

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2021
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NAME OF PROVIDER OR SUPPLIER GEORGETOWN COMMONS AT THE PINES AT 1	STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 62 Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/15/2021. The facility was found not to be in compliance with the New Jersey Administrative CODE 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations</p>	A 000		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **03/09/22**

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, facility policy review and review of the New Jersey Administrative Code (NJAC) 8:24, it was determined that the facility failed to prepare and serve food under sanitary conditions. The facility failed to: ensure the sanitizing solution used in cleaning food preparation surfaces was of the appropriate concentration in parts per million (PPM) and the facility failed to ensure dietary staff performed hand hygiene in between tasks for three of five staff observed in the kitchen, Dietary Aides (DA) #1, Cook #1 and Utility Aide (UA) #1). This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJAC 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," indicates under 8:24-4.7 Sanitization of equipment and utensils; (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in the following manner: 1. Hot water manual operations by immersion for at least 30 seconds and as specified under</p>	A 891		
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A 891	<p>Continued From page 2</p> <p>N.J.A.C. 8:24-4.8(g);</p> <p>2. Hot water mechanical operations by being cycled through equipment that is set up as specified under N.J.A.C. 8:24-4.9(h), (j), and (l) and achieving a utensil surface temperature of 160°F as measured by an irreversible registering temperature indicator; or</p> <p>3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing:</p> <p>i. An exposure time of at least 10 seconds for a chlorine solution specified under N.J.A.C. 8:24-4.8(j)1;</p> <p>ii. An exposure time of at least seven seconds for a chlorine solution of 50 mg/L that has a pH of 10 or less and a temperature of at least 100°F [degrees Fahrenheit] or a pH of 8 or less and a temperature of at least 75°F;</p> <p>iii. An exposure time of at least 30 seconds for other chemical sanitizing solutions; or</p> <p>iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5.</p> <p>1. On 12/15/2021 at 9:58 AM, dietary staff were observed in the facility's satellite and main kitchens. The observation conducted in the satellite kitchen revealed that Dietary Aide (DA) #1 cleaned the food preparation countertops with a solution which sat in a red bucket labeled, "Sanitizer." On 12/15/2021 at 10:02 AM, the Dietary Supervisor (DS) tested the sanitizing solution from one bucket in use by Dietary Aide #1 and reported the sanitizing solution did not change colors on the test strip. At 10:06 AM, the DS tested three sanitation buckets in use in the</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>facility's main kitchen and reported that they did not change colors on any of the test strips.</p> <p>On 12/15/2021 at 1:07 PM, the DS and Licensed Nursing Home Administrator (LNHA) were interviewed. The DS stated that dietary staff completed a log which recorded the PPM of the sanitizing solution. The DS stated that it was the individual dietary staff's responsibility to ensure the sanitizing solution was changed as needed to ensure it maintained the recommended concentration. The DS stated that the sanitizing solution needed to be at a minimum of 150 PPM to be considered potent enough to perform its sanitizing function. He acknowledged, however, that the sanitizing solution recorded "zero" PPM when DA #1 and Cook #1 used the solution to clean the food prep areas. The DS acknowledged that the consequence of this was that the food prep surfaces, and other utensils were not sanitized appropriately and could result in the spread of food-borne infection across the facility. The LNHA added that "everyone" ate from the kitchen. Per the LNHA, when there was a breach in infection control practice in the kitchen, it affected the entire population of the residents.</p> <p>The facility's policy named, "Sanitation and Infection Control Cleaning Contracts Policy," dated 01/2016, read in part: "Sanitizer 146 Multi-Quat Sanitizer-No-Rinse Quat Sanitizer Concentrate is the product used. Testing solution should be between 150-400 PPM ...If sanitizer does not test within the acceptable range a manager or supervisor must be informed ..."</p> <p>Reference: NJAC 8:24-2.2(f)1 indicates, (f) Food</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean hands and clean, exposed portions of arms; 9. After engaging in other activities that contaminate the hands.</p> <p>2. On 12/15/2021 at 10:08 AM, Cook #1 was observed making a peanut butter sandwich in the facility's main kitchen. Cook #1 repeatedly adjusted his mask and reached in his pocket during the meal-making process. Although Cook #1 wore a pair of gloves, he failed to remove the gloves and perform hand hygiene after contaminating his gloves from repeatedly touching his mask and inside of his pocket. The surveyor intervened and educated Cook #1 not to serve the observed sandwich to any resident as the Cook's hands became contaminated in the food preparation process.</p> <p>On 12/15/2021 at 10:18 AM, Cook #1 stated that he did not know that there was the potential to cross-contaminate the peanut butter sandwich after intermittently adjusting his mask and reaching in his pocket. Cook #1 acknowledged that he did not perform glove changes and hand hygiene after the identified practice. Cook #1 stated that he received hand hygiene training every week through facility-wide in-service.</p> <p>On 12/15/2021 at 10:13 AM, UA #1 was observed in the kitchen as he racked up washed cooking pots and serving plates on what he identified as the ready-to-use rack. UA #1 repeatedly adjusted his mask without performing</p>	A 891		

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A 891	<p>Continued From page 5</p> <p>glove changes or hand hygiene. UA #1's handling of the pots was such that his hands were in contact with the inner cooking portions of the pots. UA #1 continued to place the cooking pots and plates on the rack which had the ready-to-use cooking pot and serving plates. Although the surveyor advised UA #1 of the need to change his gloves and take down the observed pots and plates he had put up on the rack, Utility Aide #1 changed his gloves but did not wash his hands or use a hand sanitizer.</p> <p>On 12/15/2021 at 10:21 AM, UA #1 stated that he did not know that he had contaminated the washed and ready-to-use plates and pots when he handled them in the manner described above. UA #1 stated that he last received hand hygiene training approximately four months ago. Per UA #1, he was trained on the need to wash his hands after any bodily contact, after using the bathroom, and in-between tasks.</p> <p>On 12/15/2021 at 12:37 PM, during an interview with the Infection Control Preventionist (ICP) and the Licensed Nursing Home Administrator (LNHA), the ICP reported to the surveyor that she was part of the Quality Assessment (QA) Committee and had conducted training with dietary staff in collaboration with the Dietary Supervisor (DS) on infection control and prevention practices. The ICP stated she had provided in-service education with staff on a weekly and as-needed (PRN) basis. The ICP stated the training she had provided to staff included the proper use of chemical disinfection, hand hygiene, cough etiquette, and proper use of personal protective equipment (PPE). The ICP stated hand hygiene was a standard infection control practice in healthcare settings. The ICP</p>	A 891		

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A 891	Continued From page 6 stated that dietary staff's failure to perform proper hand hygiene was "a fast way to spread germs." The ICP stated staff should perform hand hygiene when they went in the bathroom, when they adjusted their masks, and before they donned new gloves.	A 891		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/9/2022
NAME OF FACILITY GEORGETOWN COMMONS AT THE PINES AT WHITING	STREET ADDRESS, CITY, STATE, ZIP CODE 507 ROUTE 530 WHITING, NJ 08759	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0891	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/17/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/15/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Georgetown Commons Provider# 65A001

Plan of Correction

Date of Survey: 12/15/21

A 891 8:36-10.5(a) Dining Services

The facility shall comply with provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.

Corrective Action

Completion Date: 12/17/22

Immediate corrective action was taken. Staff who failed to perform hand hygiene discarded food items, and rewashed pots. Staff who failed to ensure proper sanitation of surfaces re washed items with solution at proper PPM. In-servicing of staff was conducted immediately and completed for staff working that day. In-servicing continued for all staff and was completed.

It was identified that the sanitation solution dispenser was not working and the contractor was in on 12/16/22 for repair of it. Action was taken specific to employees who documented inaccurately that PPM was in limits.

Identify

All residents have the potential to be affected when the facility fails to prepare food under sanitary conditions and when it did so;

- by failing to ensure the sanitizing solution used in cleaning food preparation surfaces was of the appropriate concentration in PPM
- when 3 of 5 dietary staff failed to perform hand hygiene in between tasks

Systemic Changes

The facility established a Policy and Procedure for "Sanitation and Infection-Sanitizer Bucket Procedure", previously a posted protocol. Staff were in-serviced on the Policy and Procedure. Signage was posted throughout the kitchen, main and satellite reminding staff about touching masks and handwashing. Staff were re-assigned masks using elastic ear holders rather than paper ear holders allowing for a more secure fit to eliminate adjusting masks. If the facility is unable to provide the proper masks due to PPE supply issues, staff will be assigned alternative masks for proper fit.

Monitoring

Supervisors were assigned to conduct quality assurance checks of solution documentation by re-testing solution at least 3x weekly for 2 months. The Administrator will conduct quality assurance checks of mask use throughout the food service department at least 3 x weekly for 2 months. Results of quality assurance will be reported to the Quality Assurance Committee in the fourth quarter 2021 and first quarter 2022.

