

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 000	INITIAL COMMENTS STANDARD SURVEY: 12/19/2019 CENSUS: 51 SAMPLE SIZE: 18 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow acceptable standards of clinical practice for accurate administration and documentation of Physician prescribed nutritional supplements. This deficient practice was identified for 1 of 3 nurses who administered medications to 2 of 5 residents (Resident #163 and Resident #1) during the medication pass observation and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey States: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case	F 658	F 658 (D) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice Resident #163 and Resident #1 both received the Physician prescribed nutritional supplements. Nursing notes were entered into both Resident #163 and Resident #1 clinical records indicating the supplements were received after the prescribed time. How the facility will identify other residents having the potential to be affected by the same deficient practice Residents with physician prescribed nutritional supplements residing in the	1/3/20	

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

TITLE

(X6) DATE

Electronically Signed

01/09/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 658	<p>Continued From page 1</p> <p>finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licenses or otherwise legally authorized physician or dentist."</p> <p>1. On 12/13/19 from 8:30 AM to 8:37 AM, the surveyor observed the Licensed Practical Nurse (LPN) #1 who prepared seven medications to administer to Resident #163. LPN #1 reviewed the medications aloud and stated that the resident was ordered a [REDACTED] and stated that she would obtain it after she prepared the medications. LPN #1 crushed the resident's medications and placed them in yogurt. The surveyor accompanied LPN #1 into Resident #163's room. The resident was eating breakfast at that time. The surveyor observed that there was no nutritional supplement on the resident's tray.</p> <p>Review of Resident #163's Admission Record (an admission summary) revealed that the resident was re-admitted to the facility on [REDACTED] with diagnosis which included [REDACTED].</p> <p>Review of Resident #163's Admission Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed that the resident was [REDACTED].</p> <p>Review of Resident #163's Physician's Order Sheet (POS) revealed a [REDACTED] order, dated 10/08/19, for [REDACTED] every</p>	F 658	<p>facility have the potential to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur Physician prescribed [REDACTED] [REDACTED] orders were reviewed and corrected as needed. The Director of Nursing or Designee will re-educate the licensed staff on accurate administration and documentation of Physician prescribed nutritional supplements.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur The Director of Nursing or Designee will audit those residents receiving prescribed nutritional supplements and the documentation of such and make corrections as needed. The Director of Nursing or Designee will audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the QAA Committee quarterly. The QAA Committee will determine the need for further performance improvement.</p>		

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 658	<p>Continued From page 2</p> <p>morning and at bedtime for [REDACTED]." The nutritional supplement was scheduled to be administered at 9:00 AM and 9:00 PM.</p> <p>On 12/13/19 at 10:29 AM, the surveyor interviewed LPN #1 who stated that when she attempted to administer the [REDACTED] [REDACTED] to Resident #163 after the medication pass observation the resident refused. LPN #1 reviewed the Medication Administration Record (MAR) in the Electronic Health Record (EHR) with the surveyor which revealed an entry by LPN #1 that the [REDACTED] was administered (indicated by a check mark on the MAR accompanied by LPN #1's initials) rather than not administered due to resident refusal as described.</p> <p>2. On 12/13/19 from 8:48 AM to 8:55 AM, the surveyor observed LPN #1 who prepared seven medications to administer to Resident #1 who self-propelled his/her wheelchair to the medication cart. The resident voiced a preference to receive medications at the medication cart at that time rather than in his/her room.</p> <p>Review of Resident #1's Admission Record revealed that the resident was admitted to the facility on [REDACTED] with diagnosis which included [REDACTED]</p> <p>Review of Resident #1's Admission MDS, dated [REDACTED], revealed that the resident was [REDACTED].</p> <p>Review of Resident #1's Physician's Order Sheet revealed a nutritional supplement order, dated</p>	F 658			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 658	<p>Continued From page 3</p> <p>12/10/19, for [REDACTED] two times a day for [REDACTED] at 9:00 AM and 9:00 PM. The surveyor did not observe LPN #1 obtain or administer the dietary [REDACTED] as ordered during the medication pass observation.</p> <p>On 12/13/19 at 10:30 AM, the surveyor interviewed LPN #1 who reviewed the MAR with the surveyor. The surveyor noted that LPN #1 documented that Resident #1's [REDACTED] was administered at 9:00 AM though administration was not witnessed by the surveyor during the medication pass observation. LPN #1 stated that she documented that the [REDACTED] was administered to the resident because the resident usually had a supply of the [REDACTED] in his/her room and she assumed that the resident had some already.</p> <p>On 12/13/19 at 10:31 AM, the surveyor observed LPN #1 who entered Resident #1's room briefly. After LPN #1 left the room the surveyor interviewed Resident #1 who stated that he/she did not consume the [REDACTED] at 9:00 AM that morning because LPN #1 had just provided the [REDACTED] to him/her.</p> <p>On 12/18/19 at 11:34 AM, the surveyor interviewed the Charge Nurse (CN) who stated that [REDACTED] were in the supply closet on the unit and nursing was responsible to obtain and distribute them to the residents as prescribed within one hour of the scheduled time. The CN stated that residents should not have [REDACTED] stored in their rooms because nursing was responsible to document the percentage that the resident consumed. The CN</p>	F 658			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 658	<p>Continued From page 4</p> <p>further stated that if a resident refused the [REDACTED] it should be documented on the MAR in real time.</p> <p>On 12/18/19 at 11:44 AM, the surveyor interviewed the Director of Nursing (DON) who stated that nursing was required to document administration of a [REDACTED] like any other medication. She further stated that if a resident refused a [REDACTED] nursing was required to notify the supervisor or dietician on the unit to evaluate the resident's preference. The DON stated that the nurse should not sign out a [REDACTED] as administered if it was not offered or if the resident refused it.</p> <p>On 12/19/19 at 10:00 AM, the DON provided the surveyor with an Employee Education Attendance Record, dated December 2019, that reflected, "Topic of In-Service: Important Reminder Points" and that "...All [REDACTED] need to be given by nurse sign on MAR, not to be left at bedside without being checked again for consumption... ." Further review of the document revealed that LPN #1 did not attend the In-service.</p> <p>Review of the facility's "Medication Administration General Guidelines for the Administration of Medication" policy, dated January 2015, provided by the Administrator, revealed that the nurse records the medication given on the MAR and if the resident refused the medication, the nurse should indicate the failure to administer on the MAR and in the Nurses' Notes.</p>	F 658			
F 812 SS=F	<p>NJAC 8:39-29.2(d)</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p>	F 812		1/9/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 5</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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 document review, it was determined that the facility failed to: a.) store potentially hazardous foods in a manner to minimize the development of food borne illness, and b.) maintain the kitchen in a sanitary manner to prevent microbial growth and cross contamination.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 12/12/19 from 8:59 AM to 9:16 AM, the surveyor conducted an initial tour of the kitchen and observed the following in the presence of the Cook:</p> <p>Inside the walk-in refrigerator:</p>	F 812	<p>F 812 (F) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice No residents were found to have been affected. Foods items identified as outdated, not labeled and mislabeled were discarded. Food items identified as stored improperly were discarded. Food Service workers with facial hair will don appropriate beard restraints while working in the kitchen. The ice machine, prep sinks, floors, walls, drying racks and refrigerators were cleaned.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 6</p> <p>The fourth shelf from the top of a free-standing cart, contained a metal pan with sliced turkey deli lunch meat that was labeled with an opened date of 12/09/19 and a use by date of 12/11/19. The Cook stated that it should have been removed yesterday and "I will throw it out."</p> <p>The sixth shelf from the top of a free-standing cart, contained a sealed case of cooked shrimp, a raw piece of salmon sealed in plastic wrap, and a box of cooked chicken pot stickers. The Cook stated that poultry and seafood should never be stored together. He further stated that the chicken pot stickers (a dough type dumpling with chicken filling) should be stored on the shelf above rather than on the same shelf.</p> <p>The second shelf from the top, in the rear of the walk-in refrigerator, contained a six-inch pan. The pan contained three, five-pound bags of wilted spinach, and a limp, wilted head of celery. All of the items were undated.</p> <p>The top shelf contained a half of a "bulk" (large piece) ham, dated 12/07/19, and labeled with a use by date of 12/09/19.</p> <p>At 9:20 AM, the Cook exited the tour and the tour continued with the Executive Chef (EC) until 9:25 AM, and the following was observed inside the walk-in refrigerator:</p> <p>On the second shelf from the top, inside a six-inch pan, soft and visibly wet to the touch, red peppers were wrapped in clear plastic wrap that contained a moderate amount of liquid. The peppers were dated 11/29/19 and were labeled with a use by date of 12/05/19. The EC stated</p>	F 812	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice Residents residing in the facility, who eat by mouth, receiving food from the kitchen, have the potential to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur The Sr. Regional Director of Culinary Services or Designee will re-educate the Culinary Services employees on Food Receiving and Storage, Sanitation, Cleaning Schedules & Assignments and Prevention of Food Bourne Illnesses and Sanitary Practices.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice will not recur The Culinary Services Director or Designee will monitor and audit kitchen service operations, storage and food preparation weekly x4 weeks and monthly x3 months. The results of the audit will be presented to the QAA Committee monthly. The QAA Committee will determine the need for further performance improvement. The Culinary Service Director or Designee will monitor on a daily basis the Culinary Service employee adherence to uniform compliance including beard restraints. Corrective actions will be taken if needed and the results will be presented to the QAA Committee monthly. The QAA Committee will determine the need for</p>		

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 7</p> <p>they should have been discarded on 12/02/19 within three days and as required by facility policy. The EC stated that she cleaned the refrigerator on Tuesday and Friday, but she missed it.</p> <p>The top shelf contained a wrapped "pit" ham (large formed boneless ham). The pit ham was not dated. The EC stated that the pit ham was placed in the refrigerator on 12/09/19 and it should have been discarded.</p> <p>At 9:27 AM, the EC exited the tour and the Interim Food Service Director (IFSD) joined the tour until 10:14 AM. In the presence of the IFSD, the surveyor observed the following inside the walk-in refrigerator:</p> <p>The top shelf contained a two-pound whole turkey breast that was labeled with an opened date of 12/04/19 and a use by date of 12/06/19. The IFSD stated that lunch meat was good for three days once opened and it should have been removed.</p> <p>The top shelf contained corned beef wrapped in plastic wrap and was labeled with an opened date of 12/09/19 and a discard date of 12/11/19. The IFSD stated the corned beef was still good and should have been labeled to discard after seven days.</p> <p>The top shelf contained a cooked half ham that was labeled with an opened dated of 12/08/19 and a use by date of 12/08/19.</p> <p>The top shelf contained a whole one-pound salami that was labeled with an opened date of 11/07/19 and a use by date of 11/09/19. The IFSD stated that the item should have been thrown in</p>	F 812	<p>further performance improvement. The Culinary Services Director or Designee will monitor and audit kitchen cleaning and sanitation weekly x4 weeks and monthly x3 months. The results of the audit will be presented to the QAA Committee monthly. The QAA Committee will determine the need for further performance improvement. The Culinary Services Director or Designee will monitor environmental conditions monthly. The results of the audit will be presented to the QAA Committee monthly. The QAA Committee will determine the need for further performance improvement.</p>		

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 8</p> <p>the "garbage." He further stated that the facility inspected the refrigerator daily for dating to ensure that they didn't miss anything.</p> <p>The top shelf contained a quarter ham used for lunch meat and was labeled with an opened date of 12/04/19 and a use by date of 12/11/19. The IFSD stated that it should have been discarded.</p> <p>The second shelf from the top contained a four-pound bag of wilted lettuce that was not dated and was stored on top of a three-pound whole turkey breast used for lunch meat. The turkey breast was labeled with an opened date of 11/30/19 and a use by date of 12/05/19. The IFSD stated that the turkey breast was improperly labeled. The iceberg lettuce was also stored on top of a two and a half-pound bag of shredded cheese that was not dated.</p> <p>The top shelf contained a five-pound container of cottage cheese that had a best by date of 11/22/19. The IFSD stated that the item should have been discarded.</p> <p>A free-standing rack, on the third shelf from the top, contained a quarter sized pan that contained tomato paste and was not dated.</p> <p>A free-standing rack, on the sixth shelf from the top, contained sliced deli ham that was labeled with an opened date of 12/09/19 and a use by date of 12/11/19.</p> <p>On the second shelf from the top, in the front of the walk-in refrigerator, contained a one-gallon jar of Texas Petal Sauce (condiment or dipping sauce). The sauce was opened and was not labeled or dated. The IFSD stated that it should</p>	F 812			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 9 have been labeled when opened.</p> <p>The bottom shelf contained a ten-pound box of breakfast sausage that was delivered frozen to the facility on 12/03/19 and was maintained in the refrigerator. The IFSD stated that it should have been discarded within seven days and should be in the garbage.</p> <p>On a free-standing metal rack, on the third shelf from the top, there was a one-third pan that contained cooked beef meat sauce and was stored over blueberry scones. The IFSD stated that the blueberry scones should have been stored above the beef meat sauce.</p> <p>2. On 12/13/19 at 8:47 AM, the surveyor toured the kitchen with the IFSD and observed the following:</p> <p>The IFSD was in the kitchen without a covering over his mustache.</p> <p>The exterior of the ice machine was soiled with various dark and light colored substances.</p> <p>A prep sink, located across from the ice machine, contained bagged bread items which were stored adjacent to the sink basin. The bread items were directly underneath the blue plastic-like ice machine scoop holder which contained an ice scoop. The ice scoop holder was affixed to the wall and was open on the bottom and dripped fluid directly onto the bagged bread items.</p> <p>The prep sink was visibly soiled around the top and by the faucet. The IFSD stated "it needs to be cleaned."</p>	F 812			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	<p>Continued From page 10</p> <p>The dry storage room contained a bread rack with four loaves of undated white bread.</p> <p>A gray rolling rack used as a drying rack for clean pans was visibly soiled and the floor underneath the rack and toward the wall contained debris.</p> <p>The floor underneath the cooking battery and along the wall was soiled with debris.</p> <p>At 10:00 AM, the EC provided the surveyor with a copy of a Daily Cleaning Schedule, Week of 12-9. The cleaning schedule revealed that the kitchen floors are cleaned every shift by "Pots." The area to be initialed by staff when the kitchen floor task was completed was blank on Monday, Tuesday, Wednesday, Thursday, and Friday.</p> <p>Review of the "Sanitation" policy, edited 05/01/18, revealed "All utensils, counters, shelves and equipment shall be kept clean..." and "If a sink is used for washing utensils, cooking equipment or dishes, and also used to wash produce or thaw food, it will be cleaned between uses... ."</p> <p>Review of the "Preventing Foodborne Illness-Employee hygiene and Sanitary Practices" policy, dated October 2017, revealed "Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens."</p> <p>Review of the "Food Receiving and Storage" policy, edited 12/04/18, and provided by the Administrator, revealed that foods shall be received and stored in a manner that complies with safe food handling practices. Foods stored in the refrigerator or freezer will be stored using food service standards. Uncooked and raw</p>	F 812			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 812	Continued From page 11 animal products and fish will be stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods. Other opened containers must be dated and sealed or covered during storage.	F 812			
F 880 SS=E	NJAC 8:39-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		1/8/20	

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 880	<p>Continued From page 12</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to:</p>	F 880	F 880 (E) How the corrective action will be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 880	<p>Continued From page 13</p> <p>a.) ensure staff performed handwashing after glove removal when processing laundry; b.) maintain a sanitary handwashing sink within the laundry department; and c.) provide a protective covering for clean linens to address the risk of infection transmission.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/13/19 at 9:41 AM, the surveyor toured the Laundry Department with the Laundry Aide (LA) and observed the following:</p> <p>The LA removed dry laundry from the dryer and placed the laundry in a gray rolling cart which was in close proximity to a rack that contained various uncovered linens. The LA then removed her gloves and retrieved another cart with wet laundry. She then donned (put on) new gloves, without washing her hands, and proceeded to load the laundry dryer with the wet items. Upon interview, the LA stated that she should have washed her hands. At that time the LA removed her gloves and proceeded to go behind a door and wash her hands in a sink. While the LA washed her hands, the surveyor observed that there was a various colored caked-on caulk-like substance observed in the sink basin, on the faucet, on the wall, and on the soap dispenser. The surveyor also noted there was also a container of a bleach-type chemical in the sink basin, along with various black debris pieces while the LA performed handwashing.</p> <p>The LA placed gloves on her hands and the surveyor observed the LA remove dried laundry items from the dryer closest to the sink area. The surveyor observed the interior of the dryer to have</p>	F 880	<p>accomplished for those residents found to have been affected by the deficient practice No residents were affected. The laundry handwashing sink was cleaned. A protective covering was provided over clean linens to reduce the risk of infection transmission.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice Residents residing in the center had the potential to be affected, however, no residents were found to be affected.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur Laundry staff will be re-educated on hand washing while processing laundry. Maintenance and Laundry staff re-educated on maintaining a sanitary handwashing sink within the Laundry Department. Maintenance and Laundry staff re-educated on proper storage of chemicals. Laundry staff re-educated on storage of clean linen. Protective coverings for clean linens were provided for all carts with clean linens. Laundry staff re-educated on routine inspection of dryer drums, log and the process for corrective action as needed.</p> <p>How the facility will monitor its corrective action to ensure that the deficient practice</p>		

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 880	<p>Continued From page 14</p> <p>multicolored, caked-on debris that appeared to be stuck inside the holes of the dryer. The second dryer's drum was heavily soiled with the same substance. Upon interview, the LA stated, "I guess that stuff is melted on."</p> <p>The surveyor observed a large rack of stacked linens which included resident gowns and other items. The rack of linens was uncovered and was located directly across from the dryer where the LA removed linens from and then placed in a large gray cart. The LA stated the linens on the rack were clean. The rack was adjacent to the wall on one side and adjacent to a gray cabinet on the other side. The stacked clean items were touching the wall on one side and touching the gray cabinet on the other side.</p> <p>A small tiered cart with a beige wired-type basket was observed in the rear of the Laundry Room. The cart contained uncovered stacked folded white blankets which were identified as being clean by the LA. The blankets were stored behind the dryers, next to a cement wall and underneath electrical metal-type boxes. A large rack of linens which included sheets and gowns, identified as clean by the LA, were uncovered and stored on a separate rack adjacent to the handwashing sink, next to a metal table and small plastic garbage can.</p> <p>At 10:13 AM, two surveyors observed the laundry room in the presence of the Regional Director of Maintenance (RDOM), Facility Director of Maintenance (FDM), and a Maintenance Employee (ME). The FDM observed the condition of the sink with the surveyors and stated the bleach should not have been inside the sink. The FDM referred to the sink as "our slop</p>	F 880	<p>will not recur</p> <p>The Environmental Services Director or Designee will surveil the laundry department for infection control compliance and audit the dryer log documentation and make corrections as needed. The Environmental Services Director or Designee will audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the QAA Committee quarterly for 2 quarters. The QAA Committee will determine the need for further performance improvement.</p>		

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 880	<p>Continued From page 15</p> <p>sink." The RDOM stated the sink was used by the FDOM to clean tools and was an all purpose sink, not a handwashing sink, but the LA can wash her hands in there. The FDOM stated the sink was the only sink located in the basement, where the Laundry Room was located.</p> <p>The RDOM and FDOM observed the multicolored debris affixed to the interior of the dryer drums. The RDOM stated that "is not good" and it has to be cleaned up. The FDOM stated the debris could be from resident clothing or the white debris could be a bag. The RDOM instructed the FDOM to shut down the machine to the left, because that dryer was "worse." At that time, the LA stated, in the presence of the RDOM and FDOM, that she started one month ago and the dryer drum "was like that."</p> <p>At 10:25 AM, the surveyor interviewed the FDOM regarding the multiple stacks of clean linens and if there was anything used to cover the linens. He stated, "no."</p> <p>On 12/13/19 at 11:00 AM, the surveyor interviewed the RDOM and FDOM regarding a policy and procedure for cleaning the dryer drums. The RDOM stated he was not sure if they have a policy to clean the drums and the FDOM stated he never saw a policy on that. The RDOM stated the facility did not have the correct tool to clean the dryer drums and he sent someone to purchase a wire brush.</p> <p>At 11:43 AM, the surveyor entered the basement hallway and observed a cloud of what appeared to be dust which extended into the Laundry Room. Upon entry to the Laundry room the RDOM showed the surveyor a drill with a wire</p>	F 880			

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MOORESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 895 WESTFIELD ROAD MOORESTOWN, NJ 08057		
(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	
F 880	<p>Continued From page 16</p> <p>brush attachment that he was using to clean the left dryer drum. The RDOM proceeded to turn the drill on and demonstrate how he used the drill with the wire brush attachment to remove the caked on debris from the inside of the left dryer drum. The surveyor observed pieces of loose debris in the left dryer drum at this time and additional dust was created as the RDOM turned on and used the drill in the presence of the surveyor.</p> <p>On 12/17/19 at 3:23 PM, the surveyor interviewed the Infection Preventionist and Staff Development Coordinator (IPSDC) who stated that when gloves are removed, hands must be washed. Review of the "Standard Precautions" policy, reviewed 03/04/19, that was provided by the IPSDC, revealed hands are washed with soap and water after removing gloves. At that time, the surveyor interviewed the IPSDC regarding the appropriateness of using a soiled sink as a handwashing sink and she stated if she thought a sink was dirty that it would be "ok" to use it, and she doesn't go downstairs to the Laundry Room.</p> <p>On 12/18/19 at 12:25 PM, a Life Safety Surveyor interviewed the RDOM regarding a dryer drum cleaning policy. The RDOM stated there was no dryer drum cleaning policy or procedure and he could not produce a cleaning log.</p> <p>NJAC 8:39 19.1(a), 19.4(a)</p>	F 880			