of facility documentation, it was determined that the facility failed to report an occurrence of electronic medical record failure to the New Jersey Department of Health (NJDOH). This deficient practice was evidenced by;  1. On 3/4/20 at 9:01 AM, the Administrator, Certified Assisted Living Administrator and Regional Nurse, reported to the surveyor that facility was the victim of a cyber attach resulting in an inability to access their electronic medical records. The disaster recovery computers had also been effected leaving the facility unable to access recovery back up files. The electronic medical record included: Nurse Notes, Assessments, MDS (Minimum Data Set, and assessment tool), Activities of Daily Living Documentation, Wound Care, Medication	H3470	This Plan of Correction constitutes the Winchester Gardens Health Care Center's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.  H3470 Other Reporting Requirements Unrelated to Patient Safety Act  It is noted that no traditional utilities were affected by the computer system outage. The access to medical records was reported to DOH within 72 hours of the event by the Springpoint home office and	3/20/20

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H3470	<p>Continued From page 1</p> <p>Administration Records, and Care Plans. They also stated that this had not been reported to the NJDOH and were unable to offer an explanation as to why it had not yet been reported.</p> <p>On 3/4/20 @ 11:50 AM, the Certified Assisted Living Administrator reported that the system failure occurred on 3/2/20 at 9 pm.</p> <p>On 3/10/20 at 8:52 AM, the surveyor conducted a telephone interview with the Supervisor of Health Systems who stated that she was not aware that this event should have been reported to the NJDOH.</p> <p>NJAC 8:43E 10.11(c) 2</p>	H3470	<p>operational on Saturday March 7, 2020. No evidence of any loss of records is present.</p> <p>1A. There were no reports of residents being affected by not reporting the computer system failure. The resident care was prioritized once the outage was discovered, with the entire medical record recording system moved to a paper format immediately on discovery. Resident care and service were uninterrupted. The only affected records were historical only.</p> <p>1B. All residents have the potential to be affected. When the computer system went down and there was no access to the Electronic Health Record (EHR), the medication staging list, which is printed for the oncoming shift was already in place, allowing the nurses to accurately administer medications. The pharmacy was contacted and paper medication administration records and treatment records were ordered and delivered. Nurse's notes were completed on paper.</p> <p>1C. The care of the residents was unaffected, the backup system did work as intended and all data has been restored. The data disaster recovery plan was reviewed by the Information Services team and found to be effective to ensure care and services to all residents.</p> <p>1D. The Administrator will keep abreast of DOH reporting requirements and will report system outages as described in DOH guidance communications.</p>	



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H3470	Continued From page 2	H3470	Reportable events will be tracked and trended for the licensed facility and will be reported on during the monthly QAPI meetings by the Administrator. Reportable events for the facility will also be tracked and trended and reported on during the Springpoint-wide QAPI Committee (Professional Services Committee) on a quarterly basis.	