New Jersey Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74121214			A. BUILDING:		OOIVII EETEB	
		AL12001	B. WING		01/2	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CARE O	NE AT EAST BRUNSV	NICK ASSISTED I	NBURY ROA UNSWICK, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: Type of Survey: St Infection Control	andard with Covid-19 Focused				
	Census: 58					
	Sample Size: 5					
	The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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.					
	was conducted by to 01/26/2022. The facompliance with the Code 8:36 infection for Licensure of Assisted Living ProDisease Control and	sed Infection Control Survey the State Agency on cility was found to be in e New Jersey Administrative in control regulations standards sisted Living Residences, ersonal Care Homes and ograms and Centers for and Prevention (CDC) ctices to prepare for				
A 891	8:36-10.5(a) Dining	Services	A 891			
	the provisions of N.	personnel shall comply with .J.A.C. 8:24, Retail Food d Food and Beverage Vending				

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

TITLE

(X6) DATE

03/07/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		AL12001	B. WING		01/2	6/2022	
	NAME OF PROVIDER OR SUPPLIER CARE ONE AT EAST BRUNSWICK ASSISTED L STREET ADDRESS, CITY, STATE, ZIP CODE 664 CRANBURY ROAD EAST BRUNSWICK, NJ 08816						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
A 891	Continued From particles (Code)	ge 1 XII of the New Jersey Sanitary	A 891				
	by: Based on observatifacility policy, it was failed to ensure foo under sanitary conceptuations utilized by preparation areas, a properly diluted with accordance with the Retail Food Establis Beverage Vending New Jersey Sanitar placed the highly supopulation/resident food-borne illnesses. Findings included: Reference: N.J.A.C. 8:24-1.5 "of this chapter, the names and terms see meanings, unless the otherwise Sanitize cumulative heat or contact surfaces the	s' health and safety at risk for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		AL12001		B. WING		01/2	6/2022	
NAME OF	PROVIDER OR SUPPLIER	AL 12001	STREET AD		STATE, ZIP CODE	01/2	.0/2022	
	NE AT EAST BRUNSV	NICK ASSISTED L	664 CRAN	IBURY ROAI UNSWICK, N	D			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	:S ′ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
A 891	representative dise health importance.' establishment mea establishment that requires the handling prepares and serve including the extensing redients; and who population is a high N.J.A.C. 8:24-4.7 "utensils (a) Equipmentensils shall be sa food-contact surfact sanitized before us cleaned, equipmentensils shall be sa or mechanical oper application of sanitimmersion using N.J.A.C. 8:24-4.8(j) exposure time used combination of temph that, when evaluant sanitization as defined in N.J.A.C. 8:24-4.8 "lequipment (a) Man compartment requifollowing: 1. A sink compartments shall washing, rinsing, and utensils (k) A test accurately measure sanitizing solutions Concentration of the accurately determind evice An expositions	Il to a 99.999% reductase microorganisms." "Risk Type 3 Food ans any retail food has an extensive meng of raw ingredients as potentially hazardo sive handling of raw nose primary service ally susceptible popular sanitization of equipment food-contact suranitized. (b) Utensils as eafter cleaning. (c) At food-contact surfact for efficiency, iv. And in relationship with operature, concentrate uated for efficacy, yield in N.J.A.C. 8:24-Manual warewashing, sirrements shall include	enu which sand ous foods ation" ment and faces and and all be After being ces and all manual ed under n a ciion, and elds .1.5." The the nually ent and nat in mg/L of l) shall be it or other tionship	A 891				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A1 42004	B. WING		04/0	00/0000
		AL12001	B. WING		01/2	26/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE AT EAST BRUNSV	NICK ASSISTED I	IBURY ROAI			
	T		UNSWICK, N			T
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
A 891	Continued From pa	age 3	A 891			
A 891	and pH that, when sanitization as defin N.J.A.C. 8:24-4.8 (jrevealed the follow ammonium comporminimum temperat concentration as sp. 8:24-7.2(f) and as in use directions inclused only in water less or in water have than specified by the another solution of (j)1 through 3 above demonstrate to the solution achieves solution shall be apparently ammonous directions inclusive directions inclusive or other device to concentration in media provided. (I) Control of the sanitizer of the concentration in media provided. (I) Control of the control of the concentration in media provided. (I) Control of the control	evaluated for efficacy, yields ned in N.J.A.C. 8:24-1.5." i) 3-5 and N.J.A.C. 8:24 (k) (l), ing, " A quaternary und solution shall: i. Have a ure of 75°F; ii. Have a pecified under N.J.A.C. ndicated by the manufacturer's ided in the labeling; and iii. Be with 500 mg/L hardness or ving a hardness no greater ne manufacturer's label; 4. If a chemical specified under e is used, the operator shall health authority that the anitization and the use of the oproved; or 5. If a chemical chlorine, iodine, or a ium compound is used, it shall dance with the manufacturer's ided in the labeling. (k) A test that accurately measures the g/L of sanitizing solutions shall incentration of the sanitizing ecurately determined by using a				
	observed in the factors observation reveals cleaned the food production with a solut "Sanitizer." On 01/2 surveyor observed solution from the rewhich was orange in by zero (0) in accordalibration instruction.	at 10:08 AM, dietary staff were cility's main kitchen. The ed that Dietary Aide (DA) #1 reparation countertops in the cion in a red bucket labelled, 26/2022 at 10:10 AM, the DA #1 tested the sanitizing ed bucket, using a test strip in color and was represented redance with the manufacturer's ons. The strip was expected to e to other colors which were				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 501251110.			
		AL12001	B. WING	<u></u>	01/2	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE AT EAST BRUNSV	NICK ASSISTED I	IBURY ROA			
		EAST BRI	UNSWICK, N			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 891	Continued From pa	ige 4	A 891		ļ	
	calibrated at varying the sanitizing soluti test strip, DA #1 sta strip did not change	g concentrations. After testing on concentration using the ated that the color of the test e and remained orange in color				
	At 10:14 AM, DA #1 then tested the sanitizing solution in the "Sanitizer" compartment of the three-compartment sink which yielded the same result. DA #1 reported that when tested, the sanitizing solution did not change the color of the test strip. On 01/26/2022 at 10:18 AM, during a follow-up interview, DA #1 stated that checking the sanitation solution in the sanitation bucket and the three-compartment sink for appropriate concentration was the responsibility of all dietary staff.					
	that there was no s facility logged any p of the sanitizing sol received training or	iew, DA #1 told the surveyor system in place with which the prior recording of the readings lutions. DA #1 stated that she how to check the e sanitizing solution.				
	interviewed the Foothe Administrator. It individual dietary state that the sanitizing someoded to maintain concentration. The solution needed to to achieve and performancements of the remove and prevented the solution of th	B:04 PM, the surveyor od Service Director (FSD) and The FSD stated that it was the saff's responsibility to ensure solution was changed as a the recommended FSD stated that the sanitizing be at a minimum of 150 PPM form its sanitizing effect and stated that proper sanitizing e solution would effectively at the accumulation of food all decompose and cause the of food poisoning organisms				

New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		AL12001	B. WING		01/2	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE AT EAST BRUNS	NICK ASSISTED I	NBURY ROA UNSWICK, N			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
A 891	solution did not cha and that DA #1 use clean the food prep sanitation comparts sink. The FSD stat findings was that the other utensils were and could result in infection across the The Administrator's served from the kit infection control pre affect the entire po The surveyor's revi "Sanitization," date instruction, "Sanitize must be performed solutions:b. 150-	owledged that the sanitizing ange the color of the test strip, ed the sanitizing solution to a areas and had utensils in the ment of the three-compartment ed that the consequence of the ne food prep surfaces, and a not sanitized appropriately the spread of food-borne	A 891			

STATE FORM: REVISIT REPORT

	R / SUPPLIER CATION NUMBI	 	STRUCTION				[DATE OF REVIS	SIT
AL12001		Y ₁ B. Wing					_{Y2} 3	3/7/2022	Y3
NAME OF	FACILITY				STREET ADDRESS, C	ITY, STATE, ZIP C	ODE		
CARE O	NE AT EAST I	BRUNSWICK ASSISTEI	D LIVING		664 CRANBURY ROAL	D			
					EAST BRUNSWICK, N	IJ 08816			
correctiv	e action was a	d by a State surveyor to ccomplished. Each defile previously shown on t	ciency should	be fully ident	tified using either the r	egulation or LSC	provision nu	umber and the	
ITEM DATE		ITEM		DATE	ITEM		DATE		
Y4		Y5	Y4		Y5	Y4		Y5	
ID Prefix	A0891	Correction	ID Prefix		Correction	ID Prefix		Correc	tion
Reg. #	8:36-10.5(a)	Completed	Reg. #		Completed	Reg. #		Compl	eted
LSC		02/26/2022	LSC			LSC			
									
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correc	tion
Reg.#		Completed	Reg. #		Completed	Reg. #		Compl	eted
LSC			LSC			LSC			
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STATE A		(INITIALS)		SIGNAIC	JAC OF SORVETOR		ا	AI E	
REVIEWS CMS RO	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE			D	DATE	
	FOLLOWUP TO SURVEY COMPLETED ON 1/26/2022				CORRECTED DEFICIEN ICIENCIES (CMS-2567)		011 173 70	YES 🗆	NO
-						_			

Page 1 of 1 EVENT ID: RAFX12

CareOne at East Brunswick Assisted Living

Plan of Correction

February 14, 2022

Date of Survey: 1/26/22

8:36-10.5(a) Dining Services (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.

Based on observation, interview, and review of facility policy, it was determined that the facility failed to ensure food were prepared and served under sanitary condition and that the sanitizing solutions utilized by the facility to clean food preparation areas, surfaces, and utensils were properly diluted with concentrations that were in accordance 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. This deficient practice placed the highly susceptible population/residents' health and safety at risk for food-borne illnesses.

This had the potential to affect all residents. The facility census was 58.

Findings included:

1. On 01/26/2022 at 10:08 AM, dietary staff were observed in the facility's main kitchen. The observation revealed that Dietary Aide (DA) #1 cleaned the food preparation countertops in the kitchen with a solution in a red bucket labelled, "Sanitizer." On 01/26/2022 at 10:10 AM, the surveyor observed DA #1 tested the sanitizing solution from the red bucket, using a test strip which was orange in color and was represented by zero (0) in accordance with the manufacturer's calibration instructions. The strip was expected to change from orange to other colors which were calibrated at varying concentrations. After testing the sanitizing solution concentration using the test strip, DA #1 stated that the color of the test strip did not change and remained orange in color.

At 10:14 AM, DA #1 then tested the sanitizing solution in the "Sanitizer" compartment of the three-compartment sink which yielded the same result. DA #1 reported that when tested, the sanitizing solution did not change the color of the test strip.

On 01/26/2022 at 10:18 AM, during a follow-up interview, DA #1 stated that checking the sanitation solution in the sanitation bucket and the three-compartment sink for appropriate concentration was the responsibility of all dietary staff

Upon further interview, DA #1 told the surveyor that there was no system in place with which the facility logged any prior recording of the readings of the sanitizing solutions. DA #1 stated that she received training on how to check the concentration of the sanitizing solution.

On 01/26/2022 at 3:04 PM, the surveyor interviewed the Food Service Director (FSD) and the Administrator. The FSD stated that it was the individual dietary staff's responsibility to ensure that the sanitizing solution was changed as needed to maintain the recommended concentration. The FSD stated that the sanitizing solution needed to be at a minimum of 150 PPM to achieve and perform its sanitizing effect and function. The FSD stated that proper sanitizing concentration of the solution would effectively remove and prevent the accumulation of food residues, which could decompose and cause the rapid development of food poisoning organisms or toxins. He acknowledged that the sanitizing solution did not change the color of the test strip, and that DA #1 used the sanitizing solution to clean the food prep areas and had utensils in the sanitation compartment of the three-compartment sink. The FSD stated that the consequence of the findings 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 Administrator stated that everyone ate food served from the kitchen and that a breach in infection control practice in the kitchen, could affect the entire population of the facility, The surveyor's review of the facility's policy, titled, "Sanitization," dated 05/02/2018, revealed this instruction, "Sanitizing of environmental surfaces must be performed with one of the following solutions: ...b. 150-200 ppm [parts per million] quaternary ammonium compound (QAC)"

- a) How the correction action will be accomplished:
 - Facility will follow policy and procedure named "Sanitation". Facility Culinary Director re-educated all Culinary Staff on policy. Facility identified DA#1 used the incorrect testing strips to test the sanitizing solution (the incorrect strips were removed from the kitchen area and stock room).
 - Staff education included correct strips for use of testing sanitizing solution.
 - Method of preparing sanitizing solution including the use of the three-bay sink.
 - Correct procedure to ensure testing result follows manufacture's recommended result of 150 PPM.
 - Sanitation logs reviewed to ensure policy & procedure are followed.

Culinary Director or designee will review Sanitation logs daily.

2. Competencies were completed after re-education of the culinary staff. Weekly competencies will be completed for 4 consecutive weeks after which time monthly competencies will be completed for 3 months and quarterly thereafter. Competencies will be completed for all new hires as part of the onboarding process.

The corrective action was completed on 1/26/22 & is ongoing.

b) How the facility will identify other areas having the potential to be affected by the same deficient practice:

There are no other areas identified upon review.

c) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

The Culinary Director completed the re-education for culinary staff of the Sanitation Policy and procedure, including competencies to demonstrate their understanding. Weekly competencies will be completed for 4 consecutive weeks after which time monthly competencies will be completed for 3 months and quarterly thereafter. Competencies will be completed for all new hires as part of the onboarding process.

d) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, ie., what program will be put into place to monitor the continued effectiveness of the systemic change.

Results of the education and competency audits will be reviewed during facility Quality Assurance Performance Improvement (QAPI) committee monthly.