

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>403330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUDSON HILLS SENIOR LIVING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047</b>
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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
R 000	<p>Initial Comments</p> <p>Type of Survey: Residential</p> <p>Dates of Survey: 2/22/19</p> <p>Census: 79</p> <p>Sample: 4</p> <p>The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:43, Standards for Licensure of Residential Health Care Facilities. 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>	R 000		
R1040	<p>8:43-8.2(a) Dietary Services</p> <p>The facility shall establish and implement written policies and procedures for the provision of dietary services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to a.) store and label foods properly, b.) follow appropriate hand hygiene protocol in a manner to prevent contamination and, c.) follow appropriate infection control protocol.</p> <p>This deficient practice was evidenced by the</p>	R1040	<p>3/20/19</p> <p>R1040 PoC rejected; No completion date</p>	3/20/19

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

TITLE

(X6) DATE

03/20/19

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R1040	<p>Continued From page 1</p> <p>following:</p> <p>On 02/14/19 at 9:15 a.m., the surveyor toured the kitchen in the presence of the Food Service Director (FSD). The FSD was observed not wearing a hair net but wore a baseball hat with his hair exposed on both sides of the hat. The FSD stated that he usually wore a hair net in addition to his hat but didn't have one on that day.</p> <p>On 2/14/19 at 9:19 a.m., the surveyor entered the kitchen and went to the hand washing, hands free sink. The surveyor stepped on the hot water pedal and observed it was loose and then stepped on the pedal for the garbage can and observed that the lid did not open. The FSD put on gloves and attempted to fix the lid to the garbage can but was unsuccessful. When the FSD stepped on the hot water pedal to wash his hands the metal piece fell off. The FSD washed his hands for 10 seconds under cold running water. After washing his hands he touched the lid to the trash can but did not re-wash his hands.</p> <p>On that same date and time, the surveyor observed the following:</p> <p>On a shelf in the standing refrigerator #1, the surveyor observed diced peppers inside a metal pan covered with saran wrap dated 2/9/19 with a use by date of 2/12/19. The FSD stated it should have been discarded.</p> <p>On a shelf in the standing refrigerator #2, the surveyor observed 3 unopened loaves of rye bread with received dates of 2/8/19; there was no expiration or use by dates. Additionally, there was 2 loaves of cinnamon raisin bread opened on 2/11/19 with no expiration or use by dates. The FSD stated that he was not sure how long the</p>	R1040		

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R1040	<p>Continued From page 2</p> <p>bread was good after it was received and/or, when it was opened. The FSD said that he would need to contact the company.</p> <p>On that same day at that same time, the surveyor observed 2 full boxes of orange juice that contained 96.4 oz containers plus 23 individual 4 oz containers; 2 full boxes of cranberry juice, plus 9 individual 4 oz containers; 1 full box of grape juice plus 46 individual 4 oz containers, and 18 individual 4 oz containers of prune juice with no open/expiration or use by dates. The FSD stated that the juices should have had received/use by dates, and that he wasn't sure how long the juices were good for and stated again that he would "call the company."</p> <p>On that same day at 9:55 a.m., the surveyor observed the director of activities in the kitchen without a hair net. The director of activities stated she had forgotten to put a hair net on that morning. At that same time, the FSD removed his baseball cap, donned a hair net and removed the top of the garbage. He did not wash his hands after touching the lid.</p> <p>The surveyor observed that the Hood and Duct were dated with a last cleaned date of July 30, 2018. The FSD stated that it should be cleaned every 6 months and was not sure why it was not done in January.</p> <p>On 2/15/19 at 9:13 a.m., the surveyor returned to the main kitchen and interviewed the FSD. The FSD stated that he had contacted the company who informed him that once juices were thawed, they must remain refrigerated and used within 14 days. He further stated that once the bread was opened it must be used with in 3 days. The FSD stated that he ordered a labeling machine and</p>	R1040		

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R1040	<p>Continued From page 3</p> <p>would start labeling juices and bread the day they are received.</p> <p>The FSD stated that Accurate Hood and Duct Cleaning Company cleaned the Hood "last night" and should come every 6 months. The surveyor asked if the FSD maintained a log of when the ducts are cleaned to which he replied, "no."</p> <p>On 2/15/19 at 9:26 a.m., the surveyor observed the assistant chef was not wearing a hairnet during food preparation. The assistant chef stated she had a hair net on earlier but didn't know what happened to it. The assistant chef then donned a hair net, put on gloves and went back to the food prep area. The surveyor asked her why she didn't wash her hands after donning the hairnet. The assistant chef did not respond. She then removed her gloves, washed her hands for 10 seconds under running water and then turned the sink off with her bare hands before drying her hands with a paper towel.</p> <p>The surveyor asked why she didn't use a paper towel when she turned off the faucet. The Assistant stated, "no one ever told me to turn the faucet off with a paper towel."</p> <p>At that same date and time, the surveyor observed the assistant chef washed her hands for 8 seconds under running water. The surveyor asked why she washed her hands under running water. The assistant chef didn't respond. The FSD stated that he had in-serviced the assistant chef on proper hand washing but was unable to provide the surveyor with any documentation. He further stated, that the Dining Service Director also did hand hygiene with the assistant chef.</p> <p>On 2/15/19 at 10:15 a.m., the Dining Service</p>	R1040		
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R1040	<p>Continued From page 4</p> <p>Director stated she did not do a hand hygiene competency with the assistant chef. She further stated that the Director of Nursing (DON) did hand hygiene videos and competencies with all new hires.</p> <p>On 2/15/19 at 10:19 a.m., the surveyor interviewed the DON. The DON stated she did not do competencies with all staff, but she did a demonstration with all staff without including a re-demonstration.</p> <p>On 02/15/19 12:54 p.m., the survey team met with the DON and discussed the above observations and concerns.</p> <p>At that same date and time, the surveyor informed the DON that the Handwashing/Hand Hygiene policy that she provided with a revised date of August 2014, indicated that hand washing should be under a moderate stream of running water.</p> <p>At that time, the DON stated that she was not aware that the facility policy indicated that hand washing should be under running water. She further stated that she would check the policy and update it because hand washing should not be done under running water.</p> <p>The surveyor reviewed the facility's policy on Handwashing/Hand Hygiene provided by the DON with a revised date of August 2014, which indicated to "Perform hand hygiene before applying non-sterile gloves."</p> <p>The surveyor reviewed the facility's undated policy on Receiving, Inventory and Storage provided by the DON which indicated that, "All foodstuffs are to be dated." All products should</p>	R1040		

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R1040	<p>Continued From page 5</p> <p>be dated upon receipt and when they are prepared. Where required by state regulations, use by dates are put on products according to the timetable in the dry, refrigerated and freezer storage chart found in this section."</p> <p>The surveyor reviewed the facility policy on Food Preparation and Service provided by the DON with a revised date of July 2014, which indicated "Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness; Dietary staff shall wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food."</p> <p>On 2/19/19 at 12:22 p.m., the DON met with the survey team and stated that upon investigation and interview with the staff, she was "surprised" that a few of the staff informed her that hand washing should be done under running water.</p> <p>On 2/21/19 at 9:30 a.m., no further information was provided by the facility.</p>	R1040		
R1405	<p>8:43-10.3(e) Medications</p> <p>All medications shall be kept in their original containers and shall be properly labeled and identified.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to properly store and label a medication for █ of █ refrigerated narcotic storage box.</p> <p>This deficient practice was evidenced by the</p>	R1405	<p>3/20/19</p> <p>R1405 Poc rejected; No completion date</p>	3/20/19

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R1405	<p>Continued From page 6</p> <p>following:</p> <p>On 2/14/19 at 9:50 a.m., the surveyor inspected the medication storage room behind the long term care (LTC) nursing desk with a registered nurse (RN) from the LTC unit present. Stored in the locked narcotic box in the medication refrigerator, was an opened <b>Executive Order 26, 4.b.</b> bottle of <b>Executive Order 26, 4.b.</b>. The RN confirmed the bottle had been opened and was not dated with an open date. The RN stated the bottle should have been dated when opened. She said she would bring it to the attention of the Director of Nursing (DON).</p> <p>On 2/14/19 at 10:25 a.m., the surveyor interviewed the DON. She stated the resident resided on the <b>Executive Order 26, 4.b.</b> and that there was no storage available for controlled drugs on the <b>Executive Order 26, 4.b.</b>. The DON further stated the bottle was opened on <b>Executive Order 26, 4.b.</b> and 2 doses were administered on <b>Executive Order 26, 4.b.</b> The controlled drug administration record for liquids and injectables was provided to the surveyor.</p> <p>On 2/20/19, the surveyor reviewed the <b>Executive Order 26, 4.b.</b> policies and procedures. The Medication Storage Policy and Procedure, dated 9/1/18, failed to address the labeling and dating of opened containers of medications.</p>	R1405		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 403330	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/29/2019
NAME OF FACILITY HUDSON HILLS SENIOR LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047	

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 R1040	Correction	ID Prefix R1405	Correction	ID Prefix	Correction
Reg. # 8:43-8.2(a)	Completed	Reg. # 8:43-10.3(e)	Completed	Reg. #	Completed
LSC	03/29/2019	LSC	03/29/2019	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 2/21/2019		<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		