

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

PRINTED: 10/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/28/2019
NAME OF PROVIDER OR SUPPLIER VOORHEES CARE & REHABILITATION CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS STANDARD SURVEY: 5/28/19 CENSUS:190 SAMPLE: 36 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 812 SS=E	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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §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: Based on observation, interview, and record review, it was determined that the facility failed to properly handle potentially hazardous foods and maintain sanitation in a safe and consistent	F 812	1. 1a. The French dressing which had a received by date and a manufacturer use by date with no opening date was thrown out immediately.	6/12/19	

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

TITLE

(X6) DATE

Electronically Signed

06/13/2019

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 812	<p>Continued From page 1</p> <p>manner. This deficient practice was evidenced by the following:</p> <p>On 5/16/19 from 8:24 a.m. to 9:22 a.m., the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. An opened container of French Dressing, in the Reach-In Refrigerator #4, had a received date of 5/2. The container had no open or use by date. There was no manufacturer's use by date on the container. 2. The surveyor observed the multi-nozzle juice machine. The surveyor asked the FSD how often is the juice machine cleaned. The FSD stated It gets cleaned every two weeks by an outside contractor and we clean it daily. The surveyor then requested the FSD to remove a nozzle for inspection of the interior surface. The FSD removed the iced tea nozzle. On the inside of the nozzle, there was a unidentified, slimy substance. The FSD then removed the Apple Juice nozzle. The FSD and surveyor observed an unidentified, slimy substance on the interior of the plastic nozzle. The FSD placed a gloved finger into the interior of the apple juice nozzle and removed his finger. The gloved finger had a black, slimy substance on the glove. 3. On the top of the Prep Cook table, an opened box of plastic wrap had no lid or cover and was exposed. The FSD threw it in the trash. 4. In the Dry Storage Room, on an upper shelf of a multi-tiered rack, an opened package of quick rolled oats had no date. An opened bag of potato chips had no date and an opened container of 	F 812	<ol style="list-style-type: none"> 1b. the nozzle's on the juice machine were cleaned that day. 1c. the opened box of plastic wrap was thrown out immediately, as indicated in the 2567. 1d. the opened undated food items were thrown out immediately, as indicated in the 2567. 1e. the Styrofoam trays were immediately covered. 1f. the wall and the equipment by the three compartment sink were cleaned that day. 2a. the DA was instructed to cover hair properly. 2b. the DA as instructed washed hands and donned gloves. 3a. the [REDACTED] supplement, and cream cheese as well as all the condiments were thrown out, and the drawers were cleaned immediately. 4a. the DA was instructed to wash hands before donning new gloves. 4b. the FSD was instructed to always sterilize the thermometer between foods. <ol style="list-style-type: none"> 2. The deficiencies cited under F812 are related to food storage, food preparation, sanitation, handwashing, and infection control. All residents have the potential to be affected by these deficient practices. 3. The dietary department was in-serviced and re-educated regarding the wearing of hairnets, and proper handwashing procedures. In-services 		

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F 812	<p>Continued From page 2</p> <p>cookies had no date. The FSD stated "they should be dated with an opened and use by date." The FSD threw the undated products in the trash.</p> <p>5. In the Dry Storage Paper Products area on a middle shelf, a stack of Styrofoam trays used to serve resident meals, were opened and exposed. The FSD stated, "they should be covered or sealed."</p> <p>6. A wall between the Three Compartment Sink and the Cooking Equipment Area was covered with an unidentifiable brown substance. The FSD stated "I will get that cleaned tonight."</p> <p>On 5/17/19 from 9:08 AM to 9:12 a.m., the surveyor observed the following in the kitchen:</p> <p>The surveyor observed a Dietary Aide (DA) in the area of the Walk-In Freezer/Refrigerator. The staff member had a hanging beard. The staff member did not have a beard net.</p> <p>On 5/21/19 from 10:18 a.m. to 10:30 a.m., the surveyor, accompanied by the FSD, observed the following in the kitchen:</p> <p>1. Upon entry, the surveyor noted a Dietary Aide (DA) with a lengthy beard. The DA had no beard guard. Approximately 30 seconds later, the surveyor observed the DA apply a beard guard.</p> <p>2. The surveyor observed a DA in the tray line area bagging cleaned and sanitized eating utensils to be used by residents. The DA handled the utensils with his/her bare hands touching the eating surface of the utensils. The surveyor questioned the FSD whether the DA should wear</p>	F 812	<p>were also done regarding sanitary procedures, to properly store food in the refrigerator, labeling and dating all items and to ensure that all outdated foods are discarded. The cooks and the food service director were in-serviced on properly obtaining temperatures. The nursing department and central supply was in-serviced regarding proper food storage on the units.</p> <p>4. The food service director or assistant will do an audit twice a week for 90 days for proper food storage, sanitary procedures, and cleanliness. They are also ensuring that the staff is adhering to all in services. The UM's or the ADON will check the all units pantry's twice a week for 90 days to ensure proper food storage. All findings will be given to the quarterly quality assurance committee.</p>		

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F 812	<p>Continued From page 3</p> <p>gloves when handling cleaned and sanitized utensils. The FSD stated "yes, they should be wearing gloves." The FSD directed the DA to wash his/her hands and don gloves.</p> <p>On 5/22/19 from 8:39 a.m. to 8:52 a.m., the surveyor, accompanied by the Unit Manager (UM) and Registered Dietitian (RD), observed the following in the [REDACTED] Pantry:</p> <p>1. In an upper cabinet, three cans of [REDACTED] had expiration dates of "1NOV2018". The RD stated to the surveyor "we don't use those anymore." The RD stated "nobody is receiving this [REDACTED], they probably should have been thrown away a long time ago." In an upper drawer next to the refrigerator, the surveyor observed 3 individual portion control containers of cream cheese that were at room temperature and had no dates. The surveyor noted that on the cover/tear off lid of each cream cheese container, the label indicated "keep refrigerated." In addition, the surveyor observed a nail clipper in a drawer with condiments consisting of sugar, jelly, duck sauce, ketchup, pepper, table syrup, and soy sauce. The surveyor interviewed the UM regarding who is responsible for maintaining the pantry. The UM stated "housekeeping is responsible for maintaining the pantry on a daily basis." The UM threw the cream cheese portions in the trash in the presence of the surveyor. The UM stated that "Central Supply is responsible for maintaining the [REDACTED] supply. The expired [REDACTED] products should not have been in the cabinet." The RD removed the 3 expired [REDACTED] from storage and threw them in the trash.</p>	F 812			

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F 812	<p>Continued From page 4</p> <p>On 5/22/19 from 11:22 a.m. to 11:52 a.m., the surveyor, accompanied by the FSD, observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. The surveyor observed a DA working in the prep area/meat slicer area. The DA removed a pair of disposable gloves and throw the gloves into the garbage. The surveyor then observed the DA don a new pair of disposable gloves without performing hand washing. The surveyor asked the FSD what the procedure was when removing and donning new gloves. The FSD stated "when gloves are removed the employee should perform proper handwashing before putting on a new pair of gloves." 2. During observation of the tray line food temperature taking process prior to the lunch meal, the FSD was observed taking the temperature of pureed beef with a digital thermometer. The FSD inserted the thermometer into the center of the puree beef, obtained a final temperature of 174 degree Fahrenheit, then removed the thermometer. The FSD did not sterilize the thermometer prior to inserting the thermometer into the pureed beef. The FSD then wiped the thermometer with a napkin and proceeded to insert the thermometer into the pureed mixed vegetable. The surveyor interrupted the FSD and questioned whether the thermometer should have been sanitized prior to initiation and between each food item tested. The FSD stated "yes, I should have sanitized with an alcohol wipe in between." The FSD then obtained several individual packets of alcohol wipes and sanitized the thermometer between each food item testing. <p>The surveyor reviewed the facility policy titled</p>	F 812			

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F 812	<p>Continued From page 5</p> <p>"Hand Hygiene", last revised 2-1-2018. The policy stated under 6. Additional considerations: b. "The use of gloves does not replace hand washing. Wash hands after removing gloves."</p> <p>The surveyor reviewed the facility policy titled "Food temperatures", revised 1/16/19. The policy stated "Thermometer (sic) must be sterilize w/ alcohol pad before taking temperature and sterilize before each food item tested."</p> <p>The surveyor reviewed the "Daily Assignment and Attendance Sheet", provided to the surveyor by the Food Service Director. The assignment sheet indicated that 7 a.m.-3 p.m. Sandwiches, [REDACTED] position is responsible for "Clean Juice Machine" as designated cleaning assignment.</p> <p>The surveyor reviewed the facility policy titled "Food and supply storage procedures", revised 1/16/19. Under "Dry Storage" the policy stated the following: "For paper products, once the paper products are open from its original container, these items should be kept stored in a container or original packaging."</p> <p>The surveyor reviewed the facility policy titled "Labeling and Dating", revised 1/7/19. The policy stated "Any bulk dressing is a 1 month shelf life from date of opening. Any items such as chips, mashed potatoes, etc must be covered and dated 2 weeks from opening."</p> <p>The surveyor reviewed the facility policy titled "Sanitation and Food Handling", revised 1/16/19, Policy #B006. Under "Handling of Silverwares" the policy stated "Employees must wear gloves while wrapping and putting silverwares in the</p>	F 812			

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F 812	Continued From page 6 bag." The surveyor reviewed the facility policy titled "Employee Hygiene and Sanitary Practices", revised 1/16/19 and Policy #B006. Under the heading "Hair nets, Caps and or beard Restraints", the policy stated the following: "Before entering the kitchen employees must wear hair net and beard guard if needed. In addition, the policy stated "Make sure that hair must be fully covered from the front all through the back, same with the beard, beard must be fully covered."	F 812			
F 880 SS=D	NJAC 8:32-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		6/12/19	

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F 880	<p>Continued From page 7</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 8 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. 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 perform proper hand hygiene procedures, in conjunction with the use of gloves during the medication pass. This deficient practice was observed for 1 of 4 nurses observed during the medication pass task and was evidenced by the following:</p> <p>On 5/16/19 at 8:30 a.m., the surveyor observed the Licensed Practical Nurse (LPN) don gloves without performing hand hygiene, prior to performing a [REDACTED] on the resident (Resident #80).</p> <p>On 5/22/19 at 1:00 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the facility's hand hygiene policy. The DON stated "Based on our policy and training, yes, I would expect the LPN to either gel or wash her hands, prior to donning gloves and performing a procedure."</p> <p>The surveyor obtained a copy of the facility's infection control policy titled, "Hand Hygiene" and reviewed it. According to the policy, hand hygiene should be performed before applying and after removing personal protective equipment (PPE), including gloves and before performing resident care procedures.</p>	F 880	<ol style="list-style-type: none"> 1. The LPN was addressed and was re-educated about proper infection control, and instructed to always wash hands before donning gloves. 2. The deficiencies cited under F880 are related infection control. All residents have the potential to be affected by these deficient practices. 3. An in-service was done with Nursing and Dietary staff on infection control and the importance proper handwashing. 4. The DON or UM's or supervisor will do an audit on three random employees on different shifts, twice a week for 90 days to ensure proper handwashing. All findings will be presented to the quarterly quality assurance committee. 		

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F 880	Continued From page 9 NJAC 8:39-19.4(a)(1)	F 880			