

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

PRINTED: 09/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 N WHITE HORSE PIKE HAMMONTON, NJ 08037</b>		
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F 000	INITIAL COMMENTS  STANDARD SURVEY  CENSUS: 192  SAMPLE SIZE: 36+3 closed records  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 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to follow acceptable standards of clinical practice in accordance with the New Jersey Board of Nursing Statutes by; a) the facility failed to follow	F 658	1. Resident # [redacted] was immediately weighed and the resident's weight was determined by the dietician to be within desired BMI. The physician was notified and the ordered for weekly weights was determined to be medically unnecessary	6/30/21	

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

TITLE

(X6) DATE

Electronically Signed

05/24/2021

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 658	<p>Continued From page 1</p> <p>a physician order to obtain weekly weights from <b>Executive Order 26, 4.b</b> for 1 of 2 Residents reviewed for <b>Executive Order 26, 4.b</b> (Resident # <b>Executive Order 26, 4.b</b>) b) the facility failed to maintain medication records that were complete with staff signatures for 1 of 5 residents reviewed for unnecessary medications (Resident # <b>Executive Order 26, 4.b</b>, c) failed to obtain a physician order for the use of a <b>Executive Order 26, 4.b</b> for 1 of 4 residents reviewed for <b>Executive Order 26, 4.b</b> (Resident <b>Executive Order 26, 4.b</b>). This deficiency was cited at a <b>Executive Order 26, 4.b</b> due to the length of time weekly weights were not completed and the amount of missing nurses initials on the medication administration record. This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The nurse practice act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and</p>	F 658	<p>and was discontinued.</p> <p>The dietician and unit manager were given individual education on monitoring and ensuring that weekly weights are obtained</p> <p>Resident <b>Executive Order 26, 4.b</b> was evaluated by the physician and determined to be without any negative effect from the omission of medications on the indicated dates. Counseling was issued to the nurses that failed to follow facility policy and standards of practice for administration and documentation of medication administration.</p> <p>The physician was notified for resident # <b>Executive Order 26, 4.b</b> and orders were obtained for care of the <b>Executive Order 26, 4.b</b>. The resident was evaluated and the <b>Executive Order 26, 4.b</b> was <b>Executive Order 26, 4.b</b> and in good condition, no negative effect was noted.</p> <p>2. All residents weight orders were reviewed and necessary weights were obtained. The medical director reviewed the weekly weight orders and the unnecessary weekly weight orders were discontinued.</p> <p>The missed medication report was reviewed and residents with medication omissions were evaluated with no negative outcome was noted for any resident. Medication errors were completed for each resident and counseling/ education was issued to the corresponding nurses.</p>		

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F 658	<p>Continued From page 2</p> <p>restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>a) During the initial tour on 05/04/21 at 12:02 PM, Resident # [redacted] was observed lying in bed with the head of bed [redacted] Executive Order 26, 4.b. Resident [redacted] Executive Order 26, 4.b.</p> <p>A review of the [redacted] Record revealed Resident [redacted] was Executive Order 26, 4.b. [redacted]</p> <p>A review of the Order Summary Report dated [redacted] Executive Order 26, 4.b. revealed a physician order (PO) for Weekly [redacted] Executive Order 26, 4.b. [redacted] with an order date of [redacted] Executive Order 26, 4.b. and start date of [redacted].</p> <p>A review of the [redacted] Executive Order 26, 4.b. Records [redacted] Executive Order 26, 4.b. showed the PO for the weekly weights, a signature that the order was completed but no weight was documented.</p> <p>A review of the Care Plan revealed a [redacted] area of "I am at Nutritional risk related to NPO status [redacted] Executive Order 26, 4.b. ) with 100% dependence for [redacted] Executive Order 26, 4.b. ). The interventions section reflected to monitor weights monthly with a date initiated of [redacted] Executive Order 26, 4.b.</p> <p>A review of the Weights and Vitals Summary from [redacted] Executive Order 26, 4.b. did not include documentation of weekly weights.</p> <p>During an interview on 5/10/21 at 10:20 AM, Nursing Assistant (NA #1) said the nurse tells us</p>	F 658	<p>All residents with [redacted] Executive Order 26, 4.b. were evaluated and the required orders for [redacted] Executive Order 26, 4.b. care was determined to be in place.</p> <p>3. Nursing staff and the dietician will be educated by the staff educator on professional standards care with emphasis on following physician orders to obtain weekly weights. The education will include newly implemented facility procedure in which weekly weights are obtained on Mondays and the dietician will review and request reweights for Tuesdays.</p> <p>Licensed nurses will be educated on professional standards with emphasis on maintaining medication administration records. Course content will include documenting the administration of medication or appropriately coding the medical record for not administering a medication I.E. refusal, out on pass, etc.</p> <p>Licensed nurses will be educated on profession standards specifically focusing on obtaining and following orders for care of a [redacted] Executive Order 26, 4.b.</p> <p>4. The dietician will audit weekly weights weekly for 4 weeks; biweekly for 2 months; and monthly until compliance is met. Results of these audits will be submitted at QAPI meeting.</p> <p>The ADON/ designee will audit medication administration daily times 4 weeks and</p>		

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F 658	<p>Continued From page 3</p> <p>when we need to get a weight. We write it down on paper and tell the nurse the weight then put it in the computer.</p> <p>During an interview on 05/10/21 at 10:27 AM, Licensed Practical Nurse (LPN #1) said facility policy on weights is we get one on admission and then monthly unless MD ordered weights more frequently due to a resident condition. She went on to say the weights go on the Medication Administration Records (MARs) and pop up when the weight is due. LPN #1 said the nurse and the aide are responsible to get the weights as ordered.</p> <p>During an interview on 05/11/21 at 09:15 AM, Licensed Practical Nurse Unit Manager (LPNUM) of unit 1 C/D, confirmed that Resident [redacted] weight order was to be done weekly with a start date of [redacted]. She went on to say weights would be documented under the weights and vitals tab in the Electronic Medical Record (EMR). LPNUM said "No I don't see weekly weights." It should be the nurse on the cart who is responsible to make sure they are done. LPNUM confirmed that on the [redacted] that the nurses are signing weekly weights as having been done. She said the Unit Manager looks at weights after they are done and are looking for a weight loss or gain of 5 pounds or more and we will have a reweight done on resident.</p> <p>During an interview on 05/11/21 at 11:49 AM, the Registered Dietician (RD) said she had just started working at the facility in [redacted]. "I review monthly weights and weights when residents come in. I write notes and will bring up in morning report if a resident needs a reweigh or I will e mail the nurses for a reweigh." The RD</p>	F 658	<p>then weekly until compliance is met. The results of these audits will be submitted at QAPI.</p> <p>The ADON/ designee will audit [redacted] [redacted] for physician orders for care and monitoring of the [redacted]. Audits will be conducted weekly x 4 weeks and then monthly until compliance is met. Results of these audits will be submitted at QAPI meeting.</p> <p>The DON is responsible for execution and monitoring of this POC.</p>		

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F 658	<p>Continued From page 4</p> <p>said she had no knowledge of why Resident [REDACTED] did not get weekly weights.</p> <p>During an interview on 05/12/21 at 01:54 PM, the Director of Nursing (DON) said her expectation is for weights to be done and that facility policy is to do weekly weights on Monday and reweigh on Tuesday if necessary. She went on to say that Nursing management is responsible for weights being done as ordered.</p> <p>A review of a facility policy titled Weight Assessment and Interventions with a revision date of 9/2020, revealed under the policy section: The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight change for our residents. Under the procedure section: Obtaining Weights 1. The nursing staff will measure resident weight within 24 hours of admission, weekly for four weeks then monthly thereafter. Under 4. Weights will be recorded in the medical record.... a. any weight change of 5 pounds in a month or 3 pounds in a week since last weight assessment will be retaken within 48 hours for confirmation and verified by nursing.</p> <p>b) A review of the [REDACTED] Record revealed Resident [REDACTED] was [REDACTED].</p> <p>On 5/11/21 at 9:49 AM, the surveyor reviewed the January 2021 [REDACTED] [REDACTED] for Resident # [REDACTED]. When medications are ordered by the physician, the</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>order is placed on the EMAR. When administered by the nurses, the nurse will sign their initials on the EMAR indicating that they have given the medication.</p> <p>The <b>Executive Order 26, 4.b.</b> EMAR revealed the following: <b>Executive Order 26, 4.b.</b> was to be <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/23/2021 at 2100 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given according to a <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 1/1/2021, 1/15/2021, 1/20/2021, 1/25/2021, 1/29/2021, 1/30/2021 at 0630; and on 1/14/2021 at 1130; and on 1/23/2021 at 2100 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0830 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> as <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p>	F 658			

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F 658	<p>Continued From page 6</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0730 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for an <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 1/23/2021 at 2100 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 1/23/2021 at 2100 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> tablet to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no initials on 1/14/2021 at 0900 to indicate that the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 1/1/2021, 1/15/2021, 1/20/2021, 1/22/2021, 1/25/2021, 1/29/2021, and 1/30/2021 at 0600 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> meals for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 1/14/2020 at 0730 and 1130 to indicate the medication had been administered as ordered.</p>	F 658		

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F 658	<p>Continued From page 7</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] There were no nurses' initials on 1/14/2021 at 0900 to indicate that the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] be given <b>Executive Order 26, 4.b.</b> [REDACTED] for <b>Executive Order 26, 4.b.</b> [REDACTED]. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] to be given <b>Executive Order 26, 4.b.</b> [REDACTED] for <b>Executive Order 26, 4.b.</b> [REDACTED]. There were no nurses' initials on 1/14/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p>On 5/11/2021 at 10:00 AM the surveyor reviewed the <b>Executive Order 26, 4.b.</b> [REDACTED] Summary Report for Resident # [REDACTED] which revealed the following:</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] to be given <b>Executive Order 26, 4.b.</b> [REDACTED] for <b>Executive Order 26, 4.b.</b> [REDACTED] which was ordered on 10/22/2020. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED]. There were no nurse's initials on 2/2/2021, 2/3/2021, 2/4/2021, 2/7/2021, 2/8/2021, 2/9/2021, 2/11/2021, 2/12/2021, 2/14/2021, 2/16/2021, 2/17/2021, 2/18/2021, 2/21/2021, 2/23/2021, 2/26/2021, 2/27/2021 at 0630; and 2/15/2021 at 1130 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] to be given <b>Executive Order 26, 4.b.</b> [REDACTED]. There were no nurses' initials on 2/15/2021 at 0730 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] to be given <b>Executive Order 26, 4.b.</b> [REDACTED]. There were no nurses' initials</p>	F 658		



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F 658	<p>Continued From page 8</p> <p>on 2/15/2021 at 0900 to indicate the medication had been administered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0730 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for an <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> tablet to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> which was ordered on 9/30/20. There were no nurses' initials on 2/2/2021, 2/3/2021, 2/4/2021, 2/7/2021, 2/8/2021, 2/9/2021, 2/11/2021, 2/12/2021, 2/14/2021 2/16/2021 2/17/2021, 2/18/2021, 2/21/2021, 2/23/2021, 2/26/2021, and 2/27/21 at 0600 to indicate the</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
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F 658	<p>Continued From page 9</p> <p>medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given before <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 2/15/2021 at 0730 and 1130 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 2/15/21 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 2/15/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p>On 5/11/2021 at 10:10 AM the surveyor reviewed the <b>Executive Order 26, 4.b.</b> Summary Report for Resident # <b>Executive Order 26, 4.b.</b> which revealed the following: <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given according to a <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurse initials on 3/2/2021, 3/3/2021, 3/4/2021, 3/5/2021, 3/7/2021, 3/8/2021, 3/9/2021, 3/11/2021, 3/12/2021, 3/17/2021 at 0630; and 3/1/2020, 3/22/2021 at 1130 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>. There were no nurse initials on</p>	F 658			

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

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F 658	Continued From page 10 3/1/2021 and 3/22/2021 at 0730 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurse initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> as a <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurse initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurses initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 3/1/2021 and 3/22/2021 at 0730 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> for an <b>Executive Order 26, 4.b.</b> There were no nurse initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurse's initial on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> There were no nurse's initials on 3/2/2021, 3/3/2021, 3/4/2021, 3/5/2021,	F 658			

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F 658	<p>Continued From page 11</p> <p>3/7/2021, 3/8/2021, 3/9/2021, 3/11/2021, 3/12/2021, and 3/17/2021 at 0600 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given [REDACTED]. There were no nurse's initials on 3/1/2021 and 3/22/2021 at 0730 and 1130 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b>. There were no nurse's initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication was administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 3/1/2021 and 3/22/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p>On 5/11/2021 at 10:20 AM the surveyor reviewed the <b>Executive Order 26, 4.b.</b> Report for Resident # [REDACTED] which revealed the following: <b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b>. There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given according to a <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b>. There were no nurse's initials on 4/2/2021, 4/4/2021, 4/5/202, 4/18/2021, 4/19/2021, 4/20/2021, 4/23/2021, 4/24/2021, 4/27/2021, 4/28/2021, 4/29/2021, 4/30/2021 at 0630; and 4/1/2021 at 1130 to indicate the medication had been administered as ordered. <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b></p>	F 658			

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F 658	Continued From page 12 <p><b>Executive Order 26, 4.b.</b> for <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0730 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> as a <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication was administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0730 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p><b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/2/2021, 4/4/2021, 4/5/2021,</p>	F 658			

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F 658	<p>Continued From page 13</p> <p>4/18/2021, 4/19/2021, 4/20/2021, 4/23/2021, 4/24/2021, 4/27/2021, 4/28/2021, 4/29/2021, and 4/30/2021 at 0600 to indicate the medication had been administered as ordered.  <b>Executive Order 26, 4.b.</b> to be <b>Executive Order 26, 4.b.</b>  <b>Executive Order 26, 4.b.</b> There were no nurses initials on 4/1/2021 at 0730 and 1130 to indicate the medication had been administered as ordered.  <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.  <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>  <b>Executive Order 26, 4.b.</b> There were no nurse's initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.  <b>Executive Order 26, 4.b.</b> to be given <b>Executive Order 26, 4.b.</b>  <b>Executive Order 26, 4.b.</b> There were no nurses' initials on 4/1/2021 at 0900 to indicate the medication had been administered as ordered.</p> <p>There was no documented evidence in the medical record that the resident experienced a negative reaction/harm from the possible omission of the administration of medications.</p> <p>During an interview on 05/11/21 at 10:03 AM, LPN # 2 stated that when administering medications, we are to verify the correct medication, verify the correct resident, then document that you gave medications. When LPN #2 was shown the blank spaces on Resident # <b>Executive Order 26, 4.b.</b> s <b>Executive Order 26, 4.b.</b> she stated that according to the facility policy if it was not signed it was not given.</p> <p>During an interview on 05/12/21 at 08:17 AM, regarding the blank spaces on Resident # <b>Executive Order 26, 4.b.</b> the registered nurse supervisor stated, "this is</p>	F 658			

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F 658	<p>Continued From page 14 unacceptable." She furthered "It is not the facility policy to leave blanks and it is not correct."</p> <p>During an interview on 05/12/21 at 1:29 PM, the DON stated that the expectation is that the [redacted] should not have blanks and if there are blank spaces then the facility policy is not being followed.</p> <p>A review of the facility's "Medication Pass" policy with revised date of 12/2019 which included " The individual administering the medication must sign the resident's MAR on the appropriate line after giving each medication and before administering the next ones and If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall sign the MAR and/or TAR at the time of administration for the indication of withhold, refused, or late administration."</p> <p>c. During a tour of the first floor on 05/5/21 at 12:10 PM, the surveyor observed Resident # [redacted] in his/her room in bed with a [redacted] bag attached to the bed frame.</p> <p>During another observation on 05/10/21 at 09:23 AM, Resident # [redacted] was [redacted]. At this time, the surveyor observed the [redacted] attached to the bed frame.</p> <p>According to the [redacted], Resident [redacted] was [redacted].</p>	F 658			

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F 658	<p>Continued From page 15</p> <p><b>Executive Order 26, 4.b.</b></p> <p>[REDACTED]</p> <p>A review of the resident's admission Minimum Data Set, an assessment tool; dated [REDACTED], revealed that the resident had an [REDACTED].</p> <p>A review of the resident's Active Order Summary Report dated [REDACTED] did not include a PO for Resident # [REDACTED].</p> <p>A review of the resident's care plan dated [REDACTED] indicated Resident [REDACTED] had an [REDACTED].</p> <p>During an interview with the surveyor on 5/10/21 at 12:28 PM, the DON confirmed that there should be a physician's orders for a [REDACTED] including but not limited to, daily care and [REDACTED].</p> <p>During a follow-up interview with the surveyor on 5/11/21 at 9:42 AM, the DON confirmed Resident # [REDACTED]'s physician's orders were updated on [REDACTED] at 1:52 PM. The DON stated she was not sure why the orders were not there before.</p> <p>A review of a facility policy titled "Admission - Readmission" with a revised date of 8/2019 revealed under "Nursing Documentation Process" number 4: "The admitting nurse will obtain orders for any specialty care items such as: wounds, oxygen, tracheostomy, foley catheter ..."</p> <p>NJAC 8:39-27.1(a)</p>	F 658			



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F 803 F 803 SS=D	Continued From page 16 Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)  §483.60(c) Menus and nutritional adequacy. Menus must-  §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;  §483.60(c)(2) Be prepared in advance;  §483.60(c)(3) Be followed;  §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;  §483.60(c)(5) Be updated periodically;  §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and  §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility menus, it was determined that the facility failed to ensure staff are following the menu for 1 of 1 residents reviewed for food complaints. This deficient practice was evidenced by the following:  During the initial tour on 5/4/2021 at 11:58 AM, Resident █████ stated, <b>Executive Order 26, 4.b.</b>	F 803 F 803	1. Resident █████ was offered alternative items to substitute and the dietician signed off that the nutritional components were equivalent to the original menu choices.  Resident █████'s food item substitutions was reviewed by the dietician and determined	6/30/21	

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F 803	<p>Continued From page 17</p> <p><b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> ."</p> <p>A review of the Admission Record revealed Resident <b>Excep</b> was <b>Executive Order 26, 4.b.</b></p> <p>A review of the <b>Executive Order 26, 4.b.</b> Set (MDS), a resident assessment tool, dated 4/30/2021, indicated Resident <b>Excep</b> had <b>Executive Order 26, 4.b.</b></p> <p>On 5/5/2021 at 12:26 PM, the surveyor returned to Resident <b>Excep</b>'s room to observe the lunch meal. The lunch tray arrived at the unit and was observed to be delivered by the Certified Nursing Assistant (CNA) to Resident <b>Excep</b>'s room and set up on the over the bed table. Resident <b>Excep</b> received their meal on regular dishware, as appropriate for this <b>Executive Order 26, 4.b.</b> unit. According to Resident <b>Excep</b> meal plan ticket, Resident #6 was to receive a <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> on 5/5/2021 at the lunch meal. The meal ticket also specified that Resident <b>Excep</b> was to receive the following menu items at the lunch meal: Puree 1 ea Beef Hot Dog On Bun, 2 oz (ounce) Cheese Sauce, 1 each Mustard, Puree 4 oz Baked Beans, Puree 4 oz Buttered Carrots, Puree 4oz Peaches, 4 oz Applesauce, Nectar/Mild Thk (thick) 4 fl (fluid) oz Apple Juice, 8 Fl oz Ginger ale Diet, Nectar/Mild Thk 6 Fl oz Coffee, Nectar/Mild Thk 4 fl oz Water, 1 pc (portion control) Salt, 1 pc Pepper , 2 x 1 each Sugar Substitute Packet and 1 each Creamer. The surveyor observed the lunch tray received by</p>	F 803	<p>to meet the resident's dietary needs for daily meal consumption.</p> <p>The FSD and dietary aid were counseled on ensuring that dietary trays must reflect what is on the tray ticket and if a substitution is approved by the RD, the tray ticket must be updated.</p> <p>2. No other resident by this deficient practice. There were no other identified trays with inaccurate food items however, all residents have the potential to be affected.</p> <p>3. A review of available food items will be conducted by the dietician weekly to ensure that nutrition requirements and the necessary ingredients are available for all predetermined meals and equivalent substitutions will be made and the tray cards will be updated.</p> <p>Dietary staff will be educated that menus must meet residents needs and that staff must follow the approved menu. Dietary staff will be re-educated on the process for making substitutions on meal trays when necessary.</p> <p>4. The FSD will complete daily audits of 10% of all trays weekly x 4 weeks and then monthly until compliance is met. The results of these audits will be presented at QAPI.</p>		

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F 803	<p>Continued From page 18</p> <p>Resident [REDACTED] that contained the following items on the tray: puree ground beef, mashed potatoes, pureed carrots, and nectar/mild thk coffee. Resident [REDACTED] did not receive the following items on their lunch tray: mustard packet, 4 oz pureed baked beans, puree 4 oz peaches, Puree 4 oz applesauce, nectar/mild thk 4 fl oz apple juice ,8 fl oz Ginger ale diet, and nectar/mild thk 4 fl oz water. Resident was able to feed self independently and consumed 100% of mashed potatoes, 25% of the ground beef and 25% of the puree carrots.</p> <p>On 5/5/2021 at 12:36 PM the surveyor interviewed the Licensed Practical Nurse (LPN) assigned to provide care for Resident [REDACTED] on that day. The surveyor provided the LPN with the copy of Resident [REDACTED] meal plan ticket for the lunch meal and asked her to compare the meal ticket items listed to the actual lunch tray Resident [REDACTED] received. The LPN responded with the following, "We are missing cheese sauce, baked beans, water, peaches, applesauce and Ginger ale. He chokes so they downgraded his diet." The LPN stated that she had a thickened water on her medication cart and proceeded to go to the cart and brought Resident [REDACTED] a nectar thickened 4oz water. Resident [REDACTED] refused the water and stated, "I don't like it."</p> <p>On 5/5/2021 at 12:48 PM the surveyor interviewed the Cook and Food Service Director (FSD) in the kitchen. The surveyor asked the cook if they had prepared puree baked beans for the lunch meal and the cook stated, "We have mashed potatoes instead of baked beans and we have pureed ground beef instead of hot dogs. We do not have cheese sauce. We don't have any puree peaches. The FSD stated, "We substituted</p>	F 803	The FSD is responsible for oversight of this POC.		

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F 803	<p>Continued From page 19</p> <p>pudding for the puree peaches, the dietary aide (DA) may not have pureed any peaches. We did ground beef puree instead of hot dogs because of the skins. The DA used applesauce and pudding because she didn't think there would be enough peaches for everyone. In her mind she didn't think there would be enough after making the peach cobbler, so she substituted applesauce or pudding. No, we did not get approval from the dietitian to make these substitutions on the substitution log. I can get a copy of it for you, but I didn't fill it out. We did not make cheese sauce because we used ground beef, we used a brown gravy instead." The surveyor stated that no brown gravy was observed on the resident's tray or on the tray line. The FSD stated, "there is no brown gravy, I just checked the line. We don't have any." The surveyor asked the FSD whether there was a staff member responsible for checking the lunch trays for accuracy prior to loading the meal tray on the cart to be delivered to residents on the units. The FSD stated, "Yes, we had a tray line checker today at the lunch meal."</p> <p>On 5/5/2021 at 12:58 PM the surveyor conducted an Interview with the FSD and DA who was designated to be the tray line checker for the lunch meal on 5/5/2021. On interview the DA stated, "The peaches we substituted applesauce for the peaches. We didn't have baked beans for puree diet, we had mashed potatoes today. The nursing staff is responsible for thickening the fluids. I think we are out of the thickened water. We are supposed to put the thickened water, juices, and milks on the tray and for the coffee we have thickener packets to put on the tray. We have thickened water in the basement. We didn't bring it up for lunch today." The FSD stated to the DA "We have it (thickened water and juices)</p>	F 803			

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F 803	<p>Continued From page 20 but we didn't do it today at the lunch meal."</p> <p>On 5/6/2021 at 8:57 AM the surveyor observed Resident [redacted] upon completion of the breakfast meal in their room. Resident [redacted]'s meal ticket indicated Resident [redacted] was to receive a [redacted] <b>Executive Order 26, 4.b.</b> Resident [redacted]'s meal ticket indicated Resident [redacted] was to receive the following menu items at the breakfast meal on 5/6/2021: 6 oz [redacted] <b>Executive Order 26, 4.b.</b> Puree 2 oz scrambled eggs, puree 1 each assorted muffin, 2 oz margarine melted, 4 oz applesauce, Honey/mod thk 4 fl oz cranberry juice, honey/mod thk 8 fl oz Skim milk, Honey/mod thk 6 fl oz coffee, honey/mod thk 4 fl oz water, 1 pc salt, 1 pc pepper, 2x 1 each sugar sub packet and 1 each creamer. Observation of Resident [redacted]'s meal tray revealed that they received the following items for the breakfast meal: Resident [redacted] received scrambled egg, puree muffin, orange juice instead of cranberry juice, 8 oz thickened milk, and 4 fl oz thickened water (all honey consistency). Resident consumed 100% of all meal, except 50% of thickened milk and had no complaints. Resident [redacted] <b>Executive Order 26, 4.b.</b> did not receive 4 oz applesauce and 6 oz [redacted] <b>Executive Order 26, 4.b.</b> on their breakfast tray, as well as melted butter. The surveyor asked Resident [redacted] <b>Executive Order 26, 4.b.</b> whether he/she had received [redacted] <b>Executive Order 26, 4.b.</b> melted butter and applesauce with their breakfast meal. Resident [redacted] responded, "No, I would have eaten it if I got it. I like it."</p> <p>On 5/6/2021 at 9:38 AM the surveyor interviewed the Cook in the kitchen. On interview the cook stated, "Yeah, we had [redacted] <b>Executive Order 26, 4.b.</b> today." The surveyor requested to see the leftover [redacted] <b>Executive Order 26, 4.b.</b> from the breakfast line. The cook responded, "we already threw it away."</p>	F 803			

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F 803	Continued From page 21  On 5/6/2021 at 1:07 PM the surveyor reviewed Resident [REDACTED] monthly weights. Resident [REDACTED]'s weight was stable the past 30 days and had 4% weight decline x 180 days. No significant weight decline had occurred for Resident [REDACTED].	F 803			
F 812 SS=F	NJAC 8:39-17.4 (a)(1) 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: Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness.	F 812	1. The breadcrumbs, pasta, and parchment paper in the dry storage room were discarded.  The dented red kidney beans and corned	6/30/21	

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F 812	<p>Continued From page 22</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/4/2021 from 9:16 to 10:30 AM the surveyor, accompanied by the Cook, observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>In the dry storage room on a lower shelf of a multi-tiered storage shelf, an opened box contained an opened plastic bag of plain breadcrumbs. The opened bag was wrapped with plastic wrap and had no opened or used by date. On the same shelf a stack of what appeared to be parchment paper (grease-and moisture resistant paper specially treated for oven use) was on a lower shelf. The parchment paper was removed from its original container and was exposed to dust and contamination.</li> <li>On a middle shelf in the dry storage room two unopened boxes of medium noodles (pasta) appeared to be wet. The surveyor touched the box with their fingertips and the box was determined to be wet to the touch with an unknown substance. In addition to the two boxes of medium noodles, an opened box of Angel Hair 10" pasta had been opened and was also determined to be wet to the touch. The boxes were observed to be under a group of pipes above the shelf where food is stored. The surveyor observed a copper pipe that was actively dripping what appeared to be a watery substance. The surveyor felt the copper pipe in the vicinity of a silver hose clamp, and it was determined to be wet to the touch and actively dripping. The surveyor interviewed the cook. The cook stated, "I know we have a leak from that pipe in dry storage. We told maintenance about it.</li> </ol>	F 812	<p>beef hash cans were moved to the dented can area.</p> <p>The box of disposable trays and the 2 boxes of hinged lids were discarded.</p> <p>The plate warmer was cleaned to remove the "dried orange substance"</p> <p>The frozen spinach, the vegetarian stuffed cabbage, the cheese lasagna, the frozen carrots were discarded.</p> <p>The salads, the salad dressings, the take-out food containers, and the apple sauce in the food pantry were discarded.</p> <p>The milk refrigerator was cleaned by the kitchen staff.</p> <p>The plastic pitcher was immediately cleaned and stored in the inverted position.</p> <p>The milk storage container had the items removed and it was cleaned. No food item was in contact with the liquid.</p> <p>The tiles across from the FSD's office were replaced.</p> <p>The identified chipped plate was discarded.</p> <p>The repair of the leaking pipe was completed.</p> <p>2. All residents have the potential to be</p>		

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F 812	<p>Continued From page 23</p> <p>I'm not sure when we told them, I know we sent an email." On 5/4/2021 at 1:58 PM the surveyor conducted an interview with the Food Service Director (FSD) about the leaking pipe in the dry storage room. The FSD stated, "Yeah, I sent that to corporate a few weeks ago." Additional documentation provided by the FSD revealed that on May 1, 2021 at 11:49 AM, the Corporate Director Food &amp; Nutrition sent an email to the facility Administrator and Regional Director of Corporate Compliance (RDCC) notifying them of the following after their visit to the facility on 4/28/2021: "Leak observed in food storage room dripping on boxes etc. (sic) [REDACTED] moved foods around to avoid water. Area very moist and creating environment for bacteria and mold growth. Standing water also in basement. Maintenance states hole (sic) house would have to be turned off at night and it's a big job." The surveyor conducted an interview on 5/12/2021 at approximately 1:15 PM with the facility Administrator and RDCC regarding the leaking pipe in the dry storage room. The Administrator stated, "I believe it's a bigger job because it's a central pipe. We have the supplies we just need to come up with a time to shut the water down. We are going to get on it next week."</p> <p>3. Next to the shelf that contained the wet pasta boxes, a 6 pound can of dark red kidney beans had a significant dent in the middle of the can. This can was not in the designated dented can area. On the above shelf, a can of [REDACTED] Corned Beef Hash had a significant dent on the upper seam. This can was also not in the designated dented can area, which was observed on entry to the dry storage room. On interview with the cook, the cook stated, "We have been a little short on</p>	F 812	<p>affected by this deficient practice however, there were no identified outbreaks of food borne illness in the facility.</p> <p>All refrigerators were checked and no other undated, unlabeled, or open items were identified.</p> <p>All cans were checked and no other dented cans were identified.</p> <p>Dry food storage was reviewed and no other wet boxes were discovered.</p> <p>No other pots or pitchers were identified as drying in a non-inverted position.</p> <p>No other unlabeled/undated food in the nursing pantries were identified.</p> <p>No other kitchen items were identified as stained with dried substances.</p> <p>All kitchen tiles were checked and cracked tiles were submitted to maintenance for repair.</p> <p>All plates were inspected and no other chipped plates were identified.</p> <p>3. Dietary staff will be educated on handling potentially hazardous food and maintaining sanitation in a safe and consistent manner to prevent food borne illness. The in-service will specific focus on proper dating and storage of food items in</p>		



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F 812	<p>Continued From page 24 help for a while."</p> <p>4. Upon exiting the dry storage room, 3 boxes of laminated serving trays (Styrofoam trays) were in boxes and were stored on the floor. Adjacent to the serving trays, 2 boxes of foam hinged lid containers (used to serve resident meals on the PUI (Person Under Investigation)/COVID-19 units) were stored on the floor of the dry storage room. On interview the FSD stated, "I saw the dented cans in the dry storage, and I moved them to the designated dented can area. I also saw the boxes of disposable dishware on the floor and I moved them so that they are off the floor now."</p> <p>5. On 5/4/2021 at 10:00 AM upon re-entry to the kitchen, a 4 wheeled cart used to hold and warm plates during meal service was observed against a wall before the entrance to the dish room. The top of the cart was covered with unidentified food debris. On interview the cook stated, "We used this for breakfast this morning, it was clean before breakfast." The top of the cart was observed to have orange unidentifiable debris near the plate holder, as well as other unidentifiable debris on the top surface of the plated holder/warmer. The surveyor questioned the cook if they had served anything orange at the breakfast meal today. The Cook responded, "No."</p> <p>6. In the walk-in refrigerator on a lower/middle rack of a multi-tiered rack, a bag of frozen spinach was removed from its original container and had no dates. On a lower shelf on the opposite side of the freezer, a frozen entree of vegetarian stuffed cabbage showed excessive ice buildup on the entree and had no dates. On the same shelf and located beneath the stuffed cabbage rolls, an aluminum pan contained frozen</p>	F 812	<p>the dry pantry and refrigerator in the kitchen, removal of dented cans to designated dented care area in the storage room, proper storage of disposable trays and lids, cleaning of kitchen equipment including the milk refrigerator and plate warmer, storage of cleaned pitchers, and dating/ disposal of items placed in the pantry on the nursing units.</p> <p>The maintenance department will be educated on timely repairs in the kitchen and storage rooms. The in-service will focus on repairs that have the potential to be a hazard to residents must be placed on a priority timeline.</p> <p>Housekeeping, dietary staff, and nursing staff will be educated on ensuring that all pantry items are labeled and dated. Staff will be educated on disposing of items after 72 hours.</p> <p>4. The FSD will conduct audits of refrigerators and dry storage area for undated/ unlabeled food items and dented cans. Findings of the audits will have immediate corrective action. Audits will be completed weekly for 4 weeks and then monthly until compliance is met. Results of the audits will be submitted at QAPI.</p> <p>The FSD will check 10% of all ceramic plates for chips and/ or cracks. Immediate corrective action will be completed. These audits will be completed weekly x 4 weeks and then monthly until compliance is met.</p>		

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F 812	<p>Continued From page 25</p> <p>cheese lasagna. The aluminum covering had come loose on top of the lasagna and the frozen lasagna was exposed. On a middle shelf, an opened cardboard box contained a white plastic bag. The bag appeared to contain frozen carrots. The bag was partially opened, and the carrots were exposed. The bag had no dates. On interview the cook stated, "I'm throwing all of this away. This should have been thrown in the trash already." The cook was observed to throw the cabbage rolls, lasagna, frozen carrots, and frozen spinach in the trash.</p> <p>On 5/4/2021 at 1:58 PM, the surveyor conducted an interview with the FSD who had not participated in the initial brief tour of the kitchen. On interview the FSD stated, "Anything removed from the original container needs to be dated."</p> <p>On 5/11/2021 from 10:56 to 11:07 AM, the surveyor, accompanied by the Licensed Practical Nurse (LPN), observed the following in the First Floor Pantry. Prior to making observations the LPN stated, "Housekeeping is responsible for monitoring the pantry and removing expired foods." On an upper shelf in the refrigerator a plastic bag contained what appeared to be a salad on a small Styrofoam plate. The salad was dated "5/3/2021" and "5/5/2021". A larger salad on a regular size Styrofoam plate was dated "5/4" and "5/6". The bag also contained three clear plastic containers of an unidentified substance, which appeared to be salad dressing. No dates were observed on the three containers. In addition, another small salad on a Styrofoam plate was on the same shelf. The salad was dated "5/3/21" and "5/5/21." The cucumbers on the salad appeared to be brownish and showed signs of spoilage. On interview the LPN stated, "I</p>	F 812	<p>The administrator/ designee will conduct environmental rounds in the kitchen and storage area specifically focusing on cleanliness of kitchen equipment and refrigerators; proper storage of drying pots, pans, and pitchers; and condition of the plumping. The administrator will navigate timely follow up of identified issues. Rounds will be completed weekly until compliance is met and the results of these rounds will be submitted at monthly QAPI.</p> <p>The housekeeping director will conduct weekly audits of the pantry refrigerator to ensure that there is no undated, expired, or spoiled food present. Immediate corrective action will occur. Audits will be completed weekly for 4 weeks and then monthly until compliance is met. Results of the audit will be presented at QAPI.</p>		

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

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F 812	<p>Continued From page 26</p> <p>assume those are the made and use by dates because they came from the kitchen." On a lower shelf a takeout style fast food type container with a clear plastic lid contained unidentified food. The container had no dates, name, or room number. In a bottom drawer of the refrigerator 6 containers of applesauce had no dates. The LPN threw all the food in the trash in the presence of the surveyor.</p> <p>On 5/12/2021 from 9:52 to 10:23 AM the surveyor, accompanied by the FSD observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>1. The surveyor observed the milk box just outside of the walk-in refrigerator. The FSD opened the box to check the internal thermometer for proper temperature. The FSD moved the top crate that contained individual milk cartons used for resident meals. Upon removal of the top crate of milks, the bottom of the milk refrigerator was observed to be covered with a brown, watery liquid. The surveyor questioned the FSD how often the milk box is cleaned and if it is on the regular cleaning schedule. The FSD responded, "I cleaned it about six weeks ago, but I haven't had time to do it recently because I have been busy cooking."</li> <li>2. On the middle pot drying wire rack, a plastic pitcher used to serve beverages was not in the inverted position and a wet watery substance was observed in the bottom of the pitcher. The FSD removed the pitcher from the drying rack and stated, "I will have it rewashed."</li> <li>3. The FSD removed several milk crates to find the internal thermometer for the tray line milk box. Once the milk crates had been removed and the</li> </ol>	F 812			

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NAME OF PROVIDER OR SUPPLIER  <b>HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 N WHITE HORSE PIKE HAMMONTON, NJ 08037</b>		
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F 812	<p>Continued From page 27</p> <p>bottom of the milk box was exposed the surveyor and FSD observed a watery, brownish/white liquid in the bottom of the milk box. The FSD stated, "It's the same, we haven't had time to clean it." The FSD instructed the cook to clean the milk box after the lunch meal. Dairy product was not in contact with the watery substance as all milks and yogurts were stored on top of milk crates and not in contact with the bottom of the refrigerated box.</p> <p>On 5/12/2021 from 11:27 to 11:53 AM the surveyor, accompanied by the FSD observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>1. Upon entry to the kitchen the surveyor observed the baseboard tile that is outside of the FSD office. The tiles were observed to be cracked and missing in some spots, exposing the sheetrock. The surveyor also observed several cracked and broken tiles on the opposite wall of the FSD office that lead to the entry of the dish room. When interviewed, the FSD stated, "Maintenance fixed a couple of them one time but they have pretty much been like that since I've been here."</li> <li>2. The surveyor observed the plate warmer cart that contained cleaned and sanitized plates to be used for the residents' lunch meal. The top plate on the warmer had a significant chip out of the outside edge of the plate. The surveyor made the FSD aware of the plate and the FSD removed the plate from the plate warmer cart and discarded the plate in the trash. The FSD stated, "Thanks."</li> </ol> <p>The surveyor reviewed the facility policy titled "Centers Health Care Food From Outside-Safety", last date revised 5/2019. Under</p>	F 812			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 N WHITE HORSE PIKE HAMMONTON, NJ 08037</b>		
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F 812	<p>Continued From page 28</p> <p>the Procedure heading, the policy revealed the following:</p> <p>Educate and Inform:</p> <p>"Education on safe food handling will be provided to all staff, family, residents, resident council, visitors and community groups who may provide foods or fluids to residents of the facility. This education will include at a minimum:"</p> <p>"Proper labeling and dating of each item."</p> <p>"Leftover foods will be used within 3 days or discarded."</p> <p>In addition, the policy further revealed under the "Monitoring" heading the following:</p> <p>"Facility staff will be appointed to check resident refrigerators for proper temperatures, food containment and quality, and disposal of items per facility policy."</p> <p>"Foods requiring refrigeration will be received by the facility designee (activity department, food and nutrition department, charge nurse, etc.) for proper and immediate storage including labeling and dating.</p> <p>"Staff will examine food for quality (smell, packaging, appearance) to identify potential concerns. If concerns are identified, staff will notify the resident or resident representative of findings and necessary actions per proper food and beverage safe handling."</p> <p>The surveyor reviewed the facility policy titled "Centers Health Care Food Storage Policy", last</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER  <b>HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 N WHITE HORSE PIKE HAMMONTON, NJ 08037</b>		
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F 812	<p>Continued From page 29 date revised 2/25/2021. The policy revealed the following under the Procedure heading:</p> <p>1. "Dry storage rooms must be well ventilated. All storage areas should have adequate illumination with temperature and humidity controls to prevent condensation of moisture and growth of mold."</p> <p>3. "Food items will be stored on shelves, with heavier and bulkier items stored on the lower shelves."</p> <p>7. (c.) "Food should be dated as it is placed on the shelves if required by state regulation."</p> <p>(d.) "Date marking to indicate the date or day by which a ready-to-eat, time/temperature control for safety food, (formerly known as PHF) should be consumed, sold, or discarded will be visible on all high-risk food."</p> <p>(g.) "Dented cans will be stored in separate designated area."</p> <p>10. "Food will be stored a minimum of 6 inches above the floor, 18 inches from the ceiling and 2 inches from the wall on clean racks or other clean surfaces, and is protected from splashes, overhead pipes, or other contamination (ceiling sprinklers, sewer/waste disposal pipes, vents, etc.)."</p> <p>13. Refrigerated food storage:</p> <p>a. "All refrigerator units will be kept clean and in good working condition at all times. Walls, ceilings and fans will be cleaned regularly."</p> <p>f. "All foods should be covered, labeled and</p>	F 812			

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F 812	<p>Continued From page 30 dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded."</p> <p>14. Frozen Foods:</p> <p>c. "All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be checked to assure that foods will be consumed by their safe use by dates or discarded."</p> <p>The surveyor reviewed the facility policy titled "Centers Health Care Equipment Failure and Repair", last date revised 3/2021. The policy stated, "Food and Nutrition equipment shall be maintained in a good state of repair." The policy revealed the following under the Procedure heading:</p> <ol style="list-style-type: none"> <li>"Staff is trained to report equipment that does not work or is not functioning properly."</li> <li>"Supervisor or staff member reports problem to Maintenance Department according to facility procedure giving as much detail as needed to describe problem.</li> <li>"Outside repair services is called if problem cannot be corrected in a reasonable time frame by facility maintenance staff."</li> </ol> <p>The surveyor reviewed the facility provided "Cleaning Schedule" for the kitchen, undated. The schedule revealed the following"</p> <p>"MONDAY-REFRIDGERATORS (sic) Clean out all refrigerators. Throw out all expired food. Clean</p>	F 812			

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F 812	<p>Continued From page 31 inside and outside of refrigerator with soap and hot water."</p> <p>The surveyor reviewed the facility policy titled "Centers Healthcare Policy and Procedure Cracked and chipped glassware", revised on 10/2019. The following was observed under Policy:</p> <p>"China and glassware that is chipped, cracked or is in otherwise unusable condition is removed from service."</p> <p>The following was revealed under the Procedure heading:</p> <p>1. "Any employee who notices china or glassware that is cracked, chipped, permanently stained or otherwise unsuitable for service removes it from service and notifies supervisor."</p> <p>NJAC 8:39-17.2(g)</p>	F 812			



## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315209	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/13/2021	Y3
NAME OF FACILITY HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix F0803	Correction	ID Prefix F0812	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	06/30/2021	LSC	06/30/2021	LSC	06/30/2021
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 5/13/2021		<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		