	AND DIAN OF CODDECTION IDENTIFICATION NUMBED:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		X1KYQQ	B. WING		02/1	8/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE AT HAMILTON			IAMILTON SQUARE ROAD P, NJ 08619		
(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 000	Initial Comments		A 000			
	Initial Comments: Type of Survey: Co Control	ovid-19 Focused Infection				
	Census: 90					
	was conducted by t 02/08/2022. The faccompliance with the CODE 8:36 infection standards for Licen Residences, Complete Homes and Assiste Centers for Disease (CDC) recommended COVID-19. The facility must suincluding a complete and ensure that the	ed Infection Control Survey he State Agency on cility was found not to be in e New Jersey Administrative n control regulations sure of Assisted Living rehensive Personal Care d Living Programs and e Control and Prevention ed practices to prepare for bmit a plan of correction, ion date for each deficiency plan is implemented. Failure ies may result in enforcement				
	action in accordance Jersey Administrative	e with provisions of New ve 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				

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

TITLE

(X6) DATE

04/18/22

AND BLAN OF CORRECTION IN IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		X1KYQQ	B. WING		02/·	18/2022
	PROVIDER OR SUPPLIER	1660 WHI	TEHORSE-H	STATE, ZIP CODE AMILTON SQUARE ROAD P, NJ 08619		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
A 891	Continued From pa	ge 1	A 891			
	by: Based on observation review it was determensure that dietary and ready-to-eat & failed to separate the potentially hazardowith the requiremens 8:24, Sanitation in Fand Food and Bever Chapter XII of the Nation This deficient practicular susceptible population illness. The findings References: N.J.A.C. 8:24-1.5 "It this chapter, the foliand terms shall have unless the context of a utensil from which splash: i. Into a food surface' 4 ii. Onto a with food Potentially hazardowith food in supporting: 1. The modinfectious or toxice.	on, interview and record mined that the facility failed to staff handled cooked food, serve food items safely, and nese food items from us raw meat in accordance atts and provisions of N.J.A.C. Retail Food Establishments arage Vending Machines" New Jersey Sanitary Code. It is greated the following: Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise Definitions For the purpose of lowing words, phrases, names are the following meanings, clearly indicates otherwise				

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CARE O	NE AT HAMILTON			AMILTON SQUARE ROAD P, NJ 08619		
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A 891	Potentially hazardo food (a food of aninheat-treated; a food heat-treated or con Ready-to-eat food it that is cooked to sa frozen as specified Risk type 3 food es food establishment menu which require ingredients; and is preparation of men cooking, cooling, an or more potentially Prepares and serve including the extensingredients; and why population is a high Such establishmen limited to, full-servin nursing homes, and serving potentially has eving potentially has eving potentially has eving potentially has eving potentially had be protected food in shall be protected foods holding, and display animal foods such a poultry from each of preparation, holding combined as ingree	raw shell eggs, the growth of dis. us food' includes an animal hal origin) that is raw or d of plant origin that is sists of raw ncludes: 1. Raw animal food afe cooking temperatures, or under N.J.A.C. 8:24-3.4(d); tablishment means any retail that: 1. Has an extensive es the handling of raw involved in the complex u items that includes the hazardous foods; or 2. es potentially hazardous foods sive handling of raw nose primary service ally susceptible population. Its may include, but are not be restaurants or hospitals, dipreschools preparing and hazardous foods" Protection from contamination d, "(c) Separation, packaging quirements for packaged and include the following: 1. Food from cross contamination by: i.	A 891			

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE AT HAMILTON		TEHORSE-H N TOWNSHII	AMILTON SQUARE ROAD P, NJ 08619		
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A 891	separate equipment arranging each type cross contamination prevented, and predifferent times or in On 2/8/22 at 12:09 during preparation is service, a large choappeared to be a roboard, and pieces on the other end of At 12:10 PM, the sum of the stated that the board was in fact a The Chef also stated was observed dripp board was in fact "In the pieces of raw made same chopping board was in fact "In the pieces of raw made same chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping board was in fact and "In the pieces of raw made chopping b	at for each type of food, e of food in equipment so that n of one type with another is paring each type of food at a separate areas" PM, the surveyor observed, for the facility's noon meal apping board with what casted meat on one end of the of meat which dripped blood the same chopping board. urveyor interviewed the Chef a roasted meat on the chopping	A 891			

PRINTED: 04/25/2022 FORM APPROVED

AND BLAN OF CORRECTION \ \ \ IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
						
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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A 891	on 2/8/22 at 2:37 P the Executive Direct attention was called. The ED referred to which was placed in loin, and she stated. ED stated that the " added that the pract to a cooked, ready- risk of food-borne il On 2/18/22 the surva a follow-up survey, for the imminent the indicated above and control survey on 2/ the surveyor receive which read as follow "Problem: Raw bee board which was pl board with the cook be served. Action Plan: 1. Upon facility atte discarded the bake alternate meal optic Beef stew was the a served on this day. Culinary Director er been served the co Date Completed: Ti immediately on 2/8/	lid not intend to re-cook the e of the observation. PM, the surveyor interviewed ctor (ED) who stated that her d to the situation in the kitchen. The observation of raw meat next to a ready-to-serve pork d that it was unacceptable. The 'Chef knew better." The ED ctice of placing raw meat next to-serve pork loin posed the linesses among the residents. Weyor returned to the facility for and requested a removal plan reat to resident's health as d observed during the infection /8/22. At 4:59 PM on 2/18/22, ed the facility's removal plan, ws: If was stored on red cutting aced next to brown cutting aced next to brown cutting aced pork loin that was ready to the residents. Broccoli alternate option that was Executive Director and nesured that no resident had intaminated meat. his was completed	A 891			

AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	COMPLETED		
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A 891	proper storage of ra The Executive Directelephoned the Regmade aware of survo Date Completed: The Immediately on 2/8/ 3. Regional Culinary additional educations scheduled to complete to complete to a complete to	ulinary staff to instruct them on aw meats and cooked meats. ctor and Culinary Director ional Culinary Director and reyors observations. his was completed 22. y Director to come in for a Regional Culinary Director is ete education to Culinary hary staff on proper prepping boked meats. Editional education is being and 2/24/22. or, and Assistant Executive daily kitchen checks on cooked meats and raw meats ekly checks for 3 months, onthly checks for 2 months. The ekept in a log to ensure completed on an ongoing basis. The mediately on 2/8/22 and for a hs and on an ongoing basis. The and on an ongoing basis toring will be presented of 3 months to the Quality tee and additional education any additional findings from the wed the facility policy titled, and Service Policy," which was 2019, and read, "Appropriate	A 891			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
•	0. 000		A. BUILDING:			
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A 891	Continued From pa	ige 6	A 891			
	the ED who stated the imminent threat interviewed the Che was not consistent observation. Specif Chef stated that on serve baked pork to placed side by side tray. However, upon with the ED, the ED blood from the raw of the baked pork to	rically, the ED stated that the 2/8/22, although the ready to bin and the raw beef were they were not on the same in further surveyor interview 0 could not explain how the beef dripped onto the bottom bin.				
	a copy of the Chef's was valid from 2/28 2/18/22 at 3:28 PM used to work at and corporation and wa facility in 11/2021. It did not have training facility since he trar provided a training facility, which indica 30 minutes of traini on each of the followand 7/21/21, respect transcript indicated minutes of training each on 12/29/17, Furthermore, the faindicated that the Change of training experience on 12/3 facility, however, did the syllabus and trawhat was covered to	cility provided the surveyor with a "ServSafe" certification which 2/20 through 2/28/25. On a the ED stated that the Chef other facility of the same as recently transferred to their. The ED stated that the Chef g on safe food handling at the asferred. However, the ED transcript from the Chef's last ated that the Chef completed and on "Safe Food Handling" wing days, 12/29/17, 12/31/19, ctively. In addition, the that the Chef completed 30 on "Safety In The Kitchen" 12/31/19, and 6/30/21. In a cility provided evidence which chef completed a I.25 hour and and on Enriching Dining 30/17 and 10/01/21. The d not provide the surveyor with a lining outline which detailed under each of the identified of the concern and deficient.				

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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A 891	practice identified of On 2/18/22 at 5:05 observations in the dietary staff. The state dietary staff took tu listed on the menu. dinner menu at the pepper steak, stear vegetables, and the and cranberry salac cleaned the food prompleting each materials are surveyor's observations at the surveyor's observations are the surveyor staff changed their hygiene between each During the surveyor #1 and the Chef, both servers at the surveyor with the		A 891				

				STATE	FORM: RE	VISIT REPORT				
	ER / SUPPLIER CATION NUMBI	ER A	MULTIPLE CON A. Building B. Wing	ISTRUCTION					DATE OF F	
NAME OF	F FACILITY NE AT HAMIL	''				STREET ADDRESS, C 1660 WHITEHORSE-H HAMILTON TOWNSHII	IAMILTON SQL			Y3
correctiv	e action was a	ccomplish	ed. Each def	iciency should	d be fully ident	eviously reported that ified using either the r efix codes shown to th	egulation or L	SC provision	number an	d the
ITE	M		DATE	ITEM		DATE	ITEM			DATE
Y4			Y5	Y4		Y5	Y4			Y5
ID Prefix	A0891		Correction	ID Prefix		Correction	ID Prefix		C	orrection
Reg.#	8:36-10.5(a)		Completed	Reg. #		Completed	Reg.#		C	ompleted
LSC		-	03/23/2022	LSC		·	LSC			·
ID Prefix			Correction	ID Prefix _		Correction	ID Prefix		C	orrection
Reg. #			Completed	Reg. #		Completed	Reg.#		C	ompleted
LSC				LSC			LSC			
ID Prefix			Correction	ID Prefix _		Correction	ID Prefix _		C	orrection
Reg.#			Completed	Reg. #		Completed	Reg.#		C	ompleted
LSC				LSC _			LSC _			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		C	orrection
Reg.#			Completed	Reg. #		Completed	Reg.#		C	ompleted
LSC				LSC _			LSC _			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		C	orrection
Reg.#			Completed	Reg. #		Completed	Reg.#		C	ompleted
LSC				LSC _			LSC _			
REVIEWI STATE A		REVIEWI (INITIALS		DATE	SIGNATU	IRE OF SURVEYOR			DATE	
REVIEWI CMS RO	ED BY	REVIEWI (INITIALS		DATE	TITLE				DATE	
FOLLOW 2/18/202	UP TO SURVE	Y COMPLE	TED ON			CORRECTED DEFICIEN CIENCIES (CMS-2567)			YES	□ NO

Page 1 of 1 EVENT ID: 3PLR12

Date Survey Completed: 2/8/2022

Facility Name: CareOne at Hamilton

Facility ID # X1KYQQ

Plan of Correction

ID PREFIX TAG	HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE	HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE	WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR	HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE	COMPLETION DATE
	1	2	3	4	
A 891	Upon facility attention, baked pork loin was discarded. Executive Director and Culinary Director ensured	Regional Culinary Director provided education and in- services. Executive Director and Assistant Executive Director	Executive Director and Assistant Executive Director to conduct daily kitchen checks on proper prepping of cooked meats and handling of raw meats for 1 week, then weekly	Inservice's, education and audits will be logged and reviewed by Executive Director to ensure checks being completed on an ongoing basis.	2/18/22 and 2/24/22
	that no resident had been served the baked pork. Alternate option was served to residents.	to conduct kitchen audits.	checks for 3 months, followed by twice- monthly checks for 2 months. These audits will be logged to ensure checks are being completed on an ongoing basis. Ongoing education to be provided to dietary	Results of the monitoring will be presented monthly by Executive Director for a period of 3 months to the Quality Assurance Committee. Additional education provided related to any additional findings from the observations. Continue with ongoing education to be provided to dietary staff.	3/23/22

Cupium 411/122