

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

PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER INGLEMOOR REHABILITATION AND CARE CENTER OF LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 311 S LIVINGSTON AVE LIVINGSTON, NJ 07039		
(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 9/18/19 Censes: 114 Sample Size: 26	F 000			
F 812 SS=D	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 that the facility failed to maintain the kitchen environment and equipment in a sanitary manner in order to prevent contamination from foreign substances and potential for the development of a foodborne illness.	F 812	9/24/19		
			Element 1 No residents were specifically identified as being affected Elements II Inglemoor identifies potential residents in		

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

TITLE

(X6) DATE

Electronically Signed

09/20/2019

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>This deficient practice was evidenced by the following:</p> <p>On 9/12/19 at 9:20 AM, in the presence on the Food Service Director (FSD) the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The three-door refrigerator did not have a thermometer inside the refrigerator. 2. The over flow milk refrigerator did not have a thermometer inside the refrigerator. <p>The FSD stated, "the staff cleaned the refrigerators last night and did not put the thermometers back in." The FSD further stated that they go through many thermometers in this way.</p> <p>The surveyor reviewed the temperature logs for the above two refrigerators. The temperature log documented on 9/12/19 at 8:00 AM that the temperature of the cooks reach in refrigerator was 40 degrees and the kitchen milk refrigerator at 8:00 AM was 37 degrees.</p> <p>The surveyor asked the FSD how the staff documented the temperatures at 8:00 AM, if the thermometers were not inside the two refrigerators at that time. The FSD stated, "They probably read the temperatures on the thermometers that were on the outside of the refrigerator."</p> <ol style="list-style-type: none"> 3. A bottle of honey and a gallon of water were on a tray that had food crumbs on it. 4. Convection oven #1 had dried brown drippings on both glass doors and the four oven knobs had 	F 812	<p>this category as those who dine at Inglemoor</p> <p>Element 3</p> <p>The Food Service Director will in-service staff and supervisor on the cleaning/maintenance Schedule. The supervisors will document on the completion of this daily Log</p> <ol style="list-style-type: none"> 1&2. thermometers replaced 9/12 3. tray was removed and cleaned 4. convection oven #1 cleaned 9/12/19 5. convection oven #2 cleaned 9/12/19 6. backsplash and six oven knobs on oven #1 cleaned 9/12/19 7. oven #2 knobs cleaned 9/12/19 8. knobs on steamer cleaned 9/12/19 <p>Element IV</p> <p>The Food Service Director will monitor the daily employee cleaning /maintenance Schedule for completeness and signatures and report compliance at the quarterly QAPI meeting for this POC</p>		

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F 812	<p>Continued From page 2</p> <p>a buildup of a brown grease like substance.</p> <p>5. Convection oven #2 had dried brown drippings on both glass doors and the four oven knobs had a buildup of a brown grease like substance.</p> <p>6. Oven #1 had a buildup of a brown, black grease like drippings on the backsplash and the six oven knobs had a build-up of a brown grease like substance.</p> <p>7. Oven #2 had six knobs that had a buildup of a brown grease like substance.</p> <p>8. The knob of the steamer had a buildup of a brown grease like substance.</p> <p>The FSD told the surveyor that the outside of the ovens and steamer were cleaned daily. The surveyor reviewed the form titled, Dietary Department Daily Cleaning Assignments, that was posted on the window outside of the FSD's office door. There was no date written on the weekly form and no staff signatures next to the cleaning assignments from the past Monday through Thursday. The area for the Supervisor initials was left blank. The surveyor asked the FSD where the staff sign when they complete their cleaning assignments. The FSD stated, "They don't sign anything."</p> <p>The FSD further stated that she or her supervisor double checks that the daily cleaning assignments are completed, however the FSD was unable to provide written documentation of the completion of the daily cleaning assignments done by the kitchen staff.</p> <p>A review of the facility's policy titled Food Storage</p>	F 812			

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F 812	<p>Continued From page 3</p> <p>indicated under Procedure #5, "All refrigerators will have and internal thermometers to monitor for safe food storage temperatures. Units must maintain safe internal temperatures 32 degrees Fahrenheit to 41 degrees Fahrenheit.</p> <p>The surveyor requested the policy and procedure for sanitation of kitchen equipment from the FSD. The FSD gave the surveyor the facility's form titled Cleaning of Stovetop that indicated under #1: "After each use the stovetop will be cleaned to ensure sanitary conditions. And under #2 and #3 indicated: "After use, remove knobs and soak in soapy water and scrape excess loose soil from surface with a spatula or grill scraper." The FSD told the surveyor they did not have a policy and procedure for sanitation of kitchen equipment.</p> <p>On 9/12/19 at 1:30 PM, the surveyor discussed the above concerns with the Administrator and Director of Nursing. No further information was provided.</p> <p>NJAC 8:39-17.2(g)</p>	F 812			