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

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
315350		B. WING _	B. WING		C 10/01/2019		
NAME OF PROVIDER OR SUPPLIER					ET ADDRESS, CITY, STATE, ZIP CODE	1 10/	01/2013
NORTH CAPE CENTER					OWNBANK ROAD E MAY, NJ 08204		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00			
	THIS COMPLAINT: #	[‡] NJ 128669.					
	Census: 97.						
	Sample: 3.						
	42 CFR PART483, SI	T IN SUBSTANTIAL THE REQUIREMENTS OF JBPART B, FOR LONG FIES BASED ON VISIT.					
F 925 SS=D	Maintains Effective Po CFR(s): 483.90(i)(4)	est Control Program	F 9	25			11/4/19
	program so that the farodents. This REQUIREMENT	n an effective pest control acility is free of pests and					
	by: Complaint # NJ 1286	69.			SR #1 and SR #3 were affected by this ractice.	S	
	review on 10/1/2019, facility failed to provid	is, interviews and record it was determined that the e an effective pest control ce includes the following,		A	Il residents may be affected by an neffective pest control program.		
	(Admin.) and Senior N	the facility Administrator Maintenance Director (SMD)		oi si	n-servicing education provided to all st n P&P 1.5 Infection Control Practices, pecific to pest management.		
	for one year (October 2019) and the facilitie (CPC) vendors pest s	nts Council meeting minutes 2018 through September s' Contracted Pest Control ighting log book for this year o September 30, 2019) for		w e: de w	perimeter walkthrough was conducte which identified cracks and gaps in exterior block and gaps surrounding ba oor. Spray foam and concrete caulk were received and were used to seal dentified cracks and gaps upon receipt	ick	
		in the presence of the Director (FSD) an inspection			est control company provided addition eatment to be provided to drains by	nal	
ADODATODY	DIDECTORIC OR PROVINCENIO	SLIPPLIER REPRESENTATIVE'S SIGNATURE	_		TITI F		(X6) DATE

10/28/2019

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.

Electronically Signed

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

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315350	B. WING _				C 01/2019	
NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/	01/2019	
					0 TOWNBANK ROAD			
NORTH CAPE CENTER					APE MAY, NJ 08204			
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
F 925	Continued From page	e 1	F 9	925				
F 923	Continued From page 1 inside the facility kitchen was performed. The surveyor observed the following, 1. Four (4) gnats were on the wall to the left of the automatic dish washing machine. 2. Three (3) gnats on the wall to the left of the kitchen stove's fire suppression systems tanks. 3. Eight (8) gnats on the wall of walk-in #2. At 9:55 a.m. the surveyor asked the FSD, "You know you have a lot of the in here." The FSD replied, "Yes, we are working on the drains." At 10:43 a.m. a review of the facility provided Residence Council meeting minutes identified the following, 1. Residents Council meeting minutes reads in part: - Maintenance addressed Council and explained that the CPC vendor is on top of the unwanted issue. 2. Residents Council meeting minutes reads in part: - Maintenance addressed Council and explained that the CPC vendor is on top of the unwanted mice issue. Facility Staff worker added that the facility have plastic containers available for storage of food items in rooms. Traps have been placed. 3. Residence Council meeting minutes reads in part: - Housekeeping: Mice in the Dining area recommend to council not to keep food supply in rooms. - Maintenance: Mice in Dining area concern form generated. At 11:37 a.m. a review of the facility provided			325	facility staff on October 8, 2019 to be utilized on a daily basis as needed in kitchen. Pest control company further completed an additional walkthrough a recommended additional baiting to the exterior, which was implemented. Pest control company is currently scheduled to provide services on a monthly basis, but will alter services to provide weekly services until resolved. Maintenance Director will audit pest control logs weekly and will escalate additional findings to pest control company as needed. The Maintenance Director will report findings monthly to QA for three month which time, the committee will determir continued monitoring or alternate plannis needed.	s at ne if		
	At 11:37 a.m. a review	w of the facility provided						

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

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG	(X3	COMPLETED		
		315350	B. WING _			C 10/01/2019		
NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204	.	10/01/2013		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 925	CPC vendors all log books and CPC following: - First floor pest si 2/10/19 # 2/21/19 # 2/22/19 # e # Station; 6/28/19 area; 8/21/19 back office; 9/9/19 # 3/24/19 # 3	ghting log book reads in part: ; 2/12/19 ; 2/22/19 [(am); (am); (pm); 3/11/19]	FS	025				
	the SMD an inspect floor common areas	on of the which included inspection						

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

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315350	B. WING			C	
NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204	1	10/01/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 925	inside of 7 Resident the tour the surveyor interviews, 1. At 1:16 p.m. during Resident (SR #3), the ever seen any "Yes, last night and that and surveyor asked," In here. "We had some asked, when did you couple of weeks ago and one in the surveyor asked both you ever seen any SW #1 told the surveyor surveyor asked both you ever seen any SW #1 told the surveyor interviews."	g an interview with Sampled e surveyor asked, "Have you in here." SR #3 said, he night before (in the hall." In the hall." g an interview with SR #1, "Have you ever seen any." SR #1 told the surveyor, this year." The surveyor then see the SR #1 said a . I saw one in the hall e dining room. Iterview with Staff Worker was conducted. The SW #1 and SW#2, "Have in here recently." The eyor yes, once in awhile. The text the same question and	FS				