

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS Survey Date: 12/16/21 Census: 142 Sample: 28 + 3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 761 SS=B	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 761		12/24/21	

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

TITLE

(X6) DATE

Electronically Signed

12/23/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 761	<p>Continued From page 1</p> <p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure that suction equipment supplies, nasal cannula, and saline solution that all expired in 2020 and 2021 respectively were removed from active inventory in 3 of 3 emergency carts. This deficient practice was evidenced by the following:</p> <p>On 12/7/2021 at 1:16 PM, the surveyor observed an emergency cart located on the [REDACTED] floor adjacent to the nurse's station. The cart contained the following:</p> <p>[REDACTED] expired 10/2020 [REDACTED] expired 5/13/2021 and 10/09/2021.</p> <p>At this time, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM #1) who stated that the 11:00 PM to 7:00 AM shift nurse inspected the carts daily to ensure that the items were not expired and the quantities were correct. The surveyor and LPN/UM #1 observed the above [REDACTED] and [REDACTED] and the LPN/UM confirmed that the [REDACTED] and [REDACTED] solution were expired and needed to be discarded.</p> <p>A review of the facility's [REDACTED] floor Crash (emergency) Cart Inventory Checklist flow sheet for December 2021 which reflected: "Directions: 11-7 nurse to acknowledge each item is present on the crash cart and that items are within date. If an item is missing, you must replace it. This form to be submitted to ADON (Assistant Director</p>	F 761	<ol style="list-style-type: none"> Expired supplies were removed from all 3 crash carts on each floor of facility and replaced with unexpired medical supplies. All residents are potentially at risk. Education was completed immediately on the procedure of checking crash carts to ensure there will be no expired items, removal of, and replacement if needed with unexpired items. Education was also completed on the crash cart checklist. New checklist created to identify expiration dates of the medical supplies required on the crash carts. Central Supply employee/designee will complete a weekly audit with the new checklist to ensure there are no expired items to safeguard facility from utilizing supplies beyond their expiration date. Central Supply/designee will report findings to QAPI committee x 4 months. QAPI committee will determine the timeframe for continued reporting through QAPI committee dependent on findings. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 761	<p>Continued From page 2 of Nursing) monthly." Further review of the checklist revealed that a nurse had initialed and indicated with a checkmark that a check of the inventory had been completed daily from 12/1/21 through 12/7/21.</p> <p>On 12/9/2021 at 10:15 AM, the surveyor inspected an emergency cart located on the [REDACTED] floor adjacent to the nurse's station. The cart contained the following:</p> <p>[REDACTED] expired 6/2021.</p> <p>At this time, the surveyor interviewed LPN/UM #2 who stated that the 11:00 PM to 7:00 AM shift nurse inspected the carts daily during their shift and ensured the items were within date and quantities were correct and reported to her and issues. The surveyor and LPN/UM #2 reviewed the above [REDACTED] and the LPN/UM acknowledged that the [REDACTED] should have been removed from the emergency cart in 6/2021.</p> <p>A review of the facility's [REDACTED] floor Crash Cart Inventory Checklist flow sheet for December 2021, reflected that a nurse had initialed and indicated with a checkmark that a check of the inventory had been completed daily from 12/1/21 through 12/7/21.</p> <p>On 12/9/2021 at 10:31 AM, the surveyor in the presence of LPN/UM #3, inspected an emergency cart located on the [REDACTED] floor adjacent to the nurse's station. The cart contained the following:</p> <p>[REDACTED] expired 10/2020.</p>	F 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 761	<p>Continued From page 3</p> <p>At this time, LPN/UM #3 confirmed that the 11:00 PM to 7:00 AM shift nurse inspected the carts daily during their shift and ensured the items were within date and quantities were correct and reported to her. LPN/UM #3 acknowledged that the [REDACTED] was expired and should not be in use. LPN/UM #3 also stated that she audited the crash carts 1-2 times a week but did not document it.</p> <p>A review of the facility's first floor Crash Cart Inventory Checklist flow sheet for December 2021, reflected that a nurse had initialed and indicated with a checkmark that a check of the inventory had been completed daily from 12/1/21 through 12/7/21</p> <p>On 12/10/21 at 10:21 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the acting Director of Nursing (DON) and the survey team, acknowledged the findings.</p> <p>On 12/10/21 at 10:55 AM, the DON stated that there was no crash cart policy, but the crash cart was included in the "11-7 shift work check list."</p> <p>A review of the facility's "[REDACTED] Floor 11-7 shift work check list (you must sign when completed)" check list included to sign off check list for the crash cart [REDACTED] ([REDACTED]).</p>	F 761			
F 812 SS=D	<p>NJAC 8:39-29.4</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p>	F 812		12/24/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 812	<p>Continued From page 4</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to a.) maintain kitchen equipment in a manner to prevent microbial growth and b.) label and date potentially hazardous foods to prevent foodborne illness. This deficient practice was evidenced by the following:</p> <p>On 12/5/21 at 9:50 AM, the surveyor conducted a kitchen tour with the Food Service Director (FSD) and observed the following:</p> <p>1. One opened half gallon container of almond milk not labeled when opened with printed expiration date of 2/18/22. The FSD stated that the facility did not label when opened because they went by the printed expiration date on the container. The surveyor and FSD observed on the container a manufacturer's specification to use within fourteen days of opening.</p>	F 812	<p>1. Almond milk was immediately discarded. All food items were checked for proper labeling and dating. All cutting boards were discarded and immediately replaced with new cutting boards.</p> <p>2. All residents have the potential to be at risk.</p> <p>3. Education was immediately completed on the labeling and dating policy as well as the maintenance of equipment policy. Weekly education will be conducted x 4 weeks on labeling and dating and maintenance of kitchen equipment. Education will then be conducted 1 x monthly x 2 months. Daily check will be completed by Food Service Director/designee for all food items in the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 812	Continued From page 5 2. One large green cutting board located by the three-compartment sink that was pitted and discolored black. The FSD at this time confirmed that the facility should not be using that cutting board since bacteria could grow in the pitting. 3. One large white, one medium white, one medium red, one medium yellow, two medium green, one medium blue, one large red, one large yellow, two large green, and one large blue cutting boards located on the cutting board rack. The cutting boards were all discolored and pitted. At this time, the FSD acknowledged that all these cutting boards should not be in use and that she would replace today. The FSD stated that the cutting boards were probably replaced six months ago, but there was no facility policy on when to discard cutting boards. On 12/10/21 at 10:11 AM, the Licensed Nursing Home Administrator in the presence of the acting Director of Nursing and the survey team acknowledged the surveyor's findings. A review of the facility's "Reporting Equipment/Maintenance Needs Policy" dated created 3/2020, included that FSD or Designee will identify equipment or maintenance needs daily or as needed. A review of the facility's "CCS Dating and Labeling Policy" dated revised 9/21, included to use date gun, address label, or black marker with legible writing to date and label products in accordance with "CCS Labeling and Dating System Protocol." A review of the facility's "Labeling and Dating	F 812	kitchen for proper labeling and dating as well as daily check of all cutting boards to ensure no pitting or discoloring. Opening and closing checklist created for daily monitoring. 4. Food Service Director/designee will report findings to QAPI committee monthly x 4 months. QAPI committee will determine timeframe for continued reporting to QAPI dependent on findings.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 TOBIAS AVENUE MANCHESTER, NJ 08759		
(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) COMPLETION DATE	
F 812	Continued From page 6 System Protocol" dated revised 11/12/19, included to follow Manufactures' expiration date on all un-opened and opened products. NJAC 8:39-17.2(g)	F 812			