

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>47a002</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSE HILL ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1150 WASHINGTON BLVD ROBBINSVILLE, NJ 08691</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIAS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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: 58</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 6/19/20. 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>	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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of documents, it was determined the facility failed to ensure the facility's dish washing machine was functioning effectively and that proper food service sanitation procedures were followed in accordance with Chapter 24 of the New Jersey Sanitary Code requirements.</p> <p>This deficient practice was evidenced by:</p>	A 891		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 891	<p>Continued From page 1</p> <p>On 6/16/20 at 12:30 p.m., the surveyor observed that residents were being served meals and beverages on china plates/glassware. Interviews with dietary staff confirmed all resident meals were served on non-disposable items and that at the end of meal service all soiled dishware was returned to the kitchen for cleaning. At 1:00 p.m. the Cook Supervisor provided the surveyor with a log of dishwasher temperatures for the months of May and June 2020. The Cook Supervisor was not able to identify the minimum wash and rinse temperatures specific to the dishwasher being used. Upon review of the temperature log the surveyor noted the log required a "Minimum Wash - 160" and "Minimum Rinse - 180". The surveyor further noted that facility staff recorded 129 of 150 temperatures below the required minimum of 160 degrees Fahrenheit (F) for the dishwashing temperatures. Documented dishwashing temperatures ranged from 140 degrees F to 188 degrees F. In addition, facility staff recorded 42 of 150 temperatures below the minimum requirement of 180 degrees F for the rinse cycle. Documented rinse cycle temperatures ranged from 152 degrees F to 192 degrees F.</p> <p>At 2:00 p.m., the surveyor reviewed the facility policy "Temperatures: Food Service" which disclosed for the Dishwasher "Wash temperature should be a minimum of 160 degrees." and "Rinse temperature should be a minimum of 180 degrees." At 2:15 p.m., in the presence of the Cook Supervisor, the surveyor observed a dishwashing/rinse cycle which revealed a wash temperature of 156 degrees F and a rinse temperature of 170 degrees F.</p> <p>The surveyor reviewed the temperature logs and policy with the Executive Director who agreed that the dishwasher was not meeting minimum</p>	A 891		
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A 891	<p>Continued From page 2</p> <p>required temperatures. The surveyor was provided a removal plan which included serving all meals on disposable plates until the dishwasher had been repaired. The plan was reviewed and accepted at 4:00 p.m.</p> <p>The surveyor completed a follow up visit to the facility on 7/8/20 and confirmed that the plan had been implemented.</p>	A 891		



# Rose Hill *Assisted Living*

DePaul Healthcare

Rose Hill Assisted Living  
Plan of Correction for Dept. of Health Survey  
June 19, 2020

- 8:36-10.5(a)
1. No residents were affected by the deficient practice.
  2. All residents have the potential to be affected.
  3. [REDACTED] was called in to service dishwasher. They made an adjustment to the wash and rinse temperatures. Service was complete on June 19, 2020. Temperatures were accurate when [REDACTED] left the building. All Dietary staff were in- serviced on policy for water temperatures on June 22, 2020.
  4. Administrator or designee to review dishwasher logs to assure all temperatures are within the range per our policy.