

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

PRINTED: 08/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/25/2021
NAME OF PROVIDER OR SUPPLIER RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922		
(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 Complaint #: NJ142853; NJ141483; NJ140253; NJ138759 and NJ135971 Census: 221 Sample Size: 16 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Complaint #: NJ141483 Based on observations and interviews, it was determined that the facility failed to ensure food items were served at a palatable temperature for 3 of 3 residents (Resident #6, Resident #9, and Resident #10). This had the potential to affect all residents that ate their meals in their rooms. Findings include: 1. On 06/24/2021 at approximately 10:15 AM, the temperatures were taken and recorded of the lunch meal with the dietary supervisor (DS)	F 804	ID Prefix Tag F804 Element 1 Corrective action will be accomplished for those residents found to have been affected by the practice Meals for Resident #6, Resident #9 and Resident #10 were reheated and food service director met with the residents to review the steps we took to ensure food remains at appropriate temperature moving forward and educated residents on asking staff to reheat food if necessary.	6/26/21	

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

TITLE

(X6) DATE

Electronically Signed

07/19/2021

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.

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F 804	<p>Continued From page 1</p> <p>present. The regular diet menu on the lunch tray called for sliced roast turkey, turkey gravy, baked sweet potato, green beans, dinner roll, margarine, spice cake, hamburger patty and whole milk.</p> <p>The temperatures of the foregoing menu were taken on the steam table immediately before service and the facility recorded the following:</p> <ul style="list-style-type: none"> -Sliced roast turkey 200 degrees Fahrenheit (F) -Turkey gravy 175 degrees F -Baked sweet potato 175 degrees F -Green beans 180 degrees F -Hamburger patty 180 degrees F -Whole milk 31 degrees F [not submerged in ice during service] <p>On 06/24/2021 at 10:32 AM, at 10:48 AM, and at 11:03 AM respectively, an interview was conducted with three residents (Resident #6, Resident #9, and Resident #10). The residents expressed that their hot meals were always served cold. The residents said that they had received their meals as room trays for the past couple of months. They stated it took nursing staff a very long time to pass the meal trays, and when they eventually got their meals, they were cold.</p> <p>On 06/24/2021, a test tray was conducted of one of the room trays that left the kitchen to 2 [REDACTED] unit on the facility's [REDACTED] floor] at 12:13 PM. The test tray was conducted of one of 19 trays still waiting to be served to the residents on the unit and it recorded the following temperatures:</p> <ul style="list-style-type: none"> -Sliced roast turkey 101 degrees Fahrenheit (F) -Baked sweet potato 105 degrees F -Green beans 108 degrees F 	F 804	<ul style="list-style-type: none"> a. Fridge temperatures for the milk were checked to ensure they are holding. b. Steam table was inspected to confirm that it is working efficiently to maintain proper temperature. c. Metal covers were placed on the hot food items in the steam tables to ensure temperature is holding. d. Plate and pellet warmers were inspected to ensure they are working properly. <p>Element 2 How the facility will identify other residents having the potential to be affected by the same defiant practice</p> <p>Any resident who consumes food from the kitchen has the potential to be affected.</p> <p>Element 3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur</p> <ul style="list-style-type: none"> a. Food Service Director/Registered Dietician will re-educate cooks and dietary aids to properly obtain temperatures as well as time management focused on ensuring food is kept covered with metal covers while on the steam table. b. Milk remains on ice or in the freezer prior to tray line. Milk fridge will remain closed until tray line starts. c. Plate warmers and pellet warmers will be put on first thing in the morning and will remain on throughout the day. 		

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F 804	<p>Continued From page 2</p> <p>-Hamburger patty 102 degrees F -Whole milk 61 degrees F [stored in the compartment with the hot meal in the cart]</p> <p>On 06/24/2021 at 12:46 PM, the temperatures of the meal were taken again on the steam table, and the facility recorded the following:</p> <p>-Sliced roast turkey 119 degrees F -Turkey gravy 138 degrees F -Baked sweet potato 135 degrees F -Green beans 128 degrees F -Hamburger patty 118 degrees F -Whole milk 51 degrees F [not submerged in ice during service]</p> <p>On 06/25/2021 at 2:14 PM, the DS said once the food was cooked, the cook took the temperature. She said dietary staff did not check the tray temperatures before the food left the kitchen. She said dietary staff went through sequences which involved having a stocker set the tickets on the tray with the condiments and the silverware. She said the tray went through to the cold section, where another dietary staff person set the cold beverages, thickened liquid on the tray. The DS added that the cook looked at the ticket and served the meal as ordered. She said the cook then passed the tray to the checker who checked for tray accuracy. She said the checker covered the tray and set the tray in the meal cart. She said an average cart accommodated 20 to 25 trays. She clarified that the facility also had carts that took up to 50 trays. She said she believed the time it took for the food to finally get out to get served to the residents contributed to the meals being cold. She said once the meal cart was dropped off on the units, dietary staff were no longer accountable for when the meal was</p>	F 804	<p>d. Dietary carts will be delivered to the units immediately upon carts being filled. e. All dietary carts have been inspected by maintenance to ensure they close properly to maintain temperature. f. Nursing staff were in-serviced on timely distribution of trays when the carts are brought to the units. g. Temperatures will be checked when the hot food is placed in the steam table, then periodically throughout the tray line and right before the carts leaves the kitchen.</p> <p>Element 4 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.</p> <p>Food Service Director or designee will monitor 2 random trays for accurate temperature daily, 5 days a week for 4 weeks for the next 3 months and will report findings to QAPI committee for review and action as appropriate.</p> <p>Element 5 Completion Date: 6/26/2021</p>		

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F 804	Continued From page 3 passed. She stated dietary staff do not keep account of when they dropped off the carts on the unit. She said it was important to be able to account for the phase of the meal service when the meals dropped their temperatures. She said that food sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) should be transported and delivered to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods.	F 804			
F 812 SS=F	New Jersey Administrative Code § 8:39-17.4(a) (2) Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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:	F 812		6/26/21	

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F 812	<p>Continued From page 4 Complaint #: NJ141483</p> <p>Based on observations and interviews, it was determined that the facility failed to ensure hot food and cold beverages were served in an acceptable temperature range to reduce the risk of food borne illnesses for 1 of 1 meal test tray; and failed to ensure dietary staff observed proper hand hygiene etiquette during meal service. This had the potential to affect all residents that ate their meals from the kitchen.</p> <p>Findings include:</p> <p>1. On 06/24/2021 at approximately 10:15 AM, the temperatures were taken and recorded of the lunch meal with the dietary supervisor (DS) present. The regular diet menu on the lunch tray called for sliced roast turkey, turkey gravy, baked sweet potato, green beans, dinner roll, margarine, spice cake, hamburger patty and whole milk.</p> <p>The temperatures of the foregoing menu were taken on the steam table immediately before service and the facility recorded the following:</p> <ul style="list-style-type: none"> -Sliced roast turkey 200 degrees Fahrenheit (F) -Turkey gravy 175 degrees F -Baked sweet potato 175 degrees F -Green beans 180 degrees F -Hamburger patty 180 degrees F -Whole milk 31 degrees F [not submerged in ice during service] <p>On 06/24/2021 at 10:32 AM, at 10:48 AM, and at 11:03 AM respectively, an interview was conducted with three residents (Resident #6, Resident #9, and Resident #10). The residents expressed that their hot meals were always</p>	F 812	<p>ID Prefix Tag F812 Element 1 Corrective action will be accomplished for those residents found to be have been affected by the practice</p> <p>Meals were reheated for Residents #6, residents #9, resident #10. Food service director educated residents on notifying staff to reheat meals if they are not appropriate temperature.</p> <p>There were no negative effects as a results at this time.</p> <p>Staff were immediately in-serviced on hand washing, changing gloves after each task and in-service on how to wear a mask safely Do's and Don'ts.(including to refrain from touching your mask).</p> <p>Element 2 How the facility will identify other residents having the potential to be affected by the same defiant practice</p> <p>Any resident who consumes food from the kitchen has the potential to be affected.</p> <p>Element 3 What measures will be put into place or what systemic changes will be made to ensure that the defiant practice will not recur</p> <p>a) Staff will be re-educated on proper hand washing, and glove use. Change of gloves after tasks and washing hands/ using sanitizer in between glove change.</p>		

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F 812	<p>Continued From page 5</p> <p>served cold. The residents said that they had received their meals as room trays for the past couple of months. They stated it took nursing staff a very long time to pass the meal trays, and when they eventually got their meals, they were cold.</p> <p>On 06/24/2021, a test tray was conducted of one of the room trays that left the kitchen to [REDACTED] unit on the facility's [REDACTED] floor] at 12:13 PM. The test tray was conducted of one of 19 trays still waiting to be served to the residents on the unit and it recorded the following temperatures:</p> <ul style="list-style-type: none"> -Sliced roast turkey 101 degrees Fahrenheit (F) -Baked sweet potato 105 degrees F -Green beans 108 degrees F -Hamburger patty 102 degrees F -Whole milk 61 degrees F [stored in the compartment with the hot meal in the cart] <p>On 06/24/2021 at 12:46 PM, the temperatures of the meal were taken again on the steam table, and the facility recorded the following:</p> <ul style="list-style-type: none"> -Sliced roast turkey 119 degrees F -Turkey gravy 138 degrees F -Baked sweet potato 135 degrees F -Green beans 128 degrees F -Hamburger patty 118 degrees F -Whole milk 51 degrees F [not submerged in ice during service] <p>On 06/25/2021 at 2:14 PM, the DS said once the food was cooked, the cook took the temperature. She said dietary staff did not check the tray temperatures before the food left the kitchen. She said dietary staff went through sequences which involved having a stocker set the tickets on the</p>	F 812	<p>b) Additional masks are available to replace if it becomes uncomfortable. Adequate supplies of soap, paper towels, sanitizer, gloves, masks will be available in the kitchen and checked daily.</p> <p>c) Staff will be monitored during tray line to ensure they remain in compliance of this practice.</p> <p>Element 4 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 in to place</p> <p>Food Service Director or designee will conduct random audits on the tray line daily for five days a week for 4 weeks for the next 2 months and report findings to QAPI committee.</p> <p>Element 5 Completion Date: 6/26/2021</p>		

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F 812	<p>Continued From page 6</p> <p>tray with the condiments and the silverware. She said the tray went through to the cold section, where another dietary staff person set the cold beverages, thickened liquid on the tray. The DS added that the cook looked at the ticket and served the meal as ordered. She said the cook then passed the tray to the checker who checked for tray accuracy. She said the checker covered the tray and set the tray in the meal cart. She said an average cart accommodated 20 to 25 trays. She clarified that the facility also had carts that took up to 50 trays. She said she believed the time it took for the food to finally get out to get served to the residents contributed to the meals being cold. She said once the meal cart was dropped off on the units, dietary staff were no longer accountable for when the meal was passed. She stated dietary staff do not keep account of when they dropped off the carts on the unit. She said it was important to be able to account for the phase of the meal service when the meals dropped their temperatures. She said that food sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) should be transported and delivered to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods.</p> <p>Reference: The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from: https://www.cdc.gov/handhygiene/providers/guidelin.html (updated 01/30/2020, retrieved on 06/25/2021), reads in part, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient,</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores."</p> <p>2. On 06/24/2021 at 11:07 AM, Dietary Aide (DA) #2 was observed intermittently adjusting her mask and scratching her head during the noon meal service. DA #2 stood behind the serving line and was responsible for placing cold beverages on the residents' meal tray. The observation revealed DA #2, although wearing a pair of gloves, placed her right hand on the serving portion of the residents' plates after having intermittently adjusted her mask and scratched her head. She failed to remove her gloves and perform hand hygiene after her gloved hands had potentially been contaminated when she intermittently adjusted her face mask, scratched herself, and the said gloves contacted the serving surface portion of the residents' plates when she transferred them to the rack.</p> <p>On 06/25/2021 at 2:18 PM, DA #2 stated she did not know that there was the potential to cross-contaminate the dishes she was serving by adjusting her mask, scratching her head, and not performing glove changes and hand hygiene. She said she received hand hygiene training every week through facility wide in-service.</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>On 06/24/2021 at 11:19 AM, DA #1 was observed in the kitchen as she emptied the filter from a coffee maker. She proceeded to dispose of the filter in a full trash can which sat underneath the cook prep sink. The DA pulled open the trash can lid with her gloved hands, disposed of the filter described above, and then rubbed her hands against her shirt. She returned to the coffee maker and started another round of setup to make the coffee without changing out her gloves and/or performing hand hygiene.</p> <p>On 06/25/2021 at 2:14 PM, the Dietary Supervisor (DS) and the infection control preventionist (ICP) were interviewed. The DS stated dietary staff received hand hygiene training weekly and it was taught to them by the ICP. The DM said dietary staff were trained to wash their hands when they were visibly soiled, between completing different tasks, before they donned and after doffing a glove. The ICP said dietary staff should not be touching body parts or adjusting mask without hand hygiene. The ICP added that the kitchen was central to the facility. She said when there was a breach in infection control practice in the kitchen, it affected the entire population of the residents as they all ate meals which came from the kitchen.</p> <p>New Jersey Administrative Code § 8:39-17.2(g)</p>	F 812			

New Jersey Department of Health

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S2695	<p>8:39-35.2(h) Mandatory Medical Records</p> <p>(h) If a resident or the resident's legally authorized representative requests, orally or in writing, a copy of his or her medical record, a legible photocopy of the record shall be furnished at a fee based on actual costs, which shall not exceed prevailing community rates for photocopying. ("Legally authorized representative" means spouse, immediate next of kin, legal guardian, resident's attorney, or third party insuror where permitted by law.) A copy of the medical record from an individual admission shall be provided to the resident or the resident's legally authorized representative within two working days of request.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ142853</p> <p>Based on record review and interview, it was determined that the facility failed to process the request for medical records within two working days of the request for 1 (Resident #3) of 3 residents reviewed for access to medical records.</p> <p>Findings include:</p> <p>1. Resident #3 was admitted with diagnoses including [REDACTED]</p> <p>The [REDACTED] annual Minimum Data Set (MDS) revealed the resident was [REDACTED]</p>	S2695	<p>ID Prefix Tag S2695 Element 1 Corrective action will be accomplished for those residents found to be affected by the practice</p> <p>Medical record was provided to residents daughter</p> <p>Element 2 How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Anyone requesting copies of the medical records has the potential to be affected by this practice.</p> <p>Element 3 What measures will be put into place or</p>	6/25/21

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S2695	<p>Continued From page 1</p> <p>impaired with a Brief Interview for Mental Status (BIMS) score of [REDACTED]</p> <p>Record review revealed the facility declined a request made by Resident #3's family member on the account the requesting party lacked the authority the facility was obligated to have before it processed the request. Specifically, the record indicated although Resident #3 had a power of attorney on file, the record indicated the individual who made the request for the record was not listed as the power of attorney (POA). Hence, the individual was educated on necessary steps and documentation to present to be able to receive the requested record. The record indicated that upon receipt and verification with all concerned parties, the facility processed the said record and made it available to Resident #3's family member.</p> <p>On 06/25/2021 at 2:15 PM, the nursing home administrator (NHA) and the director of social services (DSS) were interviewed. The NHA said the medical record individual called out sick. She said the facility processed all request for medical record through the facility's attorney. She said it was a safeguard the facility deemed necessary in compliance with HIPPA. She stated when the facility received a request for medical records, the facility forwarded the request as well as the relevant paperwork for crosschecks to the attorney, who clarified whether the party requesting the medical record had the right authority to do so. The DSS enumerated that the initial request for the record was made on January 18, 2021, through email and the email was sent to an employee who was no longer employed with the facility. The DSS stated Resident #3's family member sent another request to the current medical record personnel on January 21, 2021. She said the request was</p>	S2695	<p>what systemic changes will be made to ensure that the deficient practice will not recur</p> <p>Reviewed with facility legal counsel and Medical Records Coordinator that all request should be provided as per CMS guidelines, to the resident or residents legally authorized representative. Facility policy was reviewed to ensure it is in line with CMS guidelines related to Medical Records requests. Audit was completed for all medical record requests to ensure we are in compliance.</p> <p>Element 4 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</p> <p>Medical record coordinator or designee will audit medical records requests twice per week for 4 weeks and then monthly for 3 months. Medical records coordinator will present findings during monthly QAPI meeting to ensure all records were provided to residents and legally authorized representatives in accordance with CMS guidelines.</p> <p>Element 5 Completion Date: 6/25/2021</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22001L	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2021
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NAME OF PROVIDER OR SUPPLIER RUNNELLS CENTER FOR REHABILITATION & HEALT	STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922
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S2695	Continued From page 2 forwarded to the facility's attorney on the same day for approval and it was rejected due to findings that revealed the family was not the resident's POA. She said the facility's record revealed another family member, that was not the party requesting the medical record, was endorsed as Resident #3's POA. She said the concern was communicated to Resident #3's family member to provide additional documentation that he/she had legal authority to make the records request. The DSS stated the family member provided additional documentation which showed that the listed POA and other potential agents of Resident #3 had resigned as POA and the family member requesting the record was now the sole agent. She clarified that upon receipt of the documentation on 01/30/2021, and after necessary verification was made, the facility sent the requested record to Resident #3's family member on 02/05/2021. The NHA acknowledged that although 01/30/2021 and 01/31/2021 were weekend, four business days went by between when the facility received the appropriate documentation and when it made the requested record available to Resident #3's family member. She acknowledged that the facility only needed two working days advance notice to make the record available.	S2695		