

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
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NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728
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F 000	INITIAL COMMENTS STANDARD SURVEY 9/29/2020 CENSUS: 106 SAMPLE SIZE: 22 plus 2 THE FACILITY IS NOT IN 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, interview, and record review, it was determined that the facility failed to follow-up on a consultant physician's recommendation for a [REDACTED] [REDACTED] in a timely manner. This was cited at a level E as the consultant physician's recommendation had been written on 3/3/20. This deficient practice was identified for 1 of 2 residents (Resident #103) reviewed for an [REDACTED] and [REDACTED] Infections, and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse	F 658	<ul style="list-style-type: none"> All residents are at risk to be affected by the deficient practice. Resident 103's [REDACTED] and follow-up [REDACTED] appointment were immediately re-scheduled. All residents with known physician consult recommendations that were canceled during the Covid-19 pandemic were reviewed to ensure that they were rescheduled at the appropriate time. All Unit Managers and unit clerks re-educated on the process of following up with physician consult recommendations. A new tracking tool was created for better communication 	10/16/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/15/2020
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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 658	<p>Continued From page 1</p> <p>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 and potential physical and emotional health problems, through such services as case finding, 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 restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>The surveyor reviewed the Admission Record for Resident #103 that reflected the resident was admitted to the facility with diagnoses that include [REDACTED].</p> <p>The annual Resident Assessment Instrument, an assessment tool completed by the facility on [REDACTED] identified the resident as cognitively intact and having an [REDACTED].</p> <p>During a review of the resident's medical record, the surveyor noted a [REDACTED] consult dated [REDACTED]. The consult included a "Care Plan" that</p>	F 658	<p>and tracking.</p> <ul style="list-style-type: none"> DON/ADON will review each units consults weekly x 4 weeks to ensure that proper follow up occurs. Chart audits will take place monthly x3 months. Findings will be submitted for 3 months to the monthly QAPI committee who will determine further interventions as needed. 		

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F 658	<p>Continued From page 2</p> <p>indicated the resident was to have a [REDACTED]." [REDACTED]."</p> <p>The consult further recommended that Resident #103 have a "[REDACTED]." The surveyor was unable to find any evidence that neither the [REDACTED] nor the follow-up appointment had ever been done.</p> <p>On 9/24/20 at 1:17 PM, the surveyor interviewed the facility Administrator and Director of Nursing (DON) concerning Resident #103's [REDACTED] consult follow-up. When questioned, the Administrator stated, "That occurred during COVID, and we were not sending residents out or allowing visitors."</p> <p>The surveyor reviewed the [REDACTED] Physician's Progress Note, which revealed the following: "Asked by nursing to assist in RX (prescription) for [REDACTED] [REDACTED]) appt." The following recommendation was made [REDACTED] [REDACTED] to be followed up [REDACTED] appt scheduled for [REDACTED]."</p> <p>When interviewed on 9/29/20 at 8:54 AM, the DON stated, "I did not find a consult for [Resident #103] for [REDACTED], but [he/she] now has a consult for [REDACTED]. I called the [REDACTED] but they never called back. I don't know the reason why the consult didn't occur. Maybe it was insurance; [Resident 103] will be seen on the [REDACTED]."</p> <p>When interviewed about the follow-up of consult recommendations on 9/29/20 at 9:20 AM, the Registered Nurse/Unit Manager (RN/UM) on the resident's nursing unit stated, "We just follow through with the recommendation. We call the</p>	F 658	

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F 658	Continued From page 3 primary doctor and let him know." On further interview, the RN/UM stated, "We should do it right away when the resident comes back to the facility from the consult." The surveyor interviewed Resident #103 on 9/29/20 at 10:10 AM. When asked if he/she had a follow-up consult with [REDACTED], the resident stated, "I kind of forgot about it since I haven't had any issues. I'm going this week." On 9/29/20 at 12:01 PM, the facility Administrator told the surveyor, "We don't have a specific policy for consults. When residents go out to a consult, we contact their primary physician when they return. We don't have a specific policy." On further interview at 12:22 PM, the Administrator stated, "I don't think the [REDACTED] was completed. To my knowledge, the [REDACTED] was not complete. I don't have a reason why it wasn't done. Regardless, it should have been done by now, both the [REDACTED] and the follow-up appointment. The nurse should have made the [REDACTED] appointment when the prescription was received on the [REDACTED]. We dropped the ball."	F 658			
F 812 SS=E	NJAC 8:39-27.1 (a) 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	F 812		10/19/20	

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F 812	<p>Continued From page 4 and local laws or regulations.</p> <p>(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.</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 record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner. This deficient practice was evidenced by the following:</p> <p>On 9/22/20, from 8:44 to 9:36 AM, the surveyor, accompanied by the Account Manager (AM) and the District Manager (DM), and observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. There was a plastic bag that contained small Styrofoam plates in the paper Storage Room. The bag was opened, and the plates used for resident meals were exposed. When interviewed at that time, the AM stated, "They should be closed." 2. The cleaned and sanitized meat slicer was covered with a plastic bag and not in use. When observed, the slicing board had unidentifiable food debris stuck to the surface, and the underside of the slicing blade had unidentifiable food debris on the cutting surface. When 	F 812	<p>" All residents are at risk to be affected by the deficient practice.</p> <p>" The following immediate actions were taken:</p> <ol style="list-style-type: none"> 1) Exposed Styrofoam plates in the paper storage room were discarded. 2) Unidentified debris in the meat slicer was removed and the slicer was cleaned properly. 3) Horseradish container that was past best if used by date was discarded. 4) Walk-in refrigerator (#2) floor was cleaned properly. 5) Unidentified liquid substance on the stove hood was scrubbed and cleaned. 6) The nourishment room refrigerator was removed and replaced with a new one. 7) Unlabeled and undated food from the nourishment room refrigerator were removed and discarded. 8) Dish machine debris was removed and cleaned properly. <p>" All dietary staff were in-serviced on</p>		

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F 812	<p>Continued From page 5</p> <p>interviewed at that time, the AM stated, "I will re-clean and sanitize it." The AM instructed staff to re-clean and sanitize the meat slicer.</p> <p>3. There was an 8-pound container of "██████████ Horseradish" that had an open date of 7/6/2020 in the walk-in refrigerator (2). The container had a manufacturer's "best if used by date" of 9/12/2020. The AM stated, "it's going in the garbage right now." The horseradish was thrown away.</p> <p>4. On the floor near the entrance door of the walk-in refrigerator (2), there was an unidentifiable reddish/brown liquid substance beneath a storage rack. When asked when the walk-in refrigerator had last been cleaned, the AM stated, "I'm not sure what the cleaning schedule is, but I think they [were] cleaned yesterday. I'll have to get back to you on that."</p> <p>5. There was an unidentifiable brown substance on the top exterior of the stove/range hood and directly above the deep fryer, which was opened and exposed. The DM stated, "We will pull the baffles and wipe them down. Our contract company cleans bi-annually, and it was last cleaned by them on August 5th. We do clean the exterior daily and wipe the hood down daily."</p> <p>On 9/24/20, from 9:24 to 9:40 AM, the surveyor, accompanied by the Licensed Practical Nurse (LPN) and Administrator, observed the second unit nourishment room.</p> <p>1. On observation of the nourishment refrigerator, the surveyor and Administrator observed ice build-up in the freezer section and an unidentified brown substance. The</p>	F 812	<p>the facility policy and procedures for proper food storage, sanitation & storage of equipment, proper use of food items by use by date, and overall cleanliness of the kitchen.</p> <p>" All nursing staff in-serviced on proper storage and labeling of resident's personal food items.</p> <p>" Unit Mangers/Nursing Supervisors will be responsible to check nourishment room refrigerators daily for proper temps and food storage compliance.</p> <ul style="list-style-type: none"> • DON/Admin will audit the nourishment rooms once a week for 4 weeks and then monthly for 3 months to ensure compliance. <p>" Food Service Director will monitor proper cleaning and sanitation as well as proper food storage practices in the kitchen. Food Service Director will report findings weekly x4 weeks to the Admin/Assistant Admin.</p> <p>" Admin/Assistant Admin will perform weekly unannounced kitchen audits x4 weeks and then monthly x 4 months.</p> <p>" Findings of all audits will be submitted to the monthly QAPI committee for 3 months and the committee will determine further interventions as needed.</p>		

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F 812	<p>Continued From page 6</p> <p>administrator stated, "we need to defrost that." The surveyor said, "it looks dirty," and the administrator stated, "yes, it is." The internal thermometer registered 58 Fahrenheit (F) in the refrigerator. On interview, the LPN said, "it should be between 38-44 degrees."</p> <p>2. There was a white plastic bag that contained unidentified food. The bag had no name or date. When interviewed, the LPN stated, "That should be dated, and a name should be on it. I'm throwing it out." The unidentified food was thrown in the trash. The LPN further stated, "Housekeeping is responsible for cleaning and removing items from the refrigerator."</p> <p>3. There was an opened box of [REDACTED] beef." The package was labeled with a person's name and had no date. The package was marked, "Keep Frozen Uncooked Product." The box of patties came out of the refrigerator and was not frozen to the touch. The surveyor observed a second thermometer in the refrigerator on a shelf. The thermometer read 58 F. The surveyor reviewed the Refrigerator Log for the [REDACTED] unit dated Sept 2020. The log indicated that the nourishment refrigerator temperature on 9/24/2020 for the 7-3 PM shift was 40 degrees F. There was a white plastic bag that appeared to contain an aluminum food take-out style container. The bag was sealed shut via a knot. The bag had no name or date. The LPN stated, "I'm throwing the products away; housekeeping is going to defrost the freezer, and maintenance will be contacted to check the temperature."</p> <p>On 9/24/20 at 11:55 AM, the Administrator told the surveyor, "The refrigerator on the second</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>floor was removed and thrown out. We are replacing it with a new refrigerator, it was not working properly."</p> <p>On 9/24/20, from 10:05 to 10:24 AM, the surveyor, accompanied by the Food Service Director (FSD) and DM, observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. The surveyor observed the top of the high-temperature dish machine during operation. The machine was covered with unidentifiable debris and what appeared to be gray rubber strips. When interviewed at that time, the FSD stated, "My 4-8 guy cleans the machine on Thursday. Deep cleaning happens once a week. We wipe down between meals, and we clean at the end of the day before we shut down. This will get done immediately." 2. The surveyor observed the same unidentifiable brown substance on the hood as previously identified on the initial tour on 9/22/20 above the deep fryer. When interviewed, the DM and FSD stated, "we will have that cleaned by Monday." On further interview, the FSD stated that the hood could be wiped down by staff at any time, and staff did not need to wait until Monday to clean the exterior of the hood surface. <p>The surveyor reviewed the facility policy titled, "FOOD BROUGHT IN FROM VISITORS," revised 12/18. The policy revealed the following under Procedure:</p> <ol style="list-style-type: none"> 5. "Any food which is not to be eaten right away should be stored in a disposable, sealed container supplied by the visitor in the refrigerator/freezer. Food must be labeled with 	F 812			

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F 812	<p>Continued From page 8</p> <p>resident name and date it was brought into the facility and stored in the refrigerator in the dayroom refrigerator."</p> <p>7. "Unconsumed food will be disposed of consistent with manufacturer's guidelines, food labels or upon evidence of spoilage."</p> <p>The surveyor reviewed the facility policy titled, "Food Storage: Dry Goods," revised 9/2017. The policy revealed the following under Procedures:</p> <p>5. "All packaged and canned food items will be kept clean, dry, and properly sealed."</p> <p>The surveyor reviewed the facility policy titled "Food Storage: Cold Foods," revised 4/2018. The policy revealed the following under Procedures:</p> <p>2. "All perishable foods will be maintained at a temperature of 41 F or below, except during necessary periods of preparation and service."</p> <p>5. "All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination."</p> <p>The surveyor reviewed the facility policy titled, "Equipment," revised 9/2017. The Policy Statement revealed, "All food service equipment will be clean, sanitary, and in proper working order." The policy also revealed the following under the Procedures section:</p> <p>1. "All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials."</p> <p>2. "All staff members will be properly trained in</p>	F 812			

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F 812	<p>Continued From page 9 the cleaning and maintenance of all equipment."</p> <p>3. "All food contact equipment will be cleaned and sanitized after every use."</p> <p>4. "All non-food contact equipment will be clean and free of debris."</p> <p>The surveyor reviewed the facility policy titled "Environment," revised 9/2017. The Policy Statement read, "All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition." The Procedures section revealed the following:</p> <p>1. "The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation."</p> <p>2. "The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all foodservice equipment and surfaces."</p> <p>3. "All food contact surfaces will be cleaned and sanitized after each use."</p> <p>4. "The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces."</p> <p>The surveyor reviewed the Dietary Daily Cleaning Assignments, dated 10/2007. The assignment revealed, "Dietary Aide PM #6," is to delime the dish machine on Sunday. In addition, Dietary Aide PM #6 is to "Mop Walk-In" on Monday. Dietary Aide #4 is to "Sweep and mop</p>	F 812			

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F 812	Continued From page 10 walk-in fridge" on Friday and the following Thursday. Dietary Aide #2 is responsible to "Clean Dish Machine Area" on Tuesdays. The PM Cook is to "Polish Hood & empty and clean drip pan" on Fridays. NJAC 8:39-17.2 (g)	F 812			