

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

PRINTED: 10/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2020
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NAME OF PROVIDER OR SUPPLIER MAPLE GLEN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12-15 SADDLE RIVER ROAD FAIRLAWN, NJ 07410
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F 000	INITIAL COMMENTS STANDARD SURVEY: 1/8/2020 CENSUS: 130 SAMPLE SIZE: 26 (plus 3 closed records) The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 812 SS=F	Complaint: NJ00130755 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: C NJ00130755 Based on observation, interview, and record	F 812	- The facility recognizes the risk that residents could potentially be affected by	2/10/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/21/2020
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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 812	<p>Continued From page 1</p> <p>review, it was determined that the facility failed to</p> <p>a) wash and store dishware in a sanitary manner,</p> <p>b) store potentially hazardous foods in a manner to prevent food borne illness and, c) follow adequate hand washing practices.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/30/19 at 9:21 AM, in the presence of the cook, the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The cook removed his gloves and did not wash his hands. 2. Inside the deli refrigerator there was a bottle of soy sauce dated 10/26/19 with a use by date of 11/15/19. The bottle of soy sauce was empty. The cook did not know why the bottle of soy sauce was still inside the refrigerator. 3. Inside the same deli refrigerator there was a bottle of white vinegar spice, opened with no expiration date and not dated. There was approximately one-third of vinegar inside the bottle. The cook said he would discard the bottle of vinegar. 4. Inside the same deli refrigerator there was a small clear plastic container with dry spice labeled [REDACTED] and dated 8/5/19. There was no use by date. The cook said the spice belonged to an employee and should not have been inside the deli refrigerator. 5. There was a total of nine various size white dishes stored with dried brown food debris. The cook stated, "I don't know what that is, but it shouldn't be on there." He could not speak to why the nine dishes were put away with dried food 	F 812	<p>the stated deficient practices.</p> <p>-The Dietary Staff was re-in-serviced on 1/2/20 by the Director of Food Services on the proper handwashing and glove protocol.</p> <p>- Upon identifying the stated deficient practices on 12/30/19, the facility immediately removed the following items from the deli-refrigerator and reach-in-freezer: a bottle of soy sauce, a bottle of white vinegar spice, a small clear plastic container with dry spice, a large pan of turkey, and a lemon meringue pie, all referred to in the stated deficiencies. All areas of the kitchen were inspected for proper storage, labeling and dating of all food products. All dietary staff were re-in-serviced on proper storage, labeling and dating procedures along with the procedures on discarding all expired food products.</p> <p>- Upon identifying, the dishes stored with dried brown food debris they were immediately removed, washed and sanitized. All other dishware was inspected for compliance. All dietary staff were re-in-serviced on the proper way to wash dishes using the dish machine. Along with inspecting all dishware prior to putting the pieces away. On 1/3/20 a representative from [REDACTED] re-in-serviced the dietary staff on using the dish machine including how to keep the spray nozzles clean.</p> <p>- Upon identifying that the back splash and the floor in the large dry storage room were not sufficiently cleaned, both were immediately cleaned and sanitized. The Dietary Daily Cleaning Assignments now include the back splash and storage room</p>		

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F 812	<p>Continued From page 2</p> <p>debris. The cook further stated that all the dishes would be rewashed.</p> <p>6. The oven back splash had visible dripping and stuck on grease. The cook could not speak to when the oven back splash was cleaned or how often.</p> <p>7. Inside the reach-in freezer, the surveyor observed a large pan of turkey covered with aluminum foil dated 12/12/19 with a use by date of 12/28/19. The cook stated, " I don't know why the turkey is inside the freezer. It should not be in there." The cook discarded the turkey in the presence of the surveyor.</p> <p>8. Inside the same reach-in freezer, the surveyor observed a lemon meringue pie dated 12/19/19 with a use by date of 12/25/19. The cook discarded the pie in the presence of the surveyor.</p> <p>9. At 9:52 AM, the surveyor observed the cook remove gloves and wash his hands for nine seconds under running water.</p> <p>10. The large dry storage room floor had a dark brown sticky substance underneath one area of shelves. The floor was visibly soiled inside the small dry storage room.</p> <p>On 1/3/2020 at 12:10 PM, the Regional Food Service Director stated, "that a new employee did not follow proper dishwashing procedures and he stacked dry plates with dry food particles on them and put them away."</p> <p>On 1/06/2020 at 10:26 AM, the surveyor interviewed the cook who said that he was in-serviced on hand washing but he was very nervous that day and that was why he washed his</p>	F 812	<p>floors.</p> <ul style="list-style-type: none"> - The Food Service Director or Designee will conduct random handwashing and glove use audits monthly. The results of the audits will be reported at the Quarterly QAPI Meetings. - The Food Service Director or Designee will conduct weekly audits to ensure proper labeling and dating of all food items are in compliance. The results of these audits will be reported to the Quarterly QAPI Meeting. - The Food Service Director or Designee will conduct weekly audits on the washing and catching of the dishware to ensure compliance. The audit results will be reported to the Quarterly QAPI Meeting. - The Food Service Director or Designee will conduct weekly audits to ensure that the backsplash and storages floors are clean. The audit results will be reported to the Quarterly QAPI Meeting. - The Administrator will take corrective action as needed. 		

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F 812	<p>Continued From page 3</p> <p>hands under running water for only nine seconds.</p> <p>On 1/07/2020 at 9:30 AM, the administrator stated the oven back splash was cleaned daily. The administrator provided the surveyor with a blank cleaning schedule for the kitchen. She said she would find out if there were any cleaning schedule logs kept.</p> <p>On that same day at 10:00 AM, the Regional Food Service Director provided a hand washing, labeling and dating policy, and food storage and retention guide to the surveyor. At that same time, she said the kitchen staff were cleaning the kitchen on a daily basis but it wasn't documented. "It wasn't documented because it is a standard of practice to clean the kitchen." She further stated that the blank cleaning schedule was created last week and now implemented.</p> <p>Review of the facility's undated hand washing policy provided by the Regional Food Service Director indicated to wash hands "before putting gloves on and after removing gloves" and to "apply a sufficient amount of liquid soap to hands...using friction, rub hands together until a soapy lather appears. This should be done away from running water so the bubbles are not washed away...continue this for at least 20 seconds...rinse hands thoroughly under warm running water."</p> <p>Review of the facility's undated policy for labeling and dating food which was provided by the Regional Food Service Director indicated the following; "Proper labeling and dating ensures that all foods are stored, rotated, and utilized in a First In First Out (FIFO) manner... All foods should be dated upon receipt before</p>	F 812			

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F 812	Continued From page 4 being stored... Leftovers must be labeled and dated with the date they are prepared and the use by date. There was no additional information provided.	F 812			
F 880 SS=D	NJAC 8:39-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		2/10/20	

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F 880	<p>Continued From page 5</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to follow appropriate infection control practices</p>	F 880	- The facility recognizes the risk that residents could potentially be affected by the stated deficient practice.		

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F 880	<p>Continued From page 6 during Activities of Daily Living care for 2 of 26 residents (Resident #114 and #101) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> On 12/30/19 at 10:12 AM, the surveyor observed the Certified Nursing Assistant (CNA #1) and the Registered Nurse (RN) transfer Resident #114 from the bed to the wheelchair with the use of a mechanical lift. After the transfer, CNA #1 put the resident's soiled bedsheets in a large plastic bag, removed her gloves, and left the room to bring the bag of soiled linen to the dirty utility room. The surveyor observed that CNA #1 did not wash her hands after she removed her gloves or after she handled the bag of soiled linen. On 12/30/19 at 10:23 AM, the surveyor observed CNA #1 enter Resident #101's room. CNA #1 told the surveyor she was going to provide morning care for the resident but that she had forgotten something. CNA #1 left the room, entered another resident room, obtained deodorant, a comb, and plastic trash bags, and brought the items into Resident #101's room. CNA #1 applied soap to her hands without first rinsing them underwater and washed her hands for 5 seconds. CNA #1 then told the surveyor she was going to put on two pairs of gloves and pulled the privacy curtain closed. <p>On that same day, at that same time, when CNA #1 completed the resident's morning care, she pulled the privacy curtain open with the same gloves she used to provide personal care to the resident. Without changing gloves, the CNA turned on the faucet, rinsed and dried the</p>	F 880	<ul style="list-style-type: none"> - CNA #1 was re-in-services on proper handwashing and glove use on 12/30/19 by the Nurse Practice Educator. All CNAs will be re-in-serviced by the Nurse Practice Educator or designee on proper handwashing and glove use as well as the requirement to keep each resident's hygienic supplies in their individual room. - All CNAs will follow proper handwashing and glove use protocol. - The Director of Nursing or designee will do monthly observations of CNAs during patient care to ensure proper handwashing and glove use protocol is being followed. - The audit results will be reported at the Quarterly QA meetings. - The Administrator will take corrective action as needed. 		

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F 880	<p>Continued From page 7</p> <p>washbasin, opened the bedside table, put the basin away, and handled the resident's remote bed control all with the same soiled gloves. CNA #1 then removed her gloves, and without washing her hands left the room to obtain the mechanical lift.</p> <p>At that same time, two CNA's entered the room. However, CNA #1 did not wash her hands before donning gloves. The surveyor observed CNA #1 had touched the roommate's bed covers with her soiled gloves then turned the faucet on and off with the same gloves. CNA #1 then removed her gloves and donned new ones without washing her hands.</p> <p>Also, at that same time, the surveyor observed CNA #1 removed the soiled sheets from Resident #101's bed, put them in a large plastic bag, and placed the sheets inside the soiled utility room. The CNA returned to the resident's room and washed her hands with soap for 5 seconds.</p> <p>On 1/7/2020 at 10:01 AM, the surveyor interviewed CNA #1 in the presence of the Director Of Nursing (DON) regarding the breaks in infection control. CNA #1 stated that she should have washed her hands for 20 seconds after direct patient contact and before and after removing gloves, but further said, "I was nervous." The surveyor asked CNA #1 why she obtained personal hygiene supplies from another resident's room for Resident #101. CNA #1 replied that she kept the supplies for all her residents in a plastic bag in one resident's room, but she acknowledged she shouldn't have done that.</p> <p>At that same time, the DON confirmed that CNA #1 should not have kept resident supplies in one</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>resident room and should have practiced appropriate infection control practices.</p> <p>A Review of the policy on Hand Hygiene with a revision date of 11/28/17 indicated hand hygiene should be performed:</p> <p>Before and after patient care and after contact with the patient's environment.</p> <p>Hand Hygiene Process:</p> <p>Wet hands with warm water, apply soap to hands, rub hands vigorously outside the stream of water for 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use a clean, dry, disposable towel to turn off faucet.</p> <p>On 1/7/2020 at 10:36 AM, the survey team met with the Administrator and the DON and discussed the above observations and concerns.</p> <p>On 1/8/2020 at 11:00 AM, no further information was provided by the facility.</p> <p>NJAC 8:39-19.4 (a)</p>	F 880			