## 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:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315292	B. WING		12/20/2019
NAME OF PROVIDER OR SUPPLIER  APPLEWOOD ESTATES				STREET ADDRESS, CITY, STATE, ZIP CODE APPLEWOOD DRIVE FREEHOLD, NJ 07728	
(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 APPROPRIA DEFICIENCY)	
F 000	INITIAL COMMENTS	;	F 000		
	STANDARD SURVE	Y: 12/20/19			
	CENSUS: 41				
	SAMPLE SIZE: 12				
		ubstantial compliance with 2 CFR Part 483, Subpart B, illities.			
F 812 SS=E	Food Procurement,S	tore/Prepare/Serve-Sanitary	F 812		1/2/20
	§483.60(i) Food safe The facility must -	ty requirements.			
	state or local authorit (i) This may include f from local producers, and local laws or reg (ii) This provision doc facilities from using p	red satisfactory by federal, ies.  ood items obtained directly subject to applicable State ulations.  es not prohibit or prevent roduce grown in facility			
	safe growing and foo (iii) This provision do	ompliance with applicable d-handling practices. es not preclude residents s not procured by the facility.			
	serve food in accorda standards for food se	prepare, distribute and ance with professional rvice safety.  is not met as evidenced			
	facility documents, it facility failed to serve	n, interview and review of was determined that the food in a safe and sanitary se risk of development of		Corrective Action: The facility failed to serve food in a safe and sanitary manner to address the risl development of food-borne illness. Foo	c of
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE

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

12/30/2019 **Electronically Signed** 

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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Continued From page	age 1	F 81	2			
food-borne illness.						
This deficient prac following:	tice was evidenced by the		Handling, Food Production, Dining Services Management and Dining Room Service.			
			All residents have the poter practice of improper distribution	ntial of deficient ution and		
the steamtable predonned. The main hoagie roll and the sandwich. DA #1 ptickets in between doffing gloves, har gloves. DA #1 cut the same gloved h	paring sandwiches with gloves meal was cheese steak on a alternate was a ham salad picked up residents' meal sandwich preparation without adwashing and re-donning a grilled cheese sandwich with ands.		Measure Put into Place: Director of Food Services/E complete random observati food is served using curren handling practices. Observa- food handling will include b to; proper hand washing, de gloves, use of utensils and bread bags and twist ties. F	ions to ensure at safe food ation of safe out not limited onning of touching of Food service		
the twist tie of the bread for sandwich	whole wheat bread to retrieve nes with the same gloved		safe food handling will be a immediately and in-service. This observation will be cordocumented twice weekly f Corrective Measures Monit	addressed d as needed. mpleted and for 6 months. tored:		
the whole wheat b touched the bag of touched the bag of DA #1 opened the this time, she continued to touch At 12:39 PM, DA # sandwich using the At 12:40 PM, DA #	read bag; at 12:34 PM, she f hoagie rolls; at 12:36 PM she f rye bread; and at 12:36 PM, bag of hot dog buns. During inued to touch the bread and the same gloved hands that the residents' meal tickets.  If cut another grilled cheese e same gloved hands.		present findings of random of safe food handling to QA monthly basis for 6 months staff will be in-serviced on a and as needed on Policy for Handling, Food Production, Services Management, Din	observations API on a a. All Dining a annual basis or Safe Food , Dining ning Room		
	Continued From particle food-borne illness.  This deficient practicular following:  During the lunch man room on 12/18/19, following:  At 12:17 PM, Dietathe steamtable predonned. The main hoagie roll and the sandwich. DA #1 ptickets in between doffing gloves, har gloves. DA #1 cut at the same gloved here and for sandwich.  At 12:26 PM, DA # the twist tie of the bread for sandwich wheat be touched the bag of t	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 food-borne illness.  This deficient practice was evidenced by the following:  During the lunch meal service in the main dining room on 12/18/19, the surveyor observed the following:  At 12:17 PM, Dietary Aide (DA) #1 was behind the steamtable preparing sandwiches with gloves donned. The main meal was cheese steak on a hoagie roll and the alternate was a ham salad sandwich. DA #1 picked up residents' meal tickets in between sandwich preparation without doffing gloves, handwashing and re-donning gloves. DA #1 cut a grilled cheese sandwich with the same gloved hands.  At 12:26 PM, DA #1 touched the outside bag and the twist tie of the whole wheat bread to retrieve bread for sandwiches with the same gloved hands. She then cut another grilled cheese	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 food-borne illness.  This deficient practice was evidenced by the following:  During the lunch meal service in the main dining room on 12/18/19, the surveyor observed the following:  At 12:17 PM, Dietary Aide (DA) #1 was behind the steamtable preparing sandwiches with gloves donned. The main meal was cheese steak on a hoagie roll and the alternate was a ham salad sandwich. 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During this time, she continued to touch the bread and prepare items with the same gloved hands that continued to touch the residents' meal tickets.  At 12:39 PM, DA #1 cut another grilled cheese sandwich using the same gloved hands.  At 12:40 PM, DA #1 prepared and cut up a half of	ROVIDER OR SUPPLIER  SIMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 food-borne illness.  This deficient practice was evidenced by the following:  During the lunch meal service in the main dining room on 12/18/19, the surveyor observed the following:  During the lunch meal service in the main dining room on 12/18/19, the surveyor observed the following:  At 12:17 PM, Dietary Aide (DA) #1 was behind the steamtable preparing sandwiches with gloves donned. The main meal was cheese steak on a hoagie roll and the alternate was a ham salad sandwich. 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F 812	preparation. The FSD opportunity for contar During an interview w at 9:21 AM, DA #2, in stated that staff shoul when preparing sandy residents' meal tickets contamination.  Review of an undated Management," policy used for food activity washed before and at further reflected that g	also stated that it posed an nination.  ith the surveyor on 12/20/19 the presence of DA #1, d have changed gloves wiches if they touched the s to prevent cross  I, "Dining Services reflected that gloves were	F8				