

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

PRINTED: 05/25/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2021
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NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096
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F 000	INITIAL COMMENTS STANDARD SURVEY CENSUS: 216 SAMPLE SIZE: 36 + 2 closed records	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		3/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/04/2021
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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 584	<p>Continued From page 1 in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation, it was determined the facility failed to; a) maintain a clean and sanitary environment and b) failure to adhere to facility wheelchair cleaning schedule. This deficient practice was identified for 2 of 6 units in the facility and evidenced by the following:</p> <p>a. On 2/19/21 at 1:15 PM, the surveyor observed a clear liquid coming from the lunch cart, spilled in the middle of the [redacted] hallway. The surveyor observed 3-4 Certified Nursing Assistants (CNA) who walked by the spill without cleaning it up. Dirt and debris were observed in the hallway of [redacted] and [redacted] units as well as in more than half of resident's rooms. The surveyor observed the countertop of the [redacted] floor nurses station had dirt and a dried sticky substance on the surface.</p> <p>On 2/22/21 at 9:55 AM, the surveyor observed the following: room [redacted] resident's trash overflowing with no bags in the trash cans. An old broom was left in the corner of the room and dirt</p>	F 584	<p>1. The entire [redacted] floor underwent an immediate deep cleaning of all hallways, nurses stations, pantries and residents rooms to ensure there is no dirt, debris or spillage throughout the floor. Additionally, all trash cans were emptied and will be emptied on a daily basis.</p> <p>All soiled linen and laundry were picked up and brought down to laundry for cleaning. Soap and paper towel dispensers were immediately refilled in the soiled utility room.</p> <p>Privacy curtains in [redacted] were replaced with new ones.</p> <p>Resident #151 wheelchair was immediately cleaned and sanitized.</p> <p>2. All residents have the potential to be affected by the deficient practices.</p>		

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F 584	<p>Continued From page 2</p> <p>and debris was on the floor. The surveyor observed the privacy curtain had a brown substance stain on the bottom of the curtain. The resident stated, "Nobody came yesterday (2/21/2021) to clean the room or empty the trash."</p> <p>On 2/22/21 at 10:00 AM, the surveyor observed the following: The [redacted] unit hallway which had spilled coffee on floor and a crouton laying on floor outside of the resident's room. The [redacted] unit hallway had an odor of urine. In room [redacted], the surveyor observed debris and latex gloves laying on the floor. In room [redacted] the surveyor observed debris on floor. In room [redacted] the surveyor observed discarded gloves and debris on the floor. Outside of the same room was a water cup sitting on the handrail directly outside the door.</p> <p>On 2/22/21 at 11:07 AM, the surveyor observed the soiled utility room on second floor with a Licensed Practical Nurse (LPN). The soiled utility room had laundry bags piled up the wall and overflowing out of the soiled laundry basket. There was no soap or paper towels by the sink. There was trash and debris on the floor. The LPN went to wash her hands and stated, "Oh, there's no soap or paper towels in here."</p> <p>On 2/23/21 at 9:12 AM, the surveyor interviewed the Director of Housekeeping (DH) who said the units were cleaned once a day. which included the resident rooms, and the high touch areas twice daily. The DH was not aware that the resident rooms were not cleaned on Sunday 2/21/2021. The DH stated that if the resident is sleeping, the staff will sometimes, go after lunch,</p>	F 584	<p>3. A review of facility policies and procedures was conducted and no changes were made. The facility housekeeping staff was in-serviced on the 7-step cleaning process and wheelchair cleaning schedule was updated with an audit tool to ensure wheelchairs are cleaned timely.</p> <p>All staff has been in-serviced on what should they notice any dirty/soiled areas through out the facility.</p> <p>The 2nd floor will be cleaned twice daily moving forward.</p> <p>4. The Director of Housekeeping or designee will audit resident rooms and wheelchair audit tool to ensure compliance weekly x4 weeks and then monthly x3. The findings of the audit will be reported to the QAPI committee monthly for review and follow up.</p>		

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F 584	<p>Continued From page 3</p> <p>but if the hallway was already done, then they won't "double back" to clean the rooms. The surveyor asked the DH about the soiled laundry in the soiled utility room that was piled up the wall and overflowing out of the basket. The DH stated the yellow bags containing resident laundry get done on Tuesday, Wednesday, and Thursday. The staff was required to complete a daily mop of the floors and hallway, wipe down high touch areas daily. He went on to say there are three housekeeping staff assigned to each hall on the [REDACTED] floor and then they split the last hall into thirds. The DH stated he completed audit rounds three times a week. He said when he completes the audits and finds a problem, it was corrected immediately. The DH stated the housekeeping staff was on the floor 2 times a day from 9-11 AM, and then 12:30-2:45 PM.</p> <p>On 2/23/21 at 10:38 AM the surveyor received the "7-step Cleaning Process" facility policy, undated, "1) Pull Trash/Recycle: Remove liners and reline all waste containers. Clean waste receptacles, 5) Dust Mop Floor: Dust behind all furniture and doors. Move whatever is possible, and 6) Damp Mop: Mop out corners to prevent build."</p> <p>b. On 2/17/2021 at 11:25 AM, Resident #151 was observed to be seated in a custom wheelchair at the end of [REDACTED] unit hallway on the [REDACTED] floor. Resident #151's wheelchair was observed to be covered in areas with an unidentified white substance on the lower wheelchair frame and the right wheel of the wheelchair.</p> <p>On 2/23/2021 at 8:33 AM the surveyor observed Resident #151 again seated in his/her custom wheelchair on the [REDACTED] floor [REDACTED] unit hallway. The surveyor again observed the same white unidentified substance on the wheelchair frame</p>	F 584			

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F 584	Continued From page 4 and right wheel, as previously observed on 2/17/2021. On 2/23/2021 at 10:41 AM the surveyor interviewed the Director of Housekeeping (DH) who stated, "We clean wheelchairs once a month. We clean 240 chairs a month and we clean 8 chairs per day according to our monthly schedule." The HD further stated, "If a chair gets dirty, we can also clean it that day." The HD provided the surveyor with a copy of the facility "Wheel Chair Schedule February 2021." The schedule revealed that Resident #151 was to have had their wheelchair cleaned on the 17th of February 2021. On 2/24/2021 at 10:25 AM the surveyor interviewed the Director of Nursing (DON) who stated, "The wheelchair was not cleaned on the 17th because they (housekeeping staff) were focused on the snowstorm."	F 584			
F 812 SS=E	NJAC 8:39-31.4(a)(f) 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.	F 812		3/5/21	

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F 812	<p>Continued From page 5</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner designed to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 2/16/2021 from 9:24 to 10:00 AM the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> In the dry storage area on a middle shelf of a three-tiered storage rack a can of Ruby Mandarin Oranges had a significant dent on the bottom seam. The FSD removed the can to the designated dented can area. In the walk-in refrigerator on a middle shelf a bag of frozen mixed vegetables was removed from its original container. The mixed vegetables had no date. On interview the FSD stated, "They should have been dated when they were removed from the original container." The FSD threw the frozen mixed vegetable in the trash. In the same walk-in freezer on a rear middle shelf, a bag of frozen broccoli was removed from the original container and a frozen pie covered with plastic wrap was removed from its original container. No dates were observed on the frozen broccoli or pie. On interview the FSD stated, "They should be 	F 812	<ol style="list-style-type: none"> The dented can was immediately removed and discarded. All unlabeled items identified in the refrigerator/freezer were immediately thrown out. The step-trash can was immediately discarded and replaced. The meat slicer was re-sanitized and covered. All pots and pans identified were re-sanitized and placed inverted for drying. The exposed sleeve of Styrofoam cups was immediately discarded. All residents have the potential to be affected by the deficient practice. A review of facility policies and procedures was conducted and was updated to state that all dented cans are to be discarded upon identification. The facilities dietary staff was in-serviced on proper labeling and dating all items in the kitchen. The dietary staff was also in-serviced on the facilities policy on dented cans, storage of clean pots and pans and storage of unused clean equipment. <p>All staff have been educated on what to do if they find exposed uncovered cups.</p>		

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F 812	<p>Continued From page 6</p> <p>dated when they are removed from their original box." The FSD threw the pie and frozen broccoli in the trash.</p> <p>3. In the designated hand washing sink area, the step trash can (a trash can that is opened by stepping on a foot pedal) was observed to be broken. The surveyor observed a dietary aide (DA) perform hand washing. Upon completion of hand washing, the DA grabbed a hand towel and dried their hands and proceeded to turn off the faucet with the hand towel. The DA then proceeded to step on the foot pedal to open the trash can, however the lid would not open because the lid was broken from the trash can hinge. The DA had to go to another trash can to throw away the dirty hand towel.</p> <p>4. A cleaned, and sanitized meat slicer was on top of a counter in the prep area. The meat slicer was not in use, per the FSD. The meat slicer was uncovered and exposed. On interview the FSD stated, "We cover the slicer when not in use with a plastic bag."</p> <p>5. A clean and sanitized stack of large metal bowls was stored on a middle shelf of a multi-tiered storage rack next to the three-compartment sink. The bowls were stored facing upward exposing the inside of the bowl to possible contamination. On interview the FSD stated, "They should be stored in the inverted position." On the same shelf, (4) small frying pans and (1) large frying pan that had been cleaned and sanitized were not stored in the inverted position and the cooking surface was exposed. On interview the FSD stated, "I'm going to rewash and sanitize all of these bowls and pans."</p>	F 812	<p>All pantries will be checked daily by the unit manager/designee to ensure there is no exposed utensils or cups in the pantries.</p> <p>4. An audit for identifying dented cans, food procurement, storage of sanitized pots and pans and storage of unused equipment will be completed weekly x4 weeks and then monthly x3 by the food service director (FSD) or designee. The findings of the audit will be reported to the QAPI committee monthly for review and follow up.</p>		

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F 812	<p>Continued From page 7</p> <p>On 2/22/21 from 10:09 to 10:13 AM the surveyor, accompanied by the Registered Nurse/Unit Manager (RN/UM) observed the following on the [REDACTED] floor [REDACTED] Unit Pantry:</p> <p>1. In an upper cabinet above the pantry sink, a sleeve of Styrofoam cups was removed from their plastic covering and exposed. The RN/UM stated, "I'm throwing them out." The RN/UM threw the Styrofoam cups into the trash in the presence of the surveyor.</p> <p>The surveyor reviewed the Centers Health Care policy titled "DENTED CANS", with revised date of 05/2019. Under the PROCEDURE heading the following was revealed:</p> <p>1. "Identify all unacceptable dented cans." 2. "Place all dented cans on a designated shelf marked "Dented Cans.""</p> <p>The surveyor reviewed the facility policy titled "Food Storage", with a date originated: 6/2/2016 and no revised date. The following was revealed under the heading Policy Interpretation and Implementation:</p> <p>1. "All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date)."</p> <p>The facility was unable to provide a policy for storage of cleaned and sanitized equipment that is not in use.</p> <p>NJAC 8:39-17.2(g)</p>	F 812			