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

PRINTED: 11/04/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С	
	315307		B. WING _	B. WING		08/28/2020	
NAME OF PROVIDER OR SUPPLIER					, CITY, STATE, ZIP CODE		
HARBOR/	AGE (THE)			7600 RIVER ROAD			
040.15	CLIMMADY CT	ATEMENT OF DEFICIENCIES		NORTH BERGEN, NJ 07047			(V5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00			
	Complaint #: NJ0013 NJ00137465, NJ0013						
	Census: 169						
	Sample Size: 6						
	THE REQUIREMENT SUBPART B, FOR LO	OT IN COMPLIANCE WITH IS OF 42 CFR PART 483, DNG TERM CARE ON THIS COMPLAINT					
F 812 SS=D		core/Prepare/Serve-Sanitary 2)	F8	12			9/18/20
	§483.60(i) Food safet The facility must -	ty requirements.					
	state or local authoriti (i) This may include for from local producers, and local laws or regulation (ii) This provision does facilities from using planders, subject to consider a safe growing and food (iii) This provision does from consuming food \$483.60(i)(2) - Store, serve food in accordant standards for food serve	ed satisfactory by federal, ies. bood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the facility.  prepare, distribute and unce with professional rvice safety.					
	by: C NJ 00132179	is not met as evidenced			lents identified. The test tra iately discarded.		(X6) DATE

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.

**Electronically Signed** 

09/08/2020

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						С	
315307			B. WING _		08	3/28/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
HARBORA	AGE (THE)			7600 RIVER ROAD			
HARBOIT	TOL (TIL)			NORTH BERGEN, NJ 07047	NORTH BERGEN, NJ 07047		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 812	2 Continued From page 1		F 812				
	Based on observation, interview, and record review, it was determined that the facility failed to serve meals in a manner that was palatable to residents. This deficient practice was identified and confirmed with test tray temperatures, as evidenced by the following:			All residents could potentially be affected by deficient practice.     a. Food temperatures were taken next meal to ensure proper tempe prior to serving.	n for the		
	food truck #1 arrive at PM, the patient service thermometer in the predirector (FSD) and twe patient services mana temperatures of a lun consisted of a regular temperatures were the	tes manager calibrated her esence of the Foodservice o surveyors. At 1:20 PM, the ager took the following ch meal test tray, which diet. The food e following:		3. Systematic Changes 1. To maintain the temperatures of foods held hot at 140 degrees F of a. Adjusted job workflow to now two checkers per cart to expedite filling of each cart with full trays with goal of cart completion in less that minutes with no errors.  b. Maintenance items included:  • The hinges and locks on the	r above: r require the th a n 20 doors		
	Soup (Pasta Fagioli): (F).  Manicotti with sauce: Whipped potatoes: 15 Green beans: 162.5 o Hot water for tea: 156 Fruit cocktail: 52.8 de Grape juice: 47.4 deg Lowfat Milk: 50.0 deg Tossed green salad: 4 Vanilla ice cream: 21.	51.1 degrees F. legrees F. 6.9 degrees F. grees F. rees F. rees F. 17.1 degrees F.		were changed resulting in a tighte	ordered up and n the placing		
	stated that the soup s degrees F or higher, t been 50 degrees F or have been 40 degree The surveyor intervier "We put the milk in the cocktail on ice prior to very hot. We know thi	he fruit cocktail should have below, and the milk should		above initiatives and process char and staff competencies were asset 4. Monitoring of Corrective Actions a. Food Service Director and/or designee will randomly audit 5-10 weekly to ensure compliance with temperatures. Audits will be comp Food Service Director and/or desi weekly for a month and quarterly thereafter.  b. Findings of audits will be revi	trays food leted by gnee		

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		245207	B. WING			1	C	
NAME OF PROVIDER OR SUPPLIER  HARBORAGE (THE)			B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER ROAD NORTH BERGEN, NJ 07047			08/28/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (ENCY)			(X5) COMPLETION DATE	
F 812	we are going to a net that all the milk was I service. The FSD fur had not had any com regarding food temper. The surveyor review minutes from There were no current temperatures.  On 8/28/20 at 2 PM, administrator and the discussed the above. Review of the 7/2017 (Hazard Analysis Critof NJ Code of Sanital indicated that TCS (t safety) foods held codegrees F or below.	w system." The FSD stated being pulled from the lunch ther noted that the facility aplaints from residents	F	312	and shared with Administrator and Foc Service Director will presented monthly the Quality Assurance performance Improvement Committee.			