New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		60A012	B. WING		01/2	7/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	-			
SUNRISE ASSISTED LIVING OF RANDOLPH  648 ROUTE 10  RANDOLPH, NJ 07869								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE		
A 000	O00 Initial Comments		A 000					
		ECTION CONTROL						
	Census: 73 Sample: 7							
	was conducted by t The facility was fou with the New Jerse infection control reg Licensure of Assiste Comprehensive Pe Assisted Living Pro- Disease Control an	ed Infection Control Survey the State Agency 1/27/2021. Ind not to be in compliance by Administrative Code 8:36 gulations standards for ed Living Residences, resonal Care Homes and grams and Centers for d Prevention (CDC) etices to prepare for						
	including a complet and ensure that the to correct deficienci action in accordance Jersey Administrative	abmit a plan of correction, tion date for each deficiency e plan is implemented. Failure ies may result in enforcement be with provisions of New we Code Title 8, Chapter 43E, ensure Regulations.						
A 891	8:36-10.5(a) Dining	Services	A 891					
	the provisions of N. Establishments and	personnel shall comply with J.A.C. 8:24, Retail Food I Food and Beverage Vending XII of the New Jersey Sanitary						
1								

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

TITLE (X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				K3) DATE SURVEY COMPLETED	
		60A012			01/2	7/2021	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE			172021	
SUNRISE ASSISTED LIVING OF RANDOLPH 648 ROUTE 10							
	OLIMA A DV OTA		PH, NJ 0786			0.5	
(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 SHOUL CROSS-REFERENCED TO THE APPROF	ION SHOULD BE COMPLETE THE APPROPRIATE DATE		
A 891	Continued From pa	 ige 1	A 891				
	by: C #: COVID-19 INF Census: 73  Sample: 7  Based on observative review, as well as redocuments on 1/27 facility staff failed to restraints in the kito (DA#1 and DA#2) or restraints. This had residents who rece The deficient practiful following:  During the tour with (DON) on 1/27/21 at observed Server #1 food in the kitchen on 1/27/21 at 12:14	NT is not met as evidenced FECTION CONTROL  ion, interviews, and record review of pertinent facility 7/21, it was determined that the personal review of 2 Dietary Aides observed for not wearing a hair of the potential to affect 73 ive food from the kitchen. ice was evidenced by the in the Director of Nursing at 9:50 am, the surveyor of was preparing the resident's without a hair restraint.  4 pm the surveyor observed ide the kitchen without a hair					
	restraint on. Server put on a hair restra  The surveyor condu	#2 stated that she forgot to int upon entering the kitchen.  ucted an interview with Server					
	she forgot to put or the kitchen preparir	2:30 pm. Server #1 stated that a hair restraint while inside ng the resident's food. She staff should put on a hair ering the kitchen.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		60A012		B. WING		01/	27/2021
NAME OF PROVIDER OR SUPPLIER  SUNRISE ASSISTED LIVING OF RANDOLPH  SUNDRISE ASSISTED LIVING OF RANDOLPH  STREET ADDRESS, CITY, STATE, ZIP CODE  648 ROUTE 10  RANDOLPH, NJ 07869							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 891	Continued From particles of the surveyor conductive Dietary Supervisor The DS stated that restraint before entitimes while in the k preparing the food.  According to the job (Dining Room Care 2016, showed "Po SummaryResponsive Deverages in accomprocedures and statederal, state and loregarding food serve The facility's policy Hygiene for Food S showed: "Responsi Coordinator/Director Policy Statement: Tand personal hygiene professional appears anitary Dining Serve Approved Hair Resisteps: 1. Uniform In Approved hair restricts	ge 2  ucted an interview w (DS) on 1/27/21 at 1 all staff should wear ering the kitchen and itchen especially who description for the Manager) updated osition sible for handling al dance with sanitary ndards and complied ocal regulatory proce- rice"  titled "Uniforms and ervice" revised on 1 ble Parties: Dining Sor Neighborhood Code eam members follow ne guidelines to preservice operation. Defin traints are hair nets, Requirementsav aint2. Hygieneg. aint is worn at all tim	ith the 2:36 pm. r a hair d at all en  Server on June I food and s with all edures  Personal 0/1/2019 Services ordinator w uniform sent a a safe and nitions:Action iiAn	A 891		APPROPRIATE	DATE