

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2019
NAME OF PROVIDER OR SUPPLIER HARBORAGE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER ROAD NORTH BERGEN, NJ 07047		
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F 000	INITIAL COMMENTS Standard Survey 05/31/19 Census: 234 Sample Size: 35 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 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, interviews, and record review, it was determined that the facility failed to follow standards of clinical practice in following physician's orders for the application of splints for 1 of 7 residents (Resident #236) reviewed for positioning and mobility. This deficient practice was evidenced by the following: 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	F 658	Plan of Correction 1. Residents Affected by Deficient Practice a. The nurses involved were counseled and re-educated on splint application and documentation. b. The care plan, physicians orders and Resident Care Information Form for resident #236 were reviewed for accuracy by the IDC team. c. A root cause analysis revealed that timing of [REDACTED] and communication between staff contributed to the deficient practice. 2. Identifying Other Residents who Could be Affected by the Deficient Practice.	7/5/19	

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

TITLE

(X6) DATE

Electronically Signed

06/21/2019

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>counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. 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 prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem."</p> <p>On 5/21/19 at 12:02 PM, the surveyor observed Resident #236 lying in bed with eyes closed and [REDACTED]</p> <p>On 5/23/19 at 10:27 AM, the surveyor observed Resident #236 laying in bed with eyes closed, a</p>	F 658	<p>Since all residents requiring the use of [REDACTED] are at risk for this deficient practice, the following was done:</p> <p>a. A list of all residents requiring [REDACTED] was generated by unit managers and therapy for review.</p> <p>b. The care plans of all residents requiring [REDACTED] were reviewed for appropriateness of interventions.</p> <p>c. The physician orders and Resident Care Information forms were reviewed for accuracy.</p> <p>3. SYSTEMIC CHANGES</p> <p>a. A QAPI project for [REDACTED] was developed.</p> <p>b. A new process of communication has been developed which includes a master list of all residents requiring [REDACTED] to be maintained by therapy and communicated to nursing. A master list will be kept on each unit.</p> <p>c. Timing of [REDACTED] will be reviewed on an individual basis and communicated to staff .</p> <p>d. Staff will be in serviced on new communication process on [REDACTED] application and documentation.</p> <p>e. Therapy will monitor residents quarterly, annually, at significant change and upon referral for appropriateness of [REDACTED] use.</p> <p>4. MONITORING OF CORRECTIVE ACTIONS</p> <p>a. [REDACTED], documentation, care plans, Resident Information Forms and Master List will be audited weekly by unit managers or designee using a</p>		

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F 658	<p>Continued From page 2</p> <p>██████████ was applied to the ██████████. There was another ██████████ on the window sill and two gray ██████████ on the resident's chair.</p> <p>On 5/29/19 at 10:14 AM, the surveyor observed Resident #236 laying in bed with eyes closed, a ██████████ was applied to the ██████████. There was ██████████ and there were ██████████ on the resident's chair.</p> <p>The surveyor reviewed Resident #236's medical records that revealed the following:</p> <p>According to the Resident Face Sheet, Resident #236 was admitted to the facility on ██████████ with diagnoses that included: ██████████</p> <p>According to the Admission Minimum Data Set, an assessment tool dated ██████████, Resident #236 was assessed by the facility as having ██████████</p> <p>The surveyor reviewed the ██████████ Program form dated 5/03/19, revealing that Resident #236 required ██████████ and ██████████ to be applied at 10:00 AM and removed at 6:00 PM daily. The form also revealed that nursing staff had been instructed on the use of the ██████████ and wearing schedule.</p> <p>The surveyor reviewed the May 2019 Physician Order Report (POR) that revealed Resident #236 had a Physician's Order (PO) dated 5/03/19, to</p>	F 658	<p>designated form weekly for 3 months and quarterly thereafter.</p> <p>b. Results of audits will be reviewed by the DON Issues identified during the audits will be corrected Immediately.</p> <p>c. Audit results will be presented at the monthly QAPI and quarterly QAA meeting by the DON.</p>	

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F 658	<p>Continued From page 3</p> <p>apply [REDACTED] as well as [REDACTED] at 10:00 AM and remove at 6:00 PM. daily. The POR also revealed new PO's dated 05/06/19 to discontinue the prior order for the [REDACTED] and to [REDACTED] at 10:00 AM and remove at 6:00 PM.</p> <p>A review of the Care Plan dated 5/06/19, revealed that Resident #236 required nursing to apply [REDACTED] at 10:00 AM and remove them at 6:00 PM.</p> <p>The surveyor reviewed the May 2019, Resident Care Information form that revealed that Resident #236 required [REDACTED] from 10:00 AM to 6:00 PM.</p> <p>The surveyor reviewed the May 2019, Electronic Treatment Administration Record (ETAR) that revealed the following:</p> <ul style="list-style-type: none"> - There was no documentation on the ETAR or in the Resident Progress Notes (PN) to indicate that the [REDACTED] were applied according to the PO on: 05/07/19, 05/10/19, 05/12/19, 05/14/19, 05/15/19, 05/21/19 and 05/24/19. Further review of the TAR revealed that the [REDACTED] were administered late on: 05/04/19, 05/17/19, 05/18/19, 05/20/19, 05/23/19, 05/25/19, 05/28/19 and 05/29/19. - There was no documentation on the ETAR or in the Resident Progress Notes (PN) to indicate that the [REDACTED] was applied according to the PO on: 05/07/19, 05/10/19, 05/12/19, 05/14/19, 05/15/19, 05/21/19 and 05/24/19. Further review of the ETAR revealed that the [REDACTED] were administered late on: 05/04/19, 05/17/19, 05/18/19, 05/20/19, 05/23/19, 05/28/19 and 05/29/19. - There was no documentation on the ETAR or in 	F 658		

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

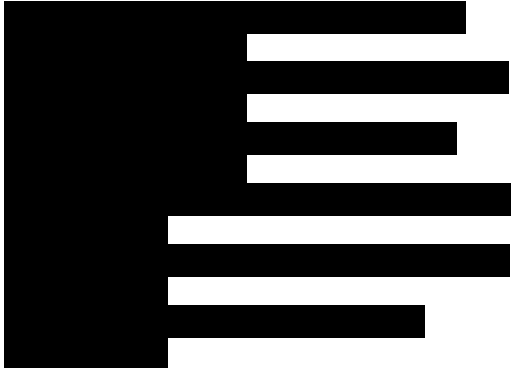
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F 658	<p>Continued From page 4</p> <p>the Resident Progress Notes (PN) to indicate that the [REDACTED] was applied according to the PO on: 05/07/19, 05/14/19, 05/15/19, and 05/24/19. Further review of the TAR revealed that the [REDACTED] were administered late on: 05/04/19, 05/17/19, 05/18/19, 05/20/19, and 05/25/19.</p> <p>On 05/29/19 at 11:02 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) assigned to Resident #236 who stated that the nurses apply the [REDACTED] for the resident. The CNA further stated that he sees the resident [REDACTED] but was unsure of what times they were applied.</p> <p>On 05/29/19 at 11:06 AM, the surveyor interviewed the Registered Nurse (RN) assigned to Resident #236 who stated that the resident requires [REDACTED] and [REDACTED] daily that are applied from 10:00 AM to 6:00 PM. The RN also stated that the nurse assigned to the resident was responsible for [REDACTED], [REDACTED] and documentation on the ETAR following completion of the task.</p> <p>On 05/28/10 at 10:25 AM, the surveyor interviewed the Unit Manager (UM) who stated that all [REDACTED] require a PO. The UM also reported that the nurses were responsible to apply, remove and document on the ETAR immediately after application or removal.</p> <p>On 05/31/19 at 9:05 AM, the surveyor interviewed the Director of Nursing (DON) who stated that nursing staff were required to sign the ETAR immediately after service was rendered, if they do have to apply/administer a PO or sign the ETAR after the ordered administration time the nurses</p>	F 658			

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F 658	Continued From page 5 must explain the reason in the PN. The DON also stated that a blank on the ETAR means that the nurse didn't sign for the completion of the application or the administration of an item. The DON also provided the facilities policy for Medication Administration stating that the policy also applies for [REDACTED] and documentation on the ETAR. A review of facility's policy for Medication Administration under Policy revealed that the nurse administering the medication or treatment must record the administration, refusal, or holding of a medication or treatment on the resident's medication administration record/ETAR.	F 658			
F 761 SS=D	NJAC 8:39-11.2(b) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		7/5/19	

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F 761	<p>Continued From page 6</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to properly store, label and dispose of medications in 4 of 14 medication carts and in 3 of 5 medication refrigerators inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>05/21/19 at 9:55 AM, the surveyor inspected the [REDACTED] medication cart in the presence of a Licensed Practical Nurse (LPN). The surveyor observed one [REDACTED] that was opened on 04/19/19 and expired on 05/17/19. The surveyor interviewed the LPN who stated that the [REDACTED] was expired and should have been removed from the medication cart.</p> <p>On 05/21/19 at 10:07 AM, the surveyor inspected the [REDACTED] medication refrigerator in the presence of a Registered Nurse (RN#1). The surveyor observed [REDACTED] that was opened and not dated. The surveyor interviewed the RN who stated that the [REDACTED] should have been dated when opened.</p>	F 761	<ol style="list-style-type: none"> 1. Residents Affected by Deficient Practice <ol style="list-style-type: none"> a. All undated, unlabeled, or expired items identified were removed from the medication cart/refrigerator, properly disposed of and replaced. b. Replacement items were properly labeled and dated. 2. Identifying other residents who could be affected by the Deficient Practice. Since all residents receiving medications are at risk for this deficient practice, the following was done: <ol style="list-style-type: none"> a. All medication carts and medication refrigerators were checked for undated, unlabeled and expired items. 3. Systemic Changes <ol style="list-style-type: none"> a. Medication carts and refrigerators will be audited for undated, expired or unlabeled items by the unit nurses each shift and signed for on a designated form. b. In-service education will be provided to all nurses. c. A QAPI project for medication labeling and storage was developed. 		

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F 761	<p>Continued From page 7</p> <p>On 05/21/19 at 10:20 AM, the surveyor inspected the [REDACTED] medication cart in the presence of RN #2. The surveyor observed one opened [REDACTED] that was not dated. The surveyor interviewed RN #2 who stated that the opened [REDACTED] should have been dated when opened.</p> <p>On 05/21/19 at 10:25 AM the surveyor inspected the [REDACTED] medication cart in the presence of RN #3. The surveyor observed an opened bottle of [REDACTED] and an opened bottle of [REDACTED] solution that was not dated. The surveyor interviewed RN #3 who stated that the opened bottle of [REDACTED] and [REDACTED] should have been dated when opened.</p> <p>On 05/21/19 at 10:30 AM, the surveyor inspected the [REDACTED] medication refrigerator in the presence of RN #3. The surveyor observed an opened bottle of [REDACTED] lution that was not dated. The surveyor interviewed RN #3 who stated that the opened bottle of [REDACTED] should have been dated.</p> <p>On 05/21/19 at 10:40 AM, the surveyor inspected the [REDACTED] medication cart in the presence of LPN #2. The surveyor observed an opened bottle of [REDACTED] that was not dated. The surveyor interviewed LPN #2 who stated that the opened bottle of [REDACTED] should have been dated when opened.</p> <p>On 05/21/19 at 10:50 AM, the surveyor inspected the [REDACTED] medication refrigerator in the presence of RN #4. The surveyor observed an opened vial of [REDACTED] that had an open date of 04/16/19 and an expiration date of 05/16/19 and</p>	F 761	<p>4. Monitoring of Corrective Actions</p> <p>a. Unit Managers or designee will conduct unannounced audits of med carts/med refrigerators for compliance. Each med cart/med refrigerator will be spot audited using a designated form weekly for 3 months and monthly thereafter.</p> <p>b. A sample of carts will be audited monthly by the Pharmacy Consultant.</p> <p>c. Findings from the audits will be communicated to the Director of Nursing and unit staff. Identified issues will be immediately rectified.</p> <p>d. Results of the audits will be presented at the monthly QAPI meeting monthly and at the Quarterly QAA meeting by the DON</p>		

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F 761	Continued From page 8 was expired. The surveyor interviewed RN #4 who stated that the PPD was outdated and should have been removed from the medication refrigerator. A review of Manufacturer's Specifications for the above medications revealed the following: 	F 761			
F 812 SS=F	NJAC 8:39-29.4a 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		7/5/19	

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F 812	<p>Continued From page 9</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 documentation provided by the facility it was determined that the facility failed to properly prepare and store food and provide food equipment service to prevent the development of foodborne illness. This deficient practice was observed by the following:</p> <p>On 05/28/19 at 10:00 AM, in the presence of the Food Service Director (FSD) the surveyor observed the following:</p> <ol style="list-style-type: none"> There were no garbage pails under three of three hand wash sinks and access to one of three hand wash sinks was blocked by a portable step stool/small ladder. The front hood was visibly soiled and all of the hood lights under the front hood were heavily soiled with a build up of splattered food debris. The underneath section of the shelf above the cook's food preparation table was highly soiled with debris and in direct contact with ready to serve food. The shelf above the cook's preparation table contained multiple items that were opened and not dated. The items included were a one-pound (lb.) box of kosher salt, a one lb. box of brown sugar, a one lb. box of corn starch, a one gallon 	F 812	<p>#1</p> <ol style="list-style-type: none"> All residents affected by Deficient practice All residents could potentially be affected by deficient practice. <p>3a. Team identified appropriate garbage pails for the 3 hand wash sinks. Three garbage pails were purchased on 05/29/19 and one pail was installed under each of the three sinks on 05/31/19.</p> <p>3b. The Hand Wash Station policy was updated to include covered, pedal push garbage pails under each hand wash sink.</p> <p>3c. All Managers and staff were in-serviced on the Hand Wash Station policy.</p> <p>3d. Step ladder removed from the department.</p> <p>4a. Weekly hand wash station audits are being conducted by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education.</p> <p>4b. Monthly hand wash station audits are being conducted by the General Manager as part of their monthly sanitation rounds</p>		

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F 812	<p>Continued From page 10</p> <p>container of vegetable oil, a one quart container of gravy base and a one gallon container of Sherry cooking wine.</p> <p>Review of the facility's "Food Storage" policy and procedure (P&P) dated 2012 stated "follow the guidelines below to further ensure safe and accurate storage procedures. Date products to ensure the use First-in and First-out procedures." The P&P reviewed by the surveyor did not address individual labeling and dating of shelf stable and refrigerated products opened and stored for a later use.</p> <p>5. The wall-mounted pot rack located above the cook's preparation table contained three medium and three large sized frying pans pots in poor repair with a build-up of black charred debris on the inside cooking surface and the outside of the pans.</p> <p>6. The two convection ovens under the front hood were heavily soiled with build-up splattered food debris and grease on the inside base, top and sides and prevalent on the metal base of each unit at the threshold of glass doors. The five cooking racks in the top unit and the six racks in the lower unit were heavily soiled with a build-up of black charred residue.</p> <p>7. The black door handles on the two hot holding boxes were soiled and there was no internal thermometer in either of the unites. The gray door molding around the interior of each unit were heavily soiled and in poor repair.</p> <p>8. The four convection ovens under the back hood were highly soiled on the interior base, top and sides and on the metal threshold of each unit</p>	F 812	<p>with appropriate follow-up as needed, e.g., education, policy</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#2</p> <p>1.All residents affected by deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The front hood was cleaned on 05/29/19.</p> <p>3b. The hood cleaning schedule has been changed from quarterly to monthly effective 05/29/19.</p> <p>3c. All of the hood lights under the front hood were cleaned on 5/29/19. Hood light covers replaced 06/19/19.</p> <p>4a. The cleanliness of the front hood and hood lights is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The cleanliness of the front hood and hood lights is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review</p>		

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F 812	Continued From page 11 by the doors. 9. Two blue and one white fiberglass sheet pans on the lower shelf of the food preparation table were in poor repair with multiple chipped areas and the interior metal exposed. 10. Four of seven sheet pans under the above stated preparation table were highly soiled with a build-up of black charred debris on the interior cooking surface and the exterior areas of the pans. 11. Six of eight roasting pans under another food preparation table were in poor condition with multiple dented areas and a build-up of black charred debris on the inside cook area and the outside of the pans. The debris was easily removed when touched by the FSD. 12. The tip of the table-mounted can opener was soiled with a build-up of food debris. 13. The threshold at the start of the walk-in freezer located inside the walk-in dairy refrigerator was in poor repair with chipped and missing tiles. 14. An open dry storage rack contained eight of eight stock pots that were stored upright on the shelves and had standing water in each pot. 15. One of the two reach-in ice cream freezers contained pre-portioned containers of ice cream and half gallon containers of assorted ice creams that were soft to touch. The external thermometer on the unit registered +20 degrees Fahrenheit (F). At 10:40 AM, the surveyor placed a calibrated thermometer inside the unit and after	F 812	results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee #3 1. All residents affected by Deficient practice 2. All residents could potentially be affected by deficient practice. 3a. All ready to serve food was removed and discarded immediately. The shelf above the cooks food preparation table was immediately cleaned. 3b. Education was provided to the cooking staff on job flow with special emphasis on properly cleaning the underneath section of the kitchen shelves. 3c. The content of the cooking staff's annual competencies and new hire orientation training was modified to include properly cleaning the underneath section of the kitchen shelves. 3d. The Sanitation Program policy was revised to include cleaning the underneath section of the kitchen shelves. 3e. The content of the annual staff competency was revised to include the kitchen cleaning process. 4a. The cleanliness of the shelves is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g.,		

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F 812	<p>Continued From page 12</p> <p>five minutes the thermometer registered +23.7 degrees F.</p> <p>16. Multiple black plate lids, bases and meal trays on three open carts were wet-nested and multiple lids that were identified by the FSD as cleaned were soiled.</p> <p>A review of the facility's "Washing Pots and Pans" P&P updated 4/2006 stated; "Allow to air dry all items."</p> <p>17. 18 of 18 two quart black covered coffee carafes stored upright on an open rack in the catering storage room contained about ¼ inch of standing water and had a foul odor when opened.</p> <p>The surveyor reviewed the local "Sanitary Inspection Report" dated 11/28/18 and all concerns that were identified were reviewed and were corrected by the facility.</p> <p>Review of the facility's "Sanitation Program" dated 2012 stated "The Food and Nutrition Services Department maintains a sanitation program to maintain a clean, safe and effective environment of care, and to prevent the transmission of disease-carrying organisms."</p> <p>NJAC 8:39-17.2 (g)</p>	F 812	<p>education, additional cleaning.</p> <p>4b. The cleanliness of the shelves is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#4</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The undated items were removed, discarded, and replaced.</p> <p>3b. The Labeling and Dating policy was revised to include individual labeling and dating of shelf stable and refrigerated products open and stored for later use.</p> <p>3c. A new labeling system has been implemented to document the date the product arrived, the date the product was opened and the product expiration date.</p> <p>3d. Staff were trained on the Food Product Shelf Life Guidelines.</p> <p>4a. Compliance with the new food labeling process will be monitored by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education.</p>		

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F 812	Continued From page 13	F 812	<p>4b. Compliance with the new food labeling process will be monitored by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#5</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The identified pots were disposed of and replaced on 5/31/19.</p> <p>3b. The Sanitation Program policy has been revised to include the cleaning of pots and the required cleaning frequency.</p> <p>3c. Staff were educated to visually inspect pots and pans for debris, and to alert management when pots and pans cannot be properly cleaned pursuant to policy.</p> <p>4a. The cleanliness of pots and pans is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The cleanliness of pots and pans is being inspected by the General Manager as part of their monthly sanitation rounds</p>		

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F 812	Continued From page 14	F 812	<p>with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#6</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The two convection ovens and eleven cooking racks were cleaned on 5/29/19.</p> <p>3b. The Sanitation Program policy was revised to increase the cleaning frequencies for the ovens and shelves.</p> <p>3c. The cooking staff's workflow and revisions were made to the master cleaning schedule.</p> <p>4a. The cleanliness of convection ovens and shelves are being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The cleanliness of convection ovens and shelves is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review</p>		

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F 812	Continued From page 15	F 812	<p>results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#7</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. Internal thermometers were placed in the appropriate location in each unit. 3b. Managers and staff were educated on the ___06/07/19___ policy detailing the process for temperature checks and documentation. 3c. The hot box gaskets were replaced on ___05/31/19___. 3d. The door handles on both hot holding boxes was cleaned on ___05/28/19___.</p> <p>4a. The checking/recording of temperatures and condition of all holding boxes and placement of thermometers is being monitored by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning. 4b. The checking/recording of temperatures and condition of all holding boxes is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education,</p>		

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F 812	Continued From page 16	F 812	<p>policy.</p> <p>4c. The gray door molding around the interiors of each of the two hot holding boxes was cleaned on <u>05/28/19</u>. Additionally, repairs to the gaskets were made on <u>05/31/19</u>.</p> <p>4d. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#8</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The four identified convection ovens were thoroughly cleaned and removed of debris on <u>05/28/19</u>.</p> <p>3b. The Sanitation Program policy has been revised to include the cleaning of convection ovens and the required cleaning frequency.</p> <p>3c. Staff were educated to visually inspect the convection ovens for debris, and to alert management when they cannot be properly cleaned pursuant to policy.</p> <p>4a. The cleanliness of the convection ovens is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional</p>		

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F 812	Continued From page 17	F 812	<p>cleaning.</p> <p>4b. The cleanliness of the convection ovens is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#9</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The three identified fiberglass sheet pans were disposed of and replaced on <u>05/28/19</u>.</p> <p>3b. The management team inspected the entire inventory of in use sheet pans and disposed of all sheet pans that were not suitable for use.</p> <p>3c. All utility staff were educated on the Ware Washing policy.</p> <p>3d. Staff were instructed to visually inspect the condition of all pots and pans and to alert management if they are in poor condition.</p> <p>4a. The condition of the pots and pans is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring</p>		

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F 812	Continued From page 18	F 812	<p>and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The condition of the pots and pans is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#10</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The four identified sheet pans were thoroughly cleaned and removed of debris on <u>05/28/19</u>.</p> <p>3b. The management team inspected the entire inventory of in use sheet pans and disposed of all sheet pans that were not suitable for use.</p> <p>3c. All utility staff were educated on the Ware Washing policy.</p> <p>3d. Staff were instructed to visually inspect the condition of all pots and pans and to alert management if they are in poor condition.</p> <p>4a. The condition of the pots and pans is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring</p>		

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F 812	Continued From page 19	F 812	<p>and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The condition of the pots and pans is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#11</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The six identified roasting pans were disposed of on __05/28/19__. Replacement roasting pans were purchased on __05/29/19__.</p> <p>3b. The management team inspected the entire inventory of in use sheet pans and disposed of all sheet pans that were not suitable for use.</p> <p>3c. All utility staff were educated on the Ware Washing policy.</p> <p>4a. Staff were instructed to visually inspect the condition of all pots and pans and to alert management if they are in poor condition.</p> <p>4b. The condition of the pots and pans, and their cleanliness, is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit</p>		

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F 812	Continued From page 20	F 812	<p>results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4c. The condition of the pots and pans, and their cleanliness, is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4d. The Sanitation Program policy has been revised to ensure that the required cleaning frequency specified for pots, pans, sheet pans and other small wares is adequate.</p> <p>4e. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#12</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The identified can opener was thoroughly cleaned on <u>05/28/19</u>.</p> <p>3b. The Sanitation Program policy has been revised to ensure that the required cleaning frequency specified for pots, pans, sheet pans and other small wares is adequate.</p> <p>3c. Staff were educated to visually inspect small wares for debris, and to alert management when they cannot be</p>		

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F 812	Continued From page 21	F 812	<p>properly cleaned pursuant to policy.</p> <p>4a. The cleanliness of small wares is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. The cleanliness of small wares is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#13</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3. A work order was placed on <u>05/29/19</u> to repair the identified chipped and missing tiles. The expected repair date is <u>7/5/2019</u>.</p> <p>4a. The condition of the walk-in box freezer is being inspected by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p>		

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F 812	Continued From page 22	F 812	<p>4b. The condition of the walk-in box freezer is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#14</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. The eight stock pots were immediately cleaned.</p> <p>3b. Staff were educated on the proper drying and storage of stock pots.</p> <p>3c. Another open dry storage rack was purchased.</p> <p>3d. Pots that were not in use were removed from the open dry storage rack.</p> <p>4a. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#15</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2019
NAME OF PROVIDER OR SUPPLIER HARBORAGE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 RIVER ROAD NORTH BERGEN, NJ 07047		
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F 812	Continued From page 23	F 812	<p>affected by deficient practice.</p> <p>3a. The product was immediately removed from the freezer.</p> <p>3b. Revised the Food Safety policy to include the requirement to monitor freezer temperatures and maintain temperature records and monitor.</p> <p>3c. Managers and staff were educated on the ___06/07/19__ policy detailing the process for temperature checks and documentation on the temperature log.</p> <p>4a. The checking/recording of freezer temperatures is being monitored by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. checking/recording of freezer temperatures is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#16</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p>		

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F 812	Continued From page 24	F 812	<p>3a. All items identified were removed and cleaned.</p> <p>3b. Ordered additional pellet and lid racks for proper air drying and storage.</p> <p>3c. staff were educated on the Ware Washing policy with special emphasis on the process for washing and air drying.</p> <p>4a. Compliance with the process for washing and air drying is being monitored by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. Compliance with the process for washing and air drying is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p> <p>#17</p> <p>1. All residents affected by Deficient practice</p> <p>2. All residents could potentially be affected by deficient practice.</p> <p>3a. identified carafes were immediately removed from service.</p> <p>3b. Ordered additional racks for proper air drying and storage.</p>		

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F 812	Continued From page 25	F 812	<p>3c. Staff were educated on the Ware Washing policy with special emphasis on the process for washing and air drying.</p> <p>4a. Compliance with the process for washing and air drying is being monitored by the Food Service Manager as part of their weekly sanitation rounds. Audit results will be submitted to the Operations Manager for monitoring and appropriate follow-up as needed, e.g., education, additional cleaning.</p> <p>4b. Compliance with the process for washing and air drying is being inspected by the General Manager as part of their monthly sanitation rounds with appropriate follow-up as needed, e.g., education, policy.</p> <p>4c. The Food service Director will review results of audits with Administrator monthly and present the results quarterly to the Quality Assurance Performance Improvement Committee</p>		