STATEMEN	sey Department of H T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		15C000	B. WING			C 12/2019
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VY STOP	NE SENIOR LIVING		UTE 130 SOUT			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVE	7: Complaint				
	COMPLAINT #: N	J00129557 and NJ00130262				
	CENSUS: 83					
	SAMPLE SIZE: 17	,				
	all of the standards Administrative Cod Licensure of Assist Comprehensive Per Assisted Living Pro submit a plan of co completion date for that the plan is imp deficiencies may re accordance with pr Administrative Cod	a substantial compliance with a in the New Jersey le 8:36, Standards for red Living Residences, ersonal Care Homes and ograms. The facility must prrection, including a r each deficiency and ensure elemented. Failure to correct esult in enforcement action in rovisions of New Jersey le Title 8, Chapter 43E, ensure Regulations.				
A 310		inistration or or designee shall be t not limited to, the following:	A 310			
	1. Ensuring the					
		DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE

05/25/21

	sey Department of H					APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
						с
		15C000	B. WING		11/12/20	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOUT			
			UKEN, NJ 08 <sup>,</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 310	Continued From pa	ige 1	A 310			
	by: Repeat Deficiency Based on observatives it was detern Director (ED) failed and implementation that included the reportion sizes in the residents received portioned meals in and the Dietitian's p ED failed to consist "Dining Services" p facility's dining servin accordance with includes the require N.J.A.C. 8:24 "San Establishments and Machines" Chapter Sanitary Code and of menu changes a at least 30 days to same nutritive value ensure the consister facility's "Weight Ga from the ER or hos residents significant	NT is not met as evidenced ion, interview and record mined that the Executive to ensure the development n of policies and procedures quirement to post menus with serving/plating area to ensure nutritionally and appropriately accordance with regulations blanned menus. The facility tently implement the facility's olicy which required the vices department prepare food all public health codes, which ement and provisions of itation in Retail Food d Food and Beverage Vending XII of the New Jersey failed to ensure that records and substitutions were kept for ensure food served had the e. In addition, the ED did not ent implementation of the ain/Loss" and "Upon return pital [sic]" policies to ensure t weight losses or weight sed by the Registered Nurse				
	the following: On 11/7/19 during t	It practice was evidenced by the breakfast and lunch meals ing the lunch meal the				

STATEMEN	SECTION SECTION SECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED	
		15C000	B. WING			11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOU <sup>-</sup> UKEN, NJ 08 <sup>-</sup>				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE	
A 310	Continued From pa	ige 2	A 310				
		the following dietary					
	observed Cook #1, placed scrambled e a plate. Surveyor # menu posted in the plated the food. Su for Week 1 through	11/7/19, Surveyor #1 by the steam table, who eggs and two slices of toast on 41 observed that there was no 5 serving area as the cook urveyor #1 observed menus Week 4 with no portion sizes, of the Food Service 5) office.					
	11/7/19 and asked size he used for pla lifted the ladle, cher and stated, "four ou then asked if a 4 oz size for plating the "No, it should have made a mistake an Surveyor #1 then a menus with portion	ewed Cook #1 at 9:10 a.m. on Cook #1 to identify the ladle ating the scrambled eggs. He cked the back of its handle, unces (4 oz)." Surveyor #1 z scoop was the appropriate scrambled eggs. He stated, been 3 oz scoop. Somebody d placed that scoop there." sked Cook #1 where the sizes were kept, Cook #1 ted, "Over here." He walked					
	towards the left side picked up a binder menu (with no porti front cover. Cook # turned the page of Menu Extensions" p included menus for of food items, include regular, mechanica diets, which include Controlled Diet (CC	e of the steam table and from the shelf with the Week 4 ion sizes noted) placed on the #1 then opened the binder and the binder to the "Week 4 page which contained and the day with the portion sizes ding the portion sizes for I soft, pureed and therapeutic ed the Carbohydrate CD) and the Renal Diet. The					
	Extensions docume	that the Week 4 Menu ented, "Scrambled Eggs - 4 oz that he did not realize that the					

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU <sup>®</sup> UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
A 310	tri-colored peppers. Cook #2 plated one cutlet, diced potator scoop, tricolored pe brown sauce with p ladle. During surveyor inte time, the surveyor a was the appropriate above-mentioned fo that the 3 oz scoop. Cook #2 went and g out the Week 4 Mer portion sizes for foc day. Cook #2, in th reviewed the menu that he should have stated that he was oz scoop on each to the steam table. Th aware of a requiren portion sizes in the 2. Dietary staff, inc the alternate FSC, of menus were consis substitutions and ch documented and a days. a. Surveyor #1 inte at 12:35 p.m., who menu for Thursday which listed "Cubec (breast/leg), Egg Ne	The surveyor observed that piece of the breaded veal es using a 3 oz (beige color) oppers using a 3 oz ladle and beas and carrots using a 3 oz erview with Cook #2 at that asked if a 3 oz scoop/ladle				

STATEMEN	sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		15C000	B. WING		11/	12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
A 310	Continued From pa	ge 5	A 310			
		ef Goulash and Neapolitan e Cubed Beef and Egg				
	vegetable plated wi beef, which was set surveyor interviewe there was no veget noodles. Cook #1 s indicated, "Beef Go Noodles." The surv Noodles was the sa ingredients as Egg and stated, "No." S Cook #1 to provide the Beef Goulash a recipes. The surve searched the recipe closest recipe he w Goulash." Cook #1 not the same becau with tomatoes while brown sauce." The for Neapolitan Nood	red that there was no th the egg noodles and cubed rved in a brown sauce. The d Cook #1 and asked why able served with the egg stated that the menu only ulash and Neapolitan reyor then asked if Neapolitan ame or had the same Noodles. Cook #1 responded Gurveyor #1 then requested the surveyor with a copy of nd Neapolitan Noodles yor observed as Cook #1 e binder and stated that the as able to find for "Beef ecipe for "Hungarian confirmed and stated, "It is use the Goulash is cooked e the cubed beef with just surveyor reviewed the recipe dles with Cook #1 and recipe included vegetables.				
	reviewed the Friday listed the following Ham and Cheese s Braised Veal, Roas Peppers" The su food items on the si tricolored peppers a surveyor observed	1:55 a.m., Surveyor #1 v of the Week 4 Menu, which food items for lunch: "Grilled andwich, baked tomato or ted New Potatoes, Tricolored urveyor observed the following team table: Baked tomato, and roasted potatoes. The that Cook #2 plated breaded d peppers, diced potatoes				

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
Ινγ sto	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 08 <sup>7</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 310	Continued From pa	ge 6	A 310			
	and asked why the "Braised Veal," was breaded veal was s was not sure but the substituted the mer answer. Surveyor #1 intervia 12:10 p.m. regardin served and not the reflected on the lun alternate FSC state when he ordered th stated that he did n breaded veal. The needed to cook what alternate FSC state baked, it was dry an alternate FSC state baked, it was dry an alternate FSC contit cooked the brown s and peas and place Surveyor #1 asked contacted the Dietit veal with carrots an an acceptable subs on the menu, he state asked the alternate Dietitian for other d the kitchen. He state assisting the facility facility's FSC was of The surveyor asked documented the me 11/7/19, with the "B	ewed Cook #2 at 12:05 p.m. veal reflected on the menu, a not served but rather verved, Cook #2 stated that he at the alternate FSC nu item and may know the ewed the alternate FSC at ng the breaded veal that was "Braised Veal" that was ch menu for that day. The ed that he made a mistake ise food and supplies. He ot realize that he ordered alternate FSC stated that they at was available. The ed that since breaded veal was nd needed a sauce. The nued that he created and sauce with the diced carrots ed that over the breaded veal. the alternate FSC if he ian to ensure that the breaded d peas in a brown sauce was stitution for the "Braised Veal" ated, "No." The surveyor then FSC if he had contacted the ietary concerns and issues in ted that he just started two weeks ago, as the on leave of absence.				

STATEMEN	sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.		с	
		15C000	B. WING			12/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
VY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC <sup>1</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 310	Continued From pa	ge 7	A 310			
	the braised veal wa veal and peas and	egg noodles and on 11/8/19, is substituted with breaded carrot sauce. The alternate provide the documentation of to the menu.				
	observed that Dish wipe two large pots removed from the " three-compartment placed the pots on surveyor interviewe wiping the pots with procedure to dry the responded that she thought it was the o staff then stated that back in the sink to s Refer to N.J.A.C. 8 "Protection of clear sanitizing, equipme air-dried or used af specified in Sanitizi contact with food; a dried (2) Clean ed	24-4.11 which stipulates, in items, (a) After cleaning and int and utensils: 1. Shall be ter adequate draining as ng Solutions 21before and 2. Shall not be cloth quipment and utensils shall be draining position that allows air				
	Surveyor #1 and Su there were some ta were set with forks, surveyors observed dining room, from the utensils and started on the table. The si table to visualize th	2:15 a.m., two surveyors, urveyor #3, observed that bles in the dining room that spoons and knives. The d a Dining Server entered the he kitchen, with a cart of d to place the metal silverware urveyors approached the e silverware. Both surveyors loser look, some silverware				

New Je	sey Department of H	lealth			FORM	APPROVED	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		15C000	B. WING			C 1/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
IVY STO	NE SENIOR LIVING		JTE 130 SOUTH UKEN, NJ 0811				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
A 310	observed to not be spoons. At that tim the Dining Server a the Dining Server a Surveyor #1 then w observed silverward knives and serving the dishwashing ma Dining Server did n and utensils placed were fully dry, air-d and in accordance stipulates, "Protecti cleaning and sanitiz 1. Shall be air-dried draining as specifie 21before contact cloth dried (2) Cle shall be stored: i. If allows air drying; ar 5. On 11/7/19 Surv the kitchen and obs a. In the dry storag surveyor observed can on the can rack that the can should that was segregate addition, the acting the contents of the Refer to N.J.A.C 8:: "Segregation and lo merchandise: Proc operator such as	ge 8 them and some were fully dry, with water still on the e, Surveyor #3 interviewed bout the wet silverware and tated, "It will eventually dry." rent back into the kitchen and e, including spoons, forks, utensils that were nested on achine tray. The facility's ot ensure that the silverware on the dining room tables ried in a self-draining position with N.J.A.C. 8:24-4.11 which on of clean items, (a) After zing, equipment and utensils: I or used after adequate d in Sanitizing Solutions with food; and 2. Shall not be ean equipment and utensils n a self-draining position that nd ii. Covered or inverted." reyor #2 conducted a tour of served the following: le area at 8:43 a.m. the an unlabeled and dented #10 c. The alternate FSC stated have been stored in an area d from serviceable food. In FSC was not able to identify can as the label was missing. 24-6.4 which stipulates, boation of distressed lucts that are held by the damaged, spoiled, or recalled segregated and held in	A 310				

	sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED C
		15C000	B. WING			12/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
VY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
A 310	Continued From pa	ge 9	A 310			
	raw chicken pieces plastic bin of apple cocktail. The altern chicken pieces sho the meat rack and r potentially become ingredients. Refer to N.J.A.C. 8 "Characteristics Fou unadulterated." c. At 8:50 a.m., the of a yellow pulpy su These bowls were of paper and were not food substance was substance was place alternate FSC state bowls was leftover meal the day before Refer to N.J.A.C. 8 "Packaged food sha N.J.S.A 24.5-17, Fot Labeling 21CFR Par reference" d. At 9:01 a.m. the nested silverware of The surveyor obser the wet utensils on Refer to N.J.A.C. 8 "Protection of clean sanitizing, equipme air-dried or used after	24-3.2(a)(3) which stipulates, all be labeled as specified bod Misbranding, and Food art 101 incorporated herein by surveyor observed wet on a tray in the dining room. rved the dietary staff placing				

New Jersey De	partment of H	Health			FORM	APPROVED
STATEMENT OF DEF AND PLAN OF CORF	ICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF PROVIDEF	R OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STONE SEN	OR LIVING		ITE 130 SOU JKEN, NJ 08			
	CH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
stored drying: e. At 9 piercin crusted The al survey cleane Refer "Maint parts 0 minimi contan Additio stipula utensil food-c sanitiz f. At 9 contain dated. should Refer "Chara unadu g. At 9 cold cu contain citrus 0 five (5 date. produc	and ii. Cove 2:15 a.m. the g part of the d with food d ternate FSC or the date t d. to N.J.A.C. 8 enance and of can opene ze the creating initiate food wo onally, Refer tes, "Sanitization s shall be satisfied on tact surface ed before us :16 a.m. the hers of spice The alternation have been of terated." 2:25 a.m. the ut refrigerator hers labeled dressing, ram- ng. The survice the alternation containers of the alternation terated." 2:25 a.m. the ut refrigerator hers labeled dressing, ram- ng. The survice the alternation the al	age 10 draining position that allows air ered or inverted." e surveyor observed that the commercial can opener was ebris and metal shavings. was not able to tell the he can opener was last :24-4.5 which stipulates, operation Cutting or piercing rs shall be kept sharp to on of metal fragments that can when the container is opened." to N.J.A.C. 8:24-4.7 which ation of equipment and nent food-contact surfaces and unitized. (b) Utensils and ces of equipment shall be e after cleaning" surveyor observed 14 s that were opened and not te FSC stated that the spices dated when opened. :24-3.1 which stipulates, ood shall be safe and e surveyor observed, inside the r, five (5) one-gallon mayonnaise, Italian dressing, och dressing and French reyor observed that all pened, however, none of the were labeled with an open e FSC stated that these elf life of 2 weeks after opening provide the date the items	A 310			

New Jei	rsey Department of H	lealth				APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 08 <sup>,</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 310	<ul> <li>were opened.</li> <li>Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>h. At 9:25 a.m., insthe surveyor obserpitcher which was fsubstance. The pittwrap; however, the indicate the contenindicate when the cpitcher and when it alternate FSC state Caesar dressing budate it was placed to Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>i. At 9:26 a.m., on the surveyor obserproced date.</li> <li>Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>i. At 9:26 a.m., on the surveyor obserproced date.</li> <li>Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>i. At 9:26 a.m., on the surveyor obserproced date.</li> <li>Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>ii. At 9:26 a.m., on the surveyor obserproced date.</li> <li>Refer to N.J.A.C. 8</li> <li>"Characteristics Founadulterated."</li> <li>On 11/12/19 at 2:15 facility's "Weight Report" an following:</li> <li>1. Resident #9: Sut</li> </ul>	:24-3.1 which stipulates, od shall be safe and side the cold cut refrigerator, ved a clear plastic beverage filled with a tan creamy ther was covered with plastic pitcher was not labeled to ts and there was no date to contents were placed in the should be used. The ed that the pitcher contained ut was not able to identify the	f			

	rsey Department of H	lealth					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED	
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AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
A 310	2019 - November 2 that Resident #9 ha changes: a. September 2019 weighed 229 pound and in October 201 weight loss in one r resident's body wei b. October 2019 - weighed 185.2 bs i November 2019 weight gain in one r the resident's body The surveyor review November 5, 2019" resident was not re time. Post survey of all residents' re-v 2019 documented t re-weighed and wa not referred to the D November 14, 2019 referral to the Dietit significant weight lo in one-month period 2. Resident #10: S residents' "Weight F 2019 - November 2 that Resident #10 h changes: a. September 2019	<ul> <li>019 revealed documented ad the following weight</li> <li>0 - October 2019: Resident #9 ds (lbs) in September 2019</li> <li>9 weighed 185.2 lbs, a 43.8 lb month, or 19.12 % of the ght.</li> <li>November 2019: Resident #9 in October 2019 and in eighed 219.8 lbs, a 34.6 lb month, or 23.65 % increase in weight.</li> <li>wed the "Dietician Referral form which revealed that the ferred to the Dietitian at that documentation from the facility veight records for November that Resident #9 was s 216.2 lbs. Resident #9 was Dietitian until post survey on 8, which was not a timely ian when the resident had a bass and significant weight gain</li> </ul>		DEFICIENC	εΥ)		

STATE FORM

New Je	rsey Department of ⊢	lealth			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMF	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
A 310	the resident's body b. October 2019 - I #10 weighed 250.4 November 2019 we weight loss in one r resident's body wei The surveyor review November 5, 2019" was no documenter staff, including the I weight changes, incl loss of more than 1 month from Septem and again in Octobe and referred the res Resident # 10 was the Dietitian. The r the Dietitian post su 3. Resident #11: S residents' "Weight F 2019 - November 2 following weight char a. August 2019 - S weighed 229 lbs in September 2019 weight gain in one r resident's body wei b. September 2019 weight an November 14, 2 document of the res	weight. November 2019: Resident Ibs in October 2019 and in highed 225 bs. a 25.4 lb nonth, or 10.14% loss of the ght. wed the "Dietician Referral form and observed that there d evidence that the nursing RN, addressed the resident's cluding weight gain and weight 0% of body weight in one aber 2019 to October 2019 er 2019 to October 2019 er 2019 to November 2019 sident to the Dietitian. not on the list for referral to esident was only referred to urvey on November 14, 2019. Surveyor's review of the Report" for the months of April 019 revealed documented the anges: eptember 2019: Resident #11 August 2019 and in eighed 312.8 lbs, an §3.8 lb month of 36.59 % loss of the				

	rsey Department of H			CONCTRUCTION			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			C 11/12/2019	
					11/	12/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST UTE 130 SOUT				
VY STO	NE SENIOR LIVING		UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 310	Continued From pa	ige 14	A 310				
	weighed 229.2 lbs November 2019 wa	lovember 2019: Resident #11 in August 2019 and in as 206.6 bs, a 22.6 bb weight ght loss of resident's body					
	November 5, 2019 2019 and November the resident was no evaluate the signific	wed the "Dietician Referral ' forms dated November 5, er 14, 2019 and observed that ot referred to the Dietitian to cant weight changes that the otember 2019 and in					
	residen <u>ts' "Weigh</u> t I	Surveyor's review of the Report" for the months of April 2019 revealed documented the anges:					
	#12 weighed 146.2 October 2019 weig	9 - October 2019: Resident Ibs in September 2019 and in hed 125.6 lbs, a 20.6 lb month or 16.40 % loss of ght.					
	#12 weighed 125.6 November 2019 we weight gain in one resident's body wei revealed that the R 124.4 lbs, a 21.7 b	November 2019: Resident Ibs in October 2019 and in eighed 146.1 Ibs. a 20.5 Ib month or 16.32 % gain in ght. Post survey re-weight esident #12's weight was weight loss or 14.84 % loss in weight within the same month					
	November 5, 2019'	wed the "Dietician Referral ' forms dated November 5, er 14, 2019 and observed that					

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOUTI UKEN, NJ 0811			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 310	<ul> <li>evaluate the signific than 10 % of residemonth: a weight los weight in one month October 2019, a weight loss of 21.7 within the same modemonth of the same modemonth of</li></ul>	<ul> <li>bt referred to the Dietitian to cant weight changes of more ont's body weight in one set of more than 10% of body in from September 2019 to eight gain in one month from ovember 2019 and again a lbs or 14.84.% of body weight onth in November 2019.</li> <li>bf the following facility policies that the facility dining and t consistently follow the</li> <li>" policy reads, " Policy Dining over and serve food in a pleasant setting, cial and nutritional needs will the the diet manual, ructions (if applicable),8. Menus are planned at days9. Current menus are nunity dining room and a copy the resident's selection. on file for 30 days10. In so of equivalent nutritional lobe to the residents" This le the requirement to post a sizes in accordance with the</li> </ul>				

New Je	rsey Department of H	lealth			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING	B. WING		C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOU UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 310	upon admission. 2 monthly and as nee had a 10% weight of reweighed. 4. The assessment, if neo accurate and uninted discuss the change may involve the die notify the physician weighed every 2 we stable." The surveyor review Report" for the mor November 2019 wh #'s 9, 10, 11, 12 and gains and weight lo and weight loss wit weight change in a staff, including the I facility's "Weight Ga consistently followe with 10% body weig re-weighed to deter and documented w RN's did not ensure resident's nutritiona documented to deter loss or weight gain make referrals to a for dietary manager no documented evi including Resident weighed every two weight changes we C. "Meal Provision well-balanced, flave	<ul> <li>Resident will be weighed aded. 3. Residents that have change in a month will be nurse will perform an essary. 5. If weight change is entional: the nurse will with dietary [sic] The nurse etician [sic] The nurse will [sic] Resident will be eeks or as ordered until</li> <li>wed the facility's "Weight this of May 2019 through nich documented that Resident d 13 had significant weight passes, including weight gain hin one month, and a 10% month. However, the nursing RN, did not ensure that the ain/Loss" policy was ed by ensuring that resident's ght gain and weight loss were rmine if the weight's obtained ere accurate. The facility that a re-assessment of the al status was conducted and ermine if the resident's weight was intentional and failed to Dietitian and/or to a Physician ment. Additionally, there was dence that residents, #'s 9, 10, 11, 12 and 13, were weeks when significant re observed.</li> </ul>				

	sey Department of H		<b>I</b>		<b>I</b>		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED	
		15C000	B. WING			C 11/12/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
VY STOI	NE SENIOR LIVING		JTE 130 SOU <sup>-</sup> UKEN, NJ 08 <sup>-</sup>				
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION	ON SHOULD BE	(X5) COMPLET DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		BARE	
A 310	Continued From pa	ige 17	A 310				
		dent 4. Education and					
		e Registered Dietician may be All meals will meet USDA					
	Guidelines for the r						
	The dietary and nu	rsing staff did not consistently					
		ovision" policy and to ensure					
		the residents was consistent d the Dietitian's planned					
		y staff, including the facility's					
	Cooks, Cook #1 an	d Cook #2 and the alternate					
		tently follow the Dietitian's					
		d failed to provide appropriate rtioned meals to residents of					
		the lunch meal service on					
		9, some food items were					
		coops and not 4 oz scoops as lanned menu portion sizes.					
		d not ensure that residents					
	0	ght changes were referred to idents' nutritional status					
		etermine if the facility's dietary					
	and food service pr	ogram was meeting the					
	nutritional needs of	the residents.					
		om the ER or hospital" [sic]					
		"3. The nurse will perform					
	an assessment and	d write a nurse's note"					
	The facility's "Weig	ht Report" documented weight					
	changes for Reside	ent #'s 10 and 11 after a					
		e surveyor reviewed the fresident #'s 10 and 11 and					
		e was no documented					
	evidence that the fa	acility RN performed an					
		dents' nutritional and dietary					
		eturn to the facility to ensure are not due to hospitalization					
	and change in resid						
	ge						

New Jer	sey Department of H	lealth			FORM APP	ROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURV COMPLETE	
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE CO	(X5) DMPLETE DATE
A 310	Continued From pa	ge 18	A 310			
	<ul> <li>will provide therape according to the ph A dietician may be The facility ED did n Renal Diet was con Healthcare Commu of NJ), the diet mar Surveyor review of through Week 4 Me 11/7/19, revealed d served for residents always consistent v Manual's "Food Re Avoid" lists. The fa Week 1 through We which according to were to be avoided allowed amount, ine 1) Canned ham an used by the facility</li> <li>2) Milk and milk pr amount of 4 oz or ½ served ½ cup of mi ice cream for lunch not the recommend day. Additionally, t Week 3 Menu Exte breakfast and Com Post survey docum facility ED on 11/21 uses milk to make t would provide more cup of milk a day.</li> <li>3) Week 4 Menu E</li> </ul>	consulted, as needed." not ensure that the facility's asistent with the "Dietetics in unities in New Jersey" (DHCC nual used by the facility. the Week 1 Menu Extensions enu Extensions provided on ocumented that food items s on a Renal Diet were not with the DHCC of NJ Diet commended" and "Food to cility's Menu Extensions from eek 4 included food items, DHCC of NJ Diet Manual, and were in excess of the				

	sey Department of F					APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		TE 130 SOUT IKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
A 310	corn chips and pea NJ Diet Manual's fo chips and nuts. Pe	ge 19 nut butter cake. The DHCC of oods to avoid list included corn anut butter cake contains n is a nut and is to be avoided.	A 310			
A 311	(a) The administrative responsible for, but 2. Planning for,	or or designee shall be not limited to, the following: and administration of, the onal, fiscal, and reporting	A 311			
	by: Based on observation review it was detern Executive Director Registered Dietitian the facility's dietary scheduled consulta Service Coordinato to ensure the provise and appropriately p served to the reside needs. The facility facility's dietary ser accordance with the of N.J.A.C. 8:36, St Assisted Living Res Personal Care Hom programs and N.J./ Establishments and Machines, Chapter Sanitary Code, white	NT is not met as evidenced ion, interview and record mined that the facility's (ED) failed to ensure that a n (RD) provided oversight of services and provided a tion with the facility's Food r (FSC), or the alternate FSC, sion of food that was safely lanned, stored, cooked and ents to meet their nutritional ED did not ensure that the vices were provided in e requirements and provisions andards for Licensure of sidences, Comprehensive nes and Assisted Living A.C. 8:24, Retail Food d Food and Beverage Vending XII of the New Jersey ch placed the health and its, a highly susceptible				

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING	B. WING		C 12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOUTH UKEN, NJ 0811			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
A 311	deficient practice w References: N.J.A.C. 8:36-10.5( prepared, and serve limited to, the follow portion sizes and at posted in the food p be posted in a cons area, and/or a copy provided to each re Any changes or sub posted or provided Menus, with change on file in the facility N.J.A.C. 8:24-1.5 "I For the purpose of words, phrases, na following meanings indicates otherwise application of cumu cleaned food conta evaluated for effica reduction of five log 99.999% reduction, microorganisms of "Risk Type 3 Food of retail food establish menu which require ingredientsand pr hazardous foods in of raw ingredients; population is a high "Packaged" means	<ul> <li>br food-borne illnesses. This as evidenced by the following:</li> <li>(c)(4) "Meals shall be planned, ed in accordance with, but not <i>v</i>ing:4. Current menus with ny changes in menus shall be preparation area. Menus shall be sident.</li> <li>br of the menu shall be sident.</li> <li>br of the the sident means any ment that has an extensive set the handling of raw separes and serves potentially cluding the extensive handling and whose primary service lay susceptible population"</li> </ul>				
	securely bagged, o	r securely wrapped"				

STATEMEN	Sey Department of H NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED	
		15C000	B. WING			11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
IVY STO	NE SENIOR LIVING		JTE 130 SOU <sup>-</sup> UKEN, NJ 08 <sup>-</sup>				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 311	Continued From pa	ge 21	A 311				
	N.J.A.C. 8:24-3.1 " safe and unadulter	Characteristics Food shall be ated."					
	labeled as specified	a)(3) "Packaged food shall be d N.J.S.A 24.5-17, Food food Labeling 21CFR Part 101 n by reference"					
	Cutting or piercing kept sharp to minim	Maintenance and operation parts of can openers shall be nize the creation of metal contaminate food when the d."					
	utensils (a) Equipm utensils shall be sa food-contact surface sanitized before us being cleaned, equ and utensils shall b manual or mechani application of saniti immersion using N.J.A.C. 8:24-4.8(j) exposure time used combination of tem pH that, when evalu	Sanitization of equipment and intent food-contact surfaces and nitized. (b) Utensils and es of equipment shall be e after cleaning. (c) After ipment food-contact surfaces e sanitized 3. Chemical cal operations, including the izing chemicals by a solution as specified under by providing iv. An d in relationship with a perature, concentration, and uated for efficacy, yields ned in N.J.A.C. 8:24-1.5."					
	After cleaning and s utensils: 1. Shall b adequate draining a Solutions 21befor Shall not be cloth d and utensils shall b	"Protection of clean items, (a) sanitizing, equipment and e air-dried or used after as specified in Sanitizing re contact with food; and 2. ried (2) Clean equipment e stored: i. In a self-draining air drying; and ii. Covered or					

STATEMEN	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING		11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
Ινγ sto	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 08 <sup>4</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
A 311	Continued From pa	ge 22	A 311			
	inverted."					
	plumbing system sl accordance with N.	Plumbing system (a) A hall be: 1. Repaired in J.A.C. 5:23, New Jersey on Code; and 2. Maintained in				
	distressed merchar by the operatorsu	Segregation and location of ndise: Products that are held ich as damaged, spoiled, or shall be segregated and held "				
	facility's kitchen on	r's tour and inspection of the 11/7/19, 11/8/19 and yor observed the following ncerns:				
	observed Cook #1, placed scrambled e a plate. Surveyor # menu posted in the plated the food. Su for Week 1 through	11/7/19, Surveyor #1 by the steam table, who eggs and two slices of toast on t1 observed that there was no serving area as the cook urveyor #1 observed menus Week 4 with no portion sizes, of the Food Service				
	11/7/19 and asked size he used for pla lifted the ladle, che and stated, "four ou then asked if a 4 oz size for plating the "No, it should have made a mistake an	ewed Cook #1 at 9:10 a.m. on Cook #1 to identify the ladle ating the scrambled eggs. He cked the back of its handle, unces (4 oz)." Surveyor #1 z scoop was the appropriate scrambled eggs. He stated, been 3 oz scoop. Somebody d placed that scoop there." sked Cook #1 where the				

	rsey Department of H		1				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		15C000	B. WING	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
IVY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLETE DATE	
A 311	menus with portion responded and stat towards the left side picked up a binder menu (with no porti front cover. Cook # turned the page of Menu Extensions" p included menus for of food items, include Controlled Diet (CC surveyor observed Extensions docume " Cook #1 stated correct portion size the correct ladle size On 11/7/19 at 12:05 that Cook #1 plateo using a beige-color noodles, cubed bee brussels sprouts. S #1 and asked to ide beige-colored ladle of ladle handle and #1 asked if 3 oz wa for vegetables and again took the Wee reflected portion siz steam table. Cook oz." Surveyor #1 a of the requirement sizes in the plating/ Surveyor #1 observ dietary staff, who as food, to get 4 oz sc	sizes were kept, Cook #1 ted, "Over here." He walked e of the steam table and from the shelf with the Week 4 on sizes noted) placed on the #1 then opened the binder and the binder to the "Week 4 page which contained and the day with the portion sizes ding the portion sizes for I soft, pureed and therapeutic ed the Carbohydrate CD) and the Renal Diet. The that the Week 4 Menu ented, "Scrambled Eggs - 4 oz that he did not realize that the was 4 oz and that he used		DEFICIENCY			

	NT OF DEFICIENCIES I OF CORRECTION	lealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
A 311	observed Cook #1 a oz ladles for egg no brussel sprouts. b. On 11/8/19 at 11 reviewed the menu Menu, which listed lunch: "Grilled Ham baked tomato or Br Potatoes, Tricolored observed the follow table: Baked tomat sauce with peas an and roasted potatoe that Cook #2 plated and carrots in a bro potatoes and the tri surveyor observed of the breaded veal 3 oz (beige color) s a 3 oz ladle and bro carrots using a 3 oz During surveyor inte time, the surveyor a was the appropriate above-mentioned for that the 3 oz scoop, Cook #2 went and g out the Week 4 Men portion sizes for foo day. Cook #2, in th reviewed the menu that he should have stated that he was i oz scoop on each tu the steam table. Th aware of a requirem	and the dietary staff using 4 bodles, mashed potatoes and :55 a.m., the surveyor for Friday of the Week 4 the following food items for n and Cheese sandwich, aised Veal, Roasted New d Peppers" The Surveyor ing food items on the steam to, breaded veal cutlet, brown d carrots, tricolored peppers es. The surveyor observed I breaded veal cutlet with peas wn sauce, diced roasted -colored peppers. The that Cook #2 plated one piece cutlet, diced potatoes using a coop, tricolored peppers using bwn sauce with peas and c ladle.					

STATEMEN	Sey Department of H T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
IVY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 08 <sup>2</sup>				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
A 311	Continued From pa	ge 25	A 311				
	2. Dietary staff, including the facility Cooks and the alternate FSC, did not ensure that planned menus were consistently followed and that all substitutions and changes to the menus were documented and a copy retained for at least 30 days.						
at 1 mer whi (bre Oni milk 11/7 resi Noc	at 12:35 p.m., who menu for Thursday which listed "Cubec (breast/leg), Egg No Onion/Carrots, Brus milk." However, the 11/7/19 lunch menu residents, listed Be	a. Surveyor #1 interviewed Cook #1 on 11/7/19 at 12:35 p.m., who stated that they followed the menu for Thursday of "Week 4 Menu Extensions" which listed "Cubed Beef, Roast Chicken (breast/leg), Egg Noodles, Mashed Potatoes, Onion/Carrots, Brussels Sprouts, Oatmeal, and milk." However, the surveyor observed that the 11/7/19 lunch menu, which was given to residents, listed Beef Goulash and Neapolitan Noodles, and not the Cubed Beef and Egg Noodles.					
	vegetable plated wi beef, which was se surveyor interviewe there was no veget noodles. Cook #1 s indicated, "Beef Go Noodles." The surv Noodles was the sa ingredients as Egg and stated, "No." S Cook #1 to provide the Beef Goulash a recipes. The surve searched the recipe closest recipe he w Goulash" was the re	ved that there was no th the egg noodles and cubed rved in a brown sauce. The ed Cook #1 and asked why able served with the egg stated that the menu only ulash and Neapolitan veyor then asked if Neapolitan ame or had the same Noodles. Cook #1 responded surveyor #1 then requested the surveyor with a copy of nd Neapolitan Noodles yor observed as Cook #1 e binder and stated that the as able to find for "Beef ecipe for "Hungarian confirmed and stated, "It is					

	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
IVY STO	NE SENIOR LIVING		ITE 130 SOUT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 311	with tomatoes while brown sauce." The for Neapolitan Nooc confirmed that the r b. On 11/8/19 at 1 the menu for Friday listed the following Ham and Cheese s Braised Veal, Roas Peppers" The su food items on the s tricolored peppers r surveyor observed veal cutlet, tricolored and carrots and pea Surveyor #1 intervia and asked why the "Braised Veal," was breaded veal was s was not sure but th substituted the mer answer. Surveyor #1 intervia 12:10 p.m. regardin served and not the reflected on the lun alternate FSC state when he ordered th stated that he did n breaded veal. The needed to cook wha alternate FSC conti cooked the brown s	age 26 e the cubed beef with just e surveyor reviewed the recipe dles with Cook #1 and recipe included vegetables. 1:55 a.m., Surveyor reviewed y of the Week 4 Menu, which food items for lunch: "Grilled andwich, baked tomato or ted New Potatoes, Tricolored urveyor observed the following team table: Baked tomato, roasted potatoes. The that Cook #2 plated breaded ed peppers, diced potatoes as in a brown sauce. ewed Cook #2 at 12:05 p.m. veal reflected on the menu, a not served but rather served, Cook #2 stated that he at the alternate FSC nu item and may know the ewed the alternate FSC at ng the breaded veal that was "Braised Veal" that was ch menu for that day. The ed that he made a mistake he food and supplies. He ot realize that he ordered alternate FSC stated that they at was available. The ed that since breaded veal was ind needed a sauce. The inued that he created and sauce with the diced peas and that over the breaded veal.	A 311				

STATEMEN	Sey Department of H NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		UTE 130 SOU <sup>-</sup> UKEN, NJ 08 <sup>,</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 311	Continued From pa	ige 27	A 311			
	contacted the Dietit veal with carrots an an acceptable subs on the menu, he sta asked the alternate Dietitian for other d the kitchen. He sta assisting the facility facility's FSC was of The surveyor asked documented the me 11/7/19, with the "B Noodles" that were a brown sauce and the braised veal wh breaded veal and p alternate FSC was documentation of th menu. 3. On 11/7/19 at 1: observed that Dish wipe two large pots removed from the " three-compartment placed the pots on surveyor interviewe wiping the pots with procedure to dry the responded that she thought it was the o staff then stated that back in the sink to s Refer to N.J.A.C. 8 "Protection of clear	the alternate FSC if he tian to ensure that the breaded ad peas in a brown sauce was stitution for the "Braised Veal" ated, "No." The surveyor then FSC if he had contacted the ietary concerns and issues in ited that he just started v two weeks ago, as the on leave of absence. d the alternate FSC if he enu changes made on seef Goulash" and "Neapolitan substituted with cubed beef in egg noodles and on 11/8/19, nich was substituted with beas and carrot sauce. The unable to provide the ne changes made to the 15 p.m., Surveyor #1 washer #2 used a cloth to a dry after the pots were Sanitize" compartment of the sink. Dishwasher #2 then a metal shelf. At that time the ed Dishwasher #2 and asked if n a cloth was the correct e pots. Dishwasher #2 was not sure, but that she correct procedure. The dietary at she would place the pots sanitize. :24-4.11 which stipulates, n items, (a) After cleaning and ont and utensils: 1. Shall be				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE			
vy sto	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 311	air-dried or used aff specified in Sanitizi contact with food; a dried (2) Clean ed stored: i. In a self-or drying; and ii. Cove 4. On 11/8/19 at 10 Surveyor #1 and Su there were some ta were set with forks, surveyors observed dining room, from th utensils and started on the table. The s table to visualize th noticed that upon of had water marks or observed to not be spoons. At that tim the Dining Server a the Dining Server as the Dining Server as Surveyor #1 then w observed silverward knives and serving the dishwashing ma Dining Server did n and utensils placed were fully dry, air-di and in accordance stipulates, "Protecti cleaning and sanitiz 1. Shall be air-dried draining as specifie 21before contact cloth dried (2) Clean	ter adequate draining as ng Solutions 21before and 2. Shall not be cloth quipment and utensils shall be draining position that allows air red or inverted." 0:15 a.m., two surveyors, arveyor #3, observed that bles in the dining room that spoons and knives. The d a Dining Server entered the ne kitchen, with a cart of to place the metal silverware urveyors approached the e silverware. Both surveyors loser look, some silverware fully dry, with water still on the e Surveyor #3 interviewed bout the wet silverware and tated, "It will eventually dry." rent back into the kitchen and e, including spoons, forks, utensils that were nested on achine tray. The facility's ot ensure that the silverware on the dining room tables ried in a self-draining position with N.J.A.C. 8:24-4.11 which on of clean items, (a) After zing, equipment and utensils: I or used after adequate d in Sanitizing Solutions with food; and 2. Shall not be ean equipment and utensils n a self-draining position that		DEFICIENC			

New Jer	rsey Department of H	lealth			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMPI	
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Ινγ στο	NE SENIOR LIVING		JTE 130 SOL JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
A 311	Continued From pa	ge 29	A 311			
	observed water lea high-pressure water dishwashing machi surveyor observed towards the wall an interviewed Dishwa Dishwasher #1 stat in the tube came of leaking out and spr The surveyor asked more water was ob area, Dishwasher # asked Dishwasher # to the management to the Maintenance further stated that the informed him that he leak as it may be re- machine. Dishwasher #1 che turning the faucet of leak was due to a he that was attached the dishwashing machi that he would notify again so he could of At 3:30 p.m. on 11/2 Maintenance Direct and was replacing the The Maintenance Direct did not ensure that system was immed as per the requirem	ne in the kitchen. The that the water was directed id onto the floor. Surveyor #1 isher #1 regarding the leak. ed that the tape around hole if and as a result, water was aying onto the wall and floor. d if that was the reason that served on the floor in that #1 stated, "Yes." Surveyor #1 #1 if he reported this concern t, he stated that he reported it Director. Dishwasher #1 he Maintenance Director e may not be able to fix the elated to the dishwashing cked and tested the hose by in and off. He stated that the iole in the hose of the sprayer o the sink and not to the ne. Dishwasher #1 stated of the Maintenance Director change the hose with the hole. 8/19, the ED stated that the tor was working on the leak				

STATEMEN	Sey Department of H NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
VY STO	NE SENIOR LIVING		JTE 130 SOUT JKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 311	<ul> <li>accordance with N. Uniform Construction good repair."</li> <li>6. On 11/12/19 at 1 inspected the kitcher pipe under the three leaking water onto the Dishwasher #1 awa dishwashing maching that it looked like the joint/connector of the would notify the Mark At 2:30 p.m., the sur to re-inspect the lease three-compartment interviewed the Mark that he replaced the pipe. However, the was still water leak is connector. The Mark with the surveyor's he may also need to the sink.</li> <li>Surveyor#1 intervier requested, for revier made for equipment however, Dishwash Maintenance Direct The facility's Mainter Dishwasher #1 did kitchen plumbing sy was not leaking, in 8:24-5.2 Plumbing sy</li> </ul>	hall be: 1. Repaired in J.A.C. 5:23, New Jersey on Code; and 2. Maintained in 11:00 a.m., Surveyor #1 en and observed that the drain e-compartment sink was the floor, the surveyor made are, who was standing by the ne. Dishwasher #1 stated e leak was from the elbow he drain pipe and that he intenance Director. Inveyor returned to the kitchen ak under the sink. The surveyor intenance Director, who stated e elbow joint/connector on the surveyor observed that there ng from the newly replaced intenance Director agreed observation and stated that o replace the metal piece of ewed Dishwasher #1 and ew, documentation of reports it which needed repair, her #1 stated, "I just tell the				

	rsey Department of H	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIPI F	CONSTRUCTION		SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
		15C000	B. WING		C 11/12/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	ADDRESS, CITY, STATE, ZIP CODE				
	NE SENIOR LIVING		ITE 130 SOUT				
			JKEN, NJ 08 <sup>.</sup>				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE	
A 311	Continued From pa	age 31	A 311				
		.J.A.C. 5:23, New Jersey on Code; and 2. Maintained in					
the a. sur car tha tha add the Re "Se me opc des b. raw pla coo chi the pot	7. On 11/7/19 Surveyor #2 conducted a tour of the kitchen and observed the following:						
	surveyor observed can on the can rack that the can should that was segregate addition, the acting the contents of the Refer to N.J.A.C 8: "Segregation and lo merchandise: Proc operatorsuch as o	ge area at 8:43 a.m. the an unlabeled and dented #10 k. The alternate FSC stated I have been stored in an area ed from serviceable food. In FSC was not able to identify can as the label was missing. 24-6.4 which stipulates, ocation of distressed ducts that are held by the damaged, spoiled, or recalled segregated and held in					
	raw chicken pieces plastic bin of apple cocktail. The alterr chicken pieces sho the meat rack and potentially become ingredients. Refer to N.J.A.C. 8	e surveyor observed a box of on a cart defrosting over a sauce and a plastic bin of fruit nate FSC stated that the buld have been defrosted on not over foods that could contaminated by raw :24-3.1 which stipulates, hod shall be safe and					
	of a yellow pulpy su These bowls were paper and were no food substance wa	e surveyor observed 18 bowls ubstance on a food cart. covered by a large piece of t labeled as to the what the s, nor the date as to when the ced into the bowls. The					

	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	`́сом	E SURVEY PLETED C
		15C000	B. WING		11/12/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
VY STO	NE SENIOR LIVING		JTE 130 SOUT JKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 311	bowls was leftover meal the day before Refer to N.J.A.C. 8: "Packaged food sha N.J.S.A 24.5-17, Fo Labeling 21CFR Pare reference" d. At 9:01 a.m. the nested silverware of The surveyor obser the wet utensils on Refer to N.J.A.C. 8: "Protection of clean sanitizing, equipme air-dried or used aff specified in Sanitizi contact with food; a dried (2) Clean ed stored: i. In a self-of drying; and ii. Cove e. At 9:15 a.m. the piercing part of the crusted with food do The alternate FSC surveyor the date th cleaned. Refer to N.J.A.C. 8: "Maintenance and of parts of can opener minimize the creation contaminate food w Additionally, Refer to stipulates, "Sanitiza utensils (a) Equipm utensils shall be sa	ed that the substance in the applesauce from the dinner e. :24-3.2(a)(3) which stipulates, all be labeled as specified bod Misbranding, and Food art 101 incorporated herein by surveyor observed wet on a tray in the dining room. rved the dietary staff placing tables. :24-4.11 which stipulates, items, (a) After cleaning and ont and utensils: 1. Shall be ter adequate draining as ng Solutions 21before and 2. Shall not be cloth quipment and utensils shall be draining position that allows air			-,	

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU <sup>-</sup> UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 311	containers of spices dated. The alternat should have been of Refer to N.J.A.C. 8 "Characteristics Fo unadulterated." g. At 9:25 a.m. the cold cut refrigerator containers labeled citrus dressing, ran dressing. The surv containers were op five (5) containers were products had a she but was not able to were opened. Refer to N.J.A.C. 8 "Characteristics Fo unadulterated." h. At 9:25 a.m., ins the surveyor observ pitcher which was f substance. The pit wrap; however, the	e after cleaning" surveyor observed 14 s that were opened and not te FSC stated that the spices dated when opened. :24-3.1 which stipulates, od shall be safe and surveyor observed, inside the r, five (5) one-gallon mayonnaise, Italian dressing, ch dressing and French eyor observed that all ened, however, none of the were labeled with an open e FSC stated that these If life of 2 weeks after opening provide the date the items :24-3.1 which stipulates, od shall be safe and		DEFICIENCY)		
	indicate when the c pitcher and when it alternate FSC state Caesar dressing bu date it was placed t Refer to N.J.A.C. 8	ts and there was no date to contents were placed in the should be used. The ed that the pitcher contained at was not able to identify the to the pitcher. :24-3.1 which stipulates, od shall be safe and				

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING			C 1 <b>2/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
A 311	Continued From pa	ige 34	A 311			
	the surveyor observ concord grape jam peanut butter, neith opened date. Refer to N.J.A.C. 8	top of the cold cut refrigerator, ved a three-pound container of and a large container of her item was marked as to the :24-3.1 which stipulates, od shall be safe and				
A 745	8:36-7.2(f) Residen Plans	t Assessments and Care	A 745			
	documented by the updated as required	care assessment shall be registered nurse and shall be d, in accordance with the rules professional standards of				
	by: Based on observative review it was deterned ensure residents we were assessed, associated Dietitian to ensure to needs were assessociated initiated and dietary were provided for 4 significant weight compared	NT is not met as evidenced ion, interview and record mined that the facility failed to ith documented weight loss sisted and referred to a that resident's nutritional sed, interventions were y counseling and education of 17 residents reviewed for hanges, Resident #'s 9, 10, ficient practice was evidenced				
	the Director of Nurs residents that nursi	p.m., the surveyor interviewed sing (DON) regarding ng staff were monitoring for referral to the Dietitian. The				

STATE FORM

New Jer	sey Department of H	lealth			FORM	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		JTE 130 SOUT JKEN, NJ 08 <sup>,</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 745	Continued From pa	ge 35	A 745			
	week ago which sh Dietitian. Surveyo	e had a list that she made one e would be referring to the r #1 asked the DON to provide ral list that she, the DON,				
	"Dietician Referral lincluded five reside	ON presented a list titled, November 5, 2019" which ents, Resident #'s 13, 14, 15, reasons for the referral to the				
	documentation of a The DON stated the documenting weigh April 2019. She sta	equested for available Il residents' weight records. at the facility just started at records in the computer in ated that she would try to see copy of the weight records.				
	"Weight Report," w with unit/room num weights from April 2 surveyor reviewed	ON provided the facility's hich listed names of residents bers and residents' monthly 2019 - November 2019. The the facility's "Weight Report" mented the following:				
	residents' "Weight I 2019 - November 2	urveyor's review of the Report" for the months of April 2019 revealed documented ad the following weight				
	weighed 229 pound and in October 201	9 - October 2019: Resident #9 ds (lbs) in September 2019 9 weighed <u>185.2</u> lbs, a <mark>43.8</mark> lb nonth, or <mark>19.12 %</mark> of the ght.				
	b. October 2019 -	Novembe <mark>r</mark> 2019: Resident #9				

STATE FORM

New Je	rsey Department of H	lealth			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		LETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		ITE 130 SOL JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 745	weighed 185.2 lbs in November 2019 weight gain in one in the resident's body The surveyor review November 5, 2019" resident was not re- time. Post survey of of all residents' re-v 2019 documented to re-weighed and wa not referred to the D November 14, 2019 referral to the Dietit significant weight lo in one-month period 2. Resident #10: S residents' "Weight f 2019 - November 2 that Resident #10 h changes: a. September 2019 #10 weighed 225 lb October 2019 weig weight gain in one in the resident's body b. October 2019 weig weight loss in one in resident's body weight November 5, 2019"	n October 2019 and in eighed 219.8 lbs. a 34.6 b month, or 23.65 % increase in weight. wed the "Dietician Referral form which revealed that the ferred to the Dietitian at that documentation from the facility weight records for November that Resident #9 was s 216.2 lbs. Resident #9 was Dietitian until post survey on 0, which was not a timely ian when the resident had a loss and significant weight gain d. Surveyor's review of the Report" for the months of April 019 revealed documented had the following weight of 0 October 2019: Resident is in September 2019 and in hed 250.4 lbs, a 25.4 lb month, or 11.28 % increase in weight. November 2019: Resident lbs in October 2019 and in isighed 225 lbs, a 25.4 lb month, or 10.14% loss of the	A 745			

New Je	sey Department of H	lealth			FORM	APPROVED
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		15C000	B. WING	B. WING		C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Ινγ στο	NE SENIOR LIVING		ITE 130 SOL JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 745	staff, including the I weight changes, incloss of more than 1 month from Septen and again in Octob and referred the res Resident # 10 was the Dietitian. The r the Dietitian post su 3. Resident #11: S residents' "Weight I 2019 - November 2 following weight cha a. August 2019 - S weighed 229 lbs in September 2019 w weight gain in one r resident's body wei b. September 2019 w weight gain in one r resident's body wei b. September 2019 w weight gain in one r revealed that the res revealed that the res revealed that the res 106.2 lb weight loss two months c. August 2019 - N weighed 229.2 lbs November 2019 was oss or 9.86 % weig weight. The surveyor review November 5, 2019" 2019 and November	RN, addressed the resident's cluding weight gain and weight 0% of body weight in one aber 2019 to October 2019 er 2019 to November 2019 sident to the Dietitian. not on the list for referral to esident was only referred to urvey on November 14, 2019. Gurveyor's review of the Report" for the months of April 2019 revealed documented the anges: eptember 2019: Resident #11 August 2019 and in eighed 312.8 lbs, an 83.8 lb month or 36.59 % loss of the	A 745			

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED	
		15C000	B. WING		11/	11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
IVY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
A 745	Continued From pa	nge 38	A 745				
	evaluate the signific	cant weight changes that the otember 2019 and in					
	residents' "Weight I	Surveyor's review of the Report" for the months of April 2019 revealed documented the anges:					
	#12 weighed 146.2 October 2019 weig	9 - October 2019: Resident Ibs in September 2019 and in hed 125.6 lbs, a 20.6 lb month or 16.40 % loss of ght.					
	#12 weighed 125.6 November 2019 we weight gain in one resident's body wei revealed that the R 124.4 lbs, a 21.7 lb	November 2019: Resident b lbs in October 2019 and in bighed 146.1 lbs, a 20.5 lb month or 16.32 % gain in ght. Post survey re-weight esident #12's weight was weight loss or 14.84 % loss in weight within the same month					
	Referral November November 5, 2019 observed that the re Dietitian to evaluate changes of more the weight in one mont 10% of body weigh September 2019 to in one month from 2019 and again a w	wed the "Dietician [sic] 5, 2019" forms dated and November 14, 2019 and esident was not referred to the e the significant weight an 10 % of resident's body h: a weight loss of more than t in one month from 0 October 2019, a weight gain October 2019 to November veight loss of 21.7 lbs or eight within the same month in					

STATEMEN	sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		15C000	B. WING			C 11/12/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 08'				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
A 765	Continued From pa	ge 39	A 765				
A 765	8:36-7.4(c)(1) Resi Plans	dent Assessments and Care	A 765				
		and procedures shall be lemented to ensure, but not llowing:					
	service plan at leas residents who h shall be reassessed often on an as ne	of all residents with a general at semi-annually, and those have a health service plan d at least quarterly and more eeded basis, including and return to the facility from the					
	This REQUIREMEN by: Complaint #: NJ00	NT is not met as evidenced 129557					
	determined that the resident's condition from a hospitalization resident's medical r reviewed for care a	and record review it was a facility failed to ensure that a was reassessed upon return on in order to determine the needs for 1 of 8 residents nd services, Resident #7. ice was evidenced by the					
	record of Resident in October 2018 with end stage renal dis	rveyor reviewed the medical #7, who moved into the facility th diagnoses which included ease, schizoaffective disorder ateral lower extremity cellulitis.					
		v of the "Progress Notes" 9 timed at 1:42 p.m., " <mark>.</mark> wound					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			11/12/2019	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 765	treatment on B/L (b extremitynoted fo wound area with sle notifiedsend resid sepsis." Further review of th documented on 6/6 Resident #7 returned On 11/12/19 at 1:30 interviewed the Res stated that she had Resident #7 upon r 6/6/19 because she The surveyor review "Upon return from t documented, "The assessment and wi During the exit com	ilateral) lower ul odor, oozing, excoriated ough podiatrist tent out to [hospital] to rule out the PNs the surveyor observed 5/19 timed at 10:22 p.m., that ed to the facility. 0 p.m., the surveyor gistered Nurse (RN) who d not done an assessment for eturn from the hospital on e was away. wed the facility policy titled, he ER or hospital" which nurse will perform an	A 765				
A 891	(a) The facility and the provisions of N Establishments and	Services personnel shall comply with J.A.C. 8:24, Retail Food Food and Beverage Vending XII of the New Jersey Sanitary					

New Je	rsey Department of H	lealth			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
A 891	Continued From pa	ge 41	A 891			
	by: Repeat Deficiency Based on observati review it was detern consistently provide accordance with the of N.J.A.C. 8:24 "Si Establishments and Machines" Chapter Sanitary Code which susceptible populat safety at risk for foce also failed to ensur- and cookware were sanitized for reside the following: Reference: N.J.A.C. 8:24-1.5 "I For the purpose of words, phrases, na following meanings indicates otherwise application of cumu cleaned food conta evaluated for effica reduction of five log 99.999% reduction microorganisms of "Risk Type 3 Food retail food establish menu which require	tion/residents' health and od-borne illnesses. The facility e that the dishes, silverware e properly cleaned and nt's use in accordance with				

	sey Department of H				I		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED	
		15C000	B. WING			C 11/12/2019	
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		ITE 130 SOUT JKEN, NJ 081				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF (		(X5)	
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLET DATE	
A 891	Continued From pa	ge 42	A 891				
	of raw ingredients;	cluding the extensive handling and whose primary service ly susceptible population"					
	"Packaged" means bottled, canned, cartoned, securely bagged, or securely wrapped"						
	safe and unadultera						
	labeled as specified	a)(3) "Packaged food shall be d N.J.S.A 24.5-17, Food food Labeling 21CFR Part 101 h by reference"					
	Cutting or piercing kept sharp to minim	Maintenance and operation parts of can openers shall be nize the creation of metal contaminate food when the d."					
	utensils (a) Equipm utensils shall be sa food-contact surfac sanitized before us being cleaned, equ and utensils shall b	Sanitization of equipment and ent food-contact surfaces and nitized. (b) Utensils and es of equipment shall be e after cleaning. (c) After ipment food-contact surfaces e sanitized 3. Chemical					
	application of saniti immersion using N.J.A.C. 8:24-4.8(j) exposure time used combination of tem pH that, when evalu	cal operations, including the zing chemicals by a solution as specified under by providing iv. An d in relationship with a perature, concentration, and uated for efficacy, yields ned in N.J.A.C. 8:24-1.5."					
		'Manual warewashing ual warewashing, sink					

STATEMEN	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		15C000	B. WING	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
vy sto	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 891	following: 1. A sink compartments shal washing, rinsing, ar utensils (k) A test accurately measure sanitizing solutions Concentration of th accurately determin device An exposu- with a combination and pH that, when sanitization as defin N.J.A.C. 8:24-4.11. After cleaning and s utensils: 1. Shall b adequate draining a Solutions 21befor Shall not be cloth d and utensils shall b position that allows inverted." N.J.A.C. 8:24-5.2 "I plumbing system sl accordance with N. Uniform Construction good repair." N.J.A.C. 8:24-6.4 "S distressed merchan by the operatorsu recalled products, s in designated areas 1. On 11/7/19 at 9: inspection of the kit	rements shall include the with at least three I be provided for manually nd sanitizing equipment and kit or other device that es the concentration in mg/L of shall be provided(I) e sanitizing solution shall be ned by using a test kit or other ure time used in relationship of temperature, concentration evaluated for efficacy, yields ned in N.J.A.C. 8:24-1.5." "Protection of clean items, (a) sanitizing, equipment and e air-dried or used after as specified in Sanitizing re contact with food; and 2. ried (2) Clean equipment e stored: i. In a self-draining air drying; and ii. Covered or Plumbing system (a) A hall be: 1. Repaired in J.A.C. 5:23, New Jersey on Code; and 2. Maintained in Segregation and location of ndise: Products that are held ich as damaged, spoiled, or shall be segregated and held					

	sey Department of H	lealth (X1) PROVIDER/SUPPLIER/CLIA	(צ2) או וו דוסי ב			SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
		15C000	B. WING		C 11/12/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		JTE 130 SOUT JKEN, NJ 08 <sup>7</sup>			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COP		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETI DATE
A 891	Continued From pa	ige 44	A 891			
	liquids in each com	partment, including the				
		d "Sanitize" compartments.				
	Surveyor #1 observ					
		compartment of the sink, soiled baking pans and pots soaking in the liquid solution of the				
	compartment. The surveyor observed that					
		anitize" compartments were				
		l/water. The Director of s present in the kitchen at that				
		veyor's inspection, introduced				
	herself and stated that after the Executive					
	Director (ED) of the Assisted Living Program (ALP) and the ED of the Comprehensive					
	Personal Care Home (CPCH), she was the next					
	person in charge.					
	At 10:10 a.m., Surveyor #1 requested that the					
		ng have the Dishwasher test				
	0	on concentration in the				
		nent of the sink. The Director that the Dishwasher stepped				
		due to personal matters and				
	that she would ask	Cook #1 to conduct the test.				
		est strip from a container that				
		k. Surveyor #1 asked Cook test strip to be used was the				
		ntioned on the instruction				
	poster on the wall b	by the three-compartment. In				
		Director of Marketing and				
	compared the conta	#1 took the strip container, an				
	instruction/guide ar					
	Survevor #1 observ	ved that Cook #1 took a small				
		with liquid from a thin hose				
	that was directly co	nnected to the				
		supply located above the				
		ipped the strip into the liquid in of testing the liquid/solution in				
	the buoket, moteau					

New Je	rsey Department of H	lealth			FORM APPROV	
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE	
A 891	the "Sanitize" comp #1 observed that C seconds, took it out the chart that had th concentration range = 50 milligrams per mg/L, dark green = blue/green = 400 m The test strip, when guide, appeared da indicated that the se of 200 mg/L. Cook result to the poster the safe range of se between 150 - 400 asked Cook #1 why bucket, instead of th he stated, "That's ju liquid in the sink. A informed Cook #1 t compartment of the the required sanitiz Surveyor #1 then re liquid/solution in the the sink. Cook #1 t conducted the sam appeared light yello sanitizing concentra stated he was right, there was a sanitizi the "Sanitize" comp Surveyor #1 review form which was on sink. According to at 7:25 a.m., signed	partment of the sink. Surveyor ook #1 dipped the strip for 20 and compared the strip with he following solution es/colors: Light yellow/green liter (mg/L), green = 150 200 mg/L and dark ng/L. A compared to the range rk green in color which olution was to a concentration #1 then compared the strip guide on the wall, which listed anitizing concentration to be mg/L. Surveyor #1 then the tested the water in the he liquid/solution in the sink, ust water" as he pointed to the t that time the surveyor	A 891			

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU <sup>-</sup> JKEN, NJ 08 <sup>,</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
A 891	varied between 200 The facility interchat "mg/L," (One part p milligrams per liter. converted into mg/L 0.998859). The surveyor interv Marketing at 10:15 aware if Dishwashe the three-compartment compartment of the Marketing stated th who set up the sink clipboard with the " documented that D sanitizing solution r Marketing stated th out of the building. At 10:25 a.m. on 11 an outside vendor/t tubes for the dishwa in the presence of t	ocumented that the results o-400 parts per million (ppm). ingeably used "ppm" and er million is equal to 0.998859 The unit "ppm" can be by multiplying it with riewed the Director of a.m. and asked if she was er #1 was the staff who set up nent, including the "Sanitize" e sink. The Director of at she was not aware as to at she was not aware of pantizer Test Log" which ishwasher #1 logged the esult "400." The Director of at Dishwasher #1 just stepped /7/19, Surveyor #1 observed echnician change detergent ashing machine. At that time, he Director of Marketing, the ed the technician who stated e company that supplied	A 891			
	machine. He stated detergent tubes to detergent tubes to detergent tubes to de properly. Surveyor #1 asked solution concentrate three-compartment that the sanitizing s mixed or set at "200	sink and the dishwashing d that he checked the ensure they functioned the technician as to what the ion was for the facility's sink. The technician stated colution concentration was D" ppm and staff did not need g solution with the water as				

New Je	sey Department of H	lealth			FORMA	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL	_ETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		TE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 891	technician also stat turn the knob to the "Sanitize" compartr pre-mixed sanitizer The facility's dietary dishwashers, did no requirements and p and N.J.A.C. 8:24-4.7 wi equipment and uter food-contact surface sanitized. (b) Utens of equipment shall cleaning. (c) After b food-contact surface sanitized 3. Chen operations, includin chemicals by imme specified under N.J providing iv. An e relationship with a c concentration, and efficacy, yields sanit 8:24-1.5." N.J.A.C. 8:24-4.8 s warewashing equip warewashing, sink shall include the fol three compartments manually washing, equipment and uter device that accurate concentration in mg be provided(I) Co	ready pre-mixed. The ed that the staff just needed to e "on" position and fill the nent of the sink with the solution from the tube. / staff, including the or consistently follow the provisions of N.J.A.C 8:24-4.7 4.8. hich stipulates, "Sanitization of hsils (a) Equipment es and utensils shall be sils and food-contact surfaces be sanitized before use after being cleaned, equipment es and utensils shall be nical manual or mechanical ig the application of sanitizing rsion using a solution as .A.C. 8:24-4.8(j) by xposure time used in combination of temperature, pH that, when evaluated for tization as defined in N.J.A.C.	A 891			

New Jer	rsey Department of H	lealth			FORM A	PPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE S COMPL	ETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 891	Continued From pa	ge 48	A 891			
	observed that Dishuwipe two large pots removed from the " three-compartment placed the pots on a surveyor interviewe wiping the pots with procedure to dry the responded that she thought it was the of facility's Dishwashe and sanitized equip air-dried and not clo N.J.A.C. 8:24-4.11 of clean items, (a) A equipment and uter used after adequate Sanitizing Solutions and 2. Shall not be 3. On 11/8/19 at 10 Surveyor #1 and Su there were some ta were set with forks, surveyors observed the dining room, fro utensils and started on the table. The s table to visualize th noticed that upon c had water marks, a not be fully dry, with that time the Survey Server about the with Server stated, "It with then went back into	15 p.m., Surveyor #1 washer #2 used a cloth to a dry after the pots were Sanitize" compartment of the sink. Dishwasher #2 then a metal shelf. At that time the ed Dishwasher #2 and asked if a cloth was the correct e pots. Dishwasher #2 was not sure, but that she correct procedure. The er #2 did not ensure cleaned oment and utensils were oth-dried in accordance with which stipulates, "Protection After cleaning and sanitizing, nsils: 1. Shall be air-dried or e draining as specified in a 21before contact with food; cloth dried" 0:15 a.m., two surveyors, urveyor #3, observed that bles in the dining room that spoons and knives. The d that a Dining Server entered om the kitchen, with a cart of d to place the metal silverware urveyors approached the e silverware. Both surveyors loser look, some silverware nd some were observed to n water still on the spoons. At yor #3 interviewed the Dining et silverware and the Dining ill eventually dry." Surveyor #1 o the kitchen and observed g spoons, forks, knives and				

New Je	rsey Department of H	lealth				APPROVED
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		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
A 891	not in a self-drainin facility's Dining Ser silverware and uter tables were fully dry position and in acco 8:24-4.11 which stip items, (a) After clea equipment and uter used after adequate Sanitizing Solutions and 2. Shall not be equipment and uter self-draining position Covered or inverted 4. On 11/8/19 at 1: observed water lea high-pressure wate dishwashing machi surveyor observed towards the wall an interviewed Dishwa Dishwasher #1 stat in the tube came of leaking out and spr the floor. The surver reason that more w floor in that area, D Surveyor #1 asked this concern to the he reported it to the Dishwasher #1 furth Maintenance Direct not be able to fix th the dishwashing mac	at were nesting on a tray and g position to air dry. The ver did not ensure that the nsils placed on the dining room y, air-dried in a self-draining ordance with N.J.A.C. oulates, "Protection of clean aning and sanitizing, nsils: 1. Shall be air-dried or e draining as specified in a 21before contact with food; cloth dried (2) Clean nsils shall be stored: i. In a on that allows air drying; and ii. d." 40 p.m., Surveyor #1 king from the tube of the r sprayer near the ne in the kitchen. The that the water was directed id onto the floor. Surveyor #1 asher #1 regarding the leak. red that the tape around hole f and as a result, water was aying onto the wall and onto eyor asked if that was the vater was observed on the ishwasher #1 stated, "Yes." Dishwasher #1 if he reported management, he stated that e Maintenance Director. her stated that the tor informed him that it he may e leak as it may be related to				

STATEMEN	Sey Department of H T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		15C000	B. WING		11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
A 891	that was attached t dishwashing machi that he would notify	age 50 nole in the hose of the sprayer o the sink and not to the ine. Dishwasher #1 stated / the Maintenance Director change the hose that had the	A 891			
	At 3:30 p.m. on 11/8/19, the ED stated that the Maintenance Director was working on the leak and was replacing the hose. The Maintenance Director and Dishwasher #1 did not ensure that the leak in the plumbing system was immediately addressed and repaired as per the requirement of N.J.A.C. 8:24-5.2 Plumbing system which stipulates, "(a) A plumbing system shall be: 1. Repaired in accordance with N.J.A.C. 5:23, New Jersey Uniform Construction Code; and 2. Maintained in good repair."					
	inspected the kitche pipe under the thre leaking water onto Dishwasher #1 awa dishwashing machi that it looked like th joint/connector of th	11:00 a.m., Surveyor #1 en and observed that the drain e-compartment sink was the floor, the surveyor made are, who was standing by the ine. Dishwasher #1 stated he leak was from the elbow he drain pipe and that he aintenance Director.				
	to re-inspect the lead three-compartment interviewed the Ma that he replaced the pipe. However, the was still water leak elbow/connector. T agreed with the sur	urveyor returned to the kitchen ak under the sink. The surveyor intenance Director, who stated e elbow joint/connector on the surveyor observed that there ing from the newly replaced The Maintenance Director veyor's observation and also need to replace the metal				

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		15C000	B. WING		C 11/12/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOU UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
A 891	Continued From pa	ge 51	A 891			
	piece of the sink.					
	asked to provide do for equipment which	Surveyor#1 interviewed Dishwasher #1 and asked to provide documentation of reports made for equipment which needed repair, however, Dishwasher #1 stated, "I just tell the Maintenance Director."				
	The facility's Maintenance Director and Dishwasher #1 did not ensure that the facility's kitchen plumbing system was in good repair and was not leaking in accordance with N.J.A.C. 8:24-5.2 Plumbing system which stipulates, "(a) A plumbing system shall be: 1. Repaired in accordance with N.J.A.C. 5:23, New Jersey Uniform Construction Code; and 2. Maintained in good repair."					
	On 11/7/19 Surveyo kitchen and observe	or #2 conducted a tour of the ed the following:				
	a. In the dry storage area at 8:43 a.m. the surveyor observed an unlabeled and dented #10 can on the can rack. The alternate Food Service Coordinator (FSC) stated that the can should have been stored in an area that was segregated from serviceable food. In addition, the alternate FSC was not able to identify the contents of the can as the label was missing.					
	"Segregation and lo merchandise: Proc operatorsuch as o	24-6.4 which stipulates, ocation of distressed lucts that are held by the damaged, spoiled, or recalled segregated and held in				
		surveyor observed a box of on a cart defrosting over a				

	rsey Department of H				<u> </u>	
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED C 11/12/2019	
		15C000	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		TE 130 SOU <sup>-</sup> JKEN, NJ 08 <sup>-</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETI DATE
A 891	plastic bin of apple cocktail. The altern chicken pieces sho the meat rack and r potentially become ingredients. Refer to N.J.A.C. 8. "Characteristics Fo- unadulterated." c. At 8:50 a.m., the of a yellow pulpy su These bowls were of paper and were not food substance was substance was place alternate FSC state bowls was leftover meal the day before Refer to N.J.A.C. 8 "Packaged food sha N.J.S.A 24.5-17, Fo Labeling 21CFR Par reference" d. At 9:01 a.m. the nested silverware of The surveyor obser the wet utensils on Refer to N.J.A.C. 8 "Protection of clean sanitizing, equipme air-dried or used aff specified in Sanitizi contact with food; a dried (2) Clean ed	sauce and a plastic bin of fruit nate FSC stated that the uld have been defrosted on not over foods that could contaminated by raw 224-3.1 which reads, od shall be safe and a surveyor observed 18 bowls ubstance on a food cart. covered by a large piece of t labeled as to the what the s, nor the date as to when the ced into the bowls. The ed that the substance in the applesauce from the dinner e. 224-3.2(a)(3) which reads, all be labeled as specified bod Misbranding, and Food art 101 incorporated herein by surveyor observed wet on a tray in the dining room. ved the dietary staff placing tables. 224-4.11 which stipulates, a items, (a) After cleaning and ont and utensils: 1. Shall be ter adequate draining as ng Solutions 21before and 2. Shall not be cloth quipment and utensils shall be draining position that allows air	A 891			

New Je	rsey Department of H	lealth				APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU <sup>-</sup> UKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
A 891	<ul> <li>e. At 9:15 a.m. the piercing part of the crusted with food do The alternate FSC surveyor the date the cleaned.</li> <li>Refer to N.J.A.C. 8: "Maintenance and comparts of can opener minimize the creation of contaminate food with Additionally, refer to reads, "Sanitization Equipment food-conshall be sanitized.</li> <li>surfaces of equipment food-conshall be sanitized.</li> <li>f. At 9:16 a.m. the secontainers of spices dated. The alternate should have been containers of spices dated. The alternate should have been containers for the alternate should have been containers and the secontainers labeled containers labeled for the surve containers were op five (5) containers were op five (5)</li></ul>	surveyor observed that the commercial can opener was ebris and metal shavings. was not able to tell the ne can opener was last 24-4.5 which stipulates, operation Cutting or piercing 's shall be kept sharp to on of metal fragments that can when the container is opened." o N.J.A.C. 8:24-4.7 which of equipment and utensils (a) ntact surfaces and utensils (b) Utensils and food-contact ent shall be sanitized before (c) After being cleaned, ntact surfaces and utensils				

STATE FORM

STATEMEN	SEY Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 11/12/2019	
		15C000	B. WING			
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
IVY STO	NE SENIOR LIVING		JTE 130 SOUT JKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
A 891	Continued From pa	ge 54	A 891			
		:24-3.1 which stipulates, od shall be safe and				
	the surveyor observ pitcher which was f substance. The pit wrap; however, the indicate the content indicate when it pla should be used. The the pitcher contained not able to identify pitcher. Refer to N.J.A.C. 8	de the cold cut refrigerator, ved a clear plastic beverage illed with a tan creamy cher was covered with plastic pitcher was not labeled to ts and there was no date to ced in the pitcher and when it he alternate FSC stated that ed Caesar dressing but was the date it was placed into the 224-3.1 which stipulates, od shall be safe and				
	the surveyor observ concord grape jam peanut butter, neith opened date. Refer to N.J.A.C. 8	top of the cold cut refrigerator, ved a three-pound container of and a large container of ler item was marked as to the :24-3.1 which stipulates, od shall be safe and				
A 901	8:36-10.5(c)(4) Din	ing Services	A 901			
		blanned, prepared, and served but not limited to, the				
	changes in menus preparation are conspicuous place	us with portion sizes and any shall be posted in the food a. Menus shall be posted in a in residents' area, and/or a u shall be provided to each				

STATEMEN	SEY Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		15C000	B. WING	B. WING		C 11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET	
A 901	Continued From pa	ge 55	A 901				
	shall be posted resident. Menus, w	ges or substitutes in menus or provided in writing to each ith changes or substitutes, n file in the facility for at least					
	by: Repeat Deficiency Based on observati review it was detern provide written, pla portion sizes poster preparation/serving record of menu cha	NT is not met as evidenced ion, interview and record mined that the facility failed to nned and dated menus with d in the kitchen area and failed to retain a anges and substitutions as cient practice was evidenced					
	and on 11/8/19 duri	he breakfast and lunch meals ing the lunch meal the the following dietary					
	observed Cook #1, placed scrambled e a plate. Surveyor # menu posted in the plated the food. Su for Week 1 through	11/7/19, Surveyor #1 by the steam table, who eggs and two slices of toast on t1 observed that there was no e serving area as the cook urveyor #1 observed menus Week 4 with no portion sizes, of the Food Service					
	11/7/19 and asked	ewed Cook #1 at 9:10 a.m. on Cook #1 to identify the ladle ating the scrambled eggs. He					

New Jer	sey Department of H	lealth			FORM	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOU			
(X4) ID	SUMMARY STA		UKEN, NJ 08	PROVIDER'S PLAN OF CO	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
A 901	Continued From pa	ige 56	A 901			
		cked the back of its handle,				
		Inces (4 oz)." Surveyor #1 z scoop was the appropriate				
		scrambled eggs. He stated,				
		been 3 oz scoop. Somebody				
		d placed that scoop there." sked Cook #1 where the				
		sizes were kept, Cook #1				
	responded and stat	ted, "Over here." He walked				
		e of the steam table and from the shelf with the Week 4				
	picked up a binder from the shelf with the Week 4 menu (with no portion sizes noted) placed on the					
	front cover. Cook #	#1 then opened the binder and				
		the binder to the "Week 4 page, which contained and				
		the day with the portion sizes				
	of food items, inclu	ding the portion sizes for				
		I soft, puree, and therapeutic ed the Carbohydrate				
	· · · · · · · · · · · · · · · · · · ·	CD) and the Renal Diet. The				
	surveyor observed	that the Week 4 Menu				
		ented, "Scrambled Eggs - 4 oz that he did not realize that the				
		was 4 oz and that he used				
	the correct ladle siz					
	On 11/7/19 at 12:0	5 p.m., Surveyor #1 returned				
	to the kitchen and o	observed dietary staff pick up				
		livered the food to residents in				
	0	he surveyor also observed y staff plating food from the				
		eyor #1 did not observe a				
	menu with portion s	sizes posted in the				
	<b>.</b>	a. Surveyor #1 observed that				
		following food items using a le ladle: pasta/egg noodles,				
		own sauce and brussels				
	sprouts. Surveyor	#1 interviewed Cook #1 and				
	asked the cook to i	dentify the size of the				

	NT OF DEFICIENCIES	Iealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			С
		15C000	B. WING			12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
vy sto	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
A 901	Continued From pa	age 57	A 901			
	beige-colored ladle. Cook #1 checked the back of ladle handle and stated, "It is 3 oz." Surveyor #1 asked if 3 oz was the appropriate serving size for vegetables and the egg noodles. The cook again took the Week 4 Menu Extensions, which reflected portion sizes, from a binder near the steam table. Cook #1 then stated, "It should be 4 oz." Surveyor #1 asked Cook #1 if he was aware of the requirement to post the menu with portion sizes in the plating/serving area, he stated, "No." Surveyor #1 then observed Cook #1 instruct the dietary staff, who assisted Cook #1 to plate the food, to get 4 oz scoops/ladles (gray-colored handle) to use for plating the food. Surveyor #1 observed Cook #1 and the dietary staff using 4 oz ladles for egg noodles, mashed potatoes and brussel sprouts.					
	reviewed the menu Menu, which listed lunch: "Grilled Han baked tomato or Br Potatoes, Tricolore observed the follow table: Baked tomat sauce with carrots and roasted potato that Cook #2 plated and carrots in a bro potatoes and the tri surveyor observed of the breaded veal 3 oz (beige color) s	:55 a.m., Surveyor #1 for Friday of the Week 4 the following food items for n and Cheese sandwich, raised Veal, Roasted New d Peppers" Surveyor #1 ving food items on the steam to, breaded veal cutlet, brown and peas, tricolored peppers es. The surveyor observed d breaded veal cutlet with peas own sauce, diced roasted i-colored peppers. The that Cook #2 plated one piece I cutlet, diced potatoes using a scoop, tricolored peppers using own sauce with peas and z ladle.				
		erview with Cook #2 at that asked if a 3 oz scoop/ladle				

STATEME	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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	PROVIDER OR SUPPLIER		DRESS, CITY, ST			12/2010	
			UTE 130 SOUT				
IVY STO	NE SENIOR LIVING		UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
A 901	that the 3 oz scoop, Cook #2 went and g out the Week 4 Mer portion sizes for foc day. Cook #2, in the reviewed the menu that he should have stated that he was in oz scoop on each the the steam table. Su aware of a requiren portion sizes in the 2. Dietary staff, ince the alternate FSC, of menus were consist substitutions and ch documented and a days. a. Surveyor #1 inter at 12:35 p.m., who menu for Thursday which listed "Cubect (breast/leg), Egg No Onion/Carrots, Bruss milk." However, the 11/7/19 lunch menu residents, listed Ber Noodles and not the Noodles. Surveyor #1 observive vegetable plated wi beef, which was set surveyor interviewe	•					

STATEME	rsey Department of H NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
VY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 08 <sup>4</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 901	noodles. Cook #1 s indicated, "Beef Go Noodles." The surv Noodles was the sa ingredients as Egg and stated, "No." S Cook #1 to provide the Beef Goulash a recipes. The surve searched the recipe closest recipe he w Goulash." Cook #1 not the same becau with tomatoes while brown sauce." The for Neapolitan Nood confirmed that the r b. On 11/8/19 at 1 the menu for Friday listed the following f Ham and Cheese s Braised Veal, Roas Peppers" The su food items on the st tricolored peppers r surveyor observed veal cutlet, tricolore and carrots and pea	ge 59 stated that the menu only ulash and Neapolitan veyor then asked if Neapolitan ame or had the same Noodles. Cook #1 responded Surveyor #1 then requested the surveyor with a copy of nd Neapolitan Noodles yor observed as Cook #1 e binder and stated that the as able to find for "Beef ecipe for "Hungarian confirmed and stated, "It is use the Goulash is cooked e the cubed beef with just surveyor reviewed the recipe dles with Cook #1 and recipe included vegetables. 1:55 a.m., Surveyor reviewed v of the Week 4 Menu, which food items for lunch: "Grilled andwich, baked tomato or ted New Potatoes, Tricolored urveyor observed the following team table: Baked tomato, roasted potatoes. The that Cook #2 plated breaded d peppers, diced potatoes as in a brown sauce. ewed Cook #2 at 12:05 p.m. veal reflected on the menu, a not served but rather served, Cook #2 stated that he at the alternate FSC nu item and may know the				

	NT OF DEFICIENCIES OF CORRECTION	lealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		15C000	B. WING			12/2019
NAME OF	PROVIDER OR SUPPLIER		ORESS, CITY, ST			
VY STO	NE SENIOR LIVING		ITE 130 SOUT JKEN, NJ 081			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
A 901	Continued From pa	ge 60	A 901			
A 903	12:10 p.m. regardin served and not the reflected on the lun alternate FSC state when he ordered th stated that he did n breaded veal. The needed to cook wha alternate FSC state baked, it was dry an alternate FSC conti cooked the brown s carrots and placed Surveyor #1 asked contacted the Dietit veal with peas and an acceptable subs on the menu, he sta asked the alternate Dietitian for other d the kitchen. He sta assisting the facility facility's FSC was of At 12:30 p.m. that of asked the alternate the lunch menu cha he stated, "No." Th documentation of th substitutions made 11/7/19 and 11/8/19	ing Services	A 903			
		blanned, prepared, and served but not limited to, the				

New Jer	sey Department of H	lealth			FORM A	PPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SU COMPLE	
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		ITE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 903	Continued From pa	ge 61	A 903			
	5. Diets served shall be consistent with the diet manual, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with physicians' orders;					
	by: Based on observative review it was deterned ensure that food se including the Renal Dietetics in Healthor Jersey (DHCC of N	NT is not met as evidenced ion, interview and record mined that the facility failed to rved for the therapeutic diets, Diet, were consistent with the are Communities of New J), the diet manual used by ficient practice was evidenced				
	surveyor observed, in the kitchen, a bin menus. The survey cover of the binder however, the menu The surveyor obser Extensions through which included the served for a Regula	on 11/7/19 and 11/8/19 the to the left of the serving area ider that had recipes and yor observed on the front the menus for Weeks 1-4, s did not include portion sizes. rved that the Week 1 Menu Week 4 Menu Extensions, portion sizes of food items ar Diet, Mechanical Soft Diet, rolled Diet (CCD) and Renal de the binder.				
	Coordinator (FSC) diet manual used b FSC showed the su DHCC of NJ, and s	) p.m. the surveyor ernate Food Service and asked him to provide the y the facility. The alternate urveyor the diet manual, tated that the diet manual was y the Dietitian, as well as the				

	sey Department of H	iealth (X1) provider/supplier/clia	(X2) MUI TIPI F	ECONSTRUCTION	(X3) DATE	ESURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		15C000	B. WING			C 12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOU <sup>-</sup> UKEN, NJ 08 <sup>-</sup>			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETI DATE
A 903	Continued From pa	ge 62	A 903			
	Cooks for the facility.					
	On 11/14/19 at 1:35	5 p.m., during a post survey				
		, the facility Registered				
		asked to provide the nutrient lop the 4 week-cycle Renal				
	Menu. During that	call the facility RD could not				
		ted information and stated tha c. On 11/18/19 at 2:50 p.m.,	t			
		elephone interview with the				
		ed that the 2018 DHCC of NJ				
	4 week-cycle Rena	Diet, was used to develop the I Menu.	÷			
	Review of Week 1 I	Menu Extensions - Week 4				
		evealed the following				
	Week 1 Menu Exte Dinner - Apricot Ha	nsions Renal Tuesday m - (canned Ham)				
	2018 DHCC of NJ I	Diet Manual, Renal Diet:				
		ein (Meats, Poultry, Fish, Dry				
		luts), FOODS TO AVOID - processed meats or fish.				
	Canned, salted, or	, processed meats or fish,				
	Organ meats, dried nuts. Nut butters.	l beans, peas and lentil and				
		rocessed meat products are				
	to be avoided in ac NJ Diet Manual Re	cordance with 2018 DHCC of nal Diet.				
		nsions Renal Thursday				
	Breakfast: 4-ounce cream	(oz) milk, Lunch 4 oz ice				
		Diet Manual, Renal Diet: y (Milk, Yogurt and Cheese),				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		15C000	B. WING			11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 903	FOODS RECOMM fat-free, cream, ice & half, pudding whe Cheese (higher in s meat), Cheddar, Mc Cottage cheese, ric AVOID: Milk in exc Chocolate milk or p cheese sauces. Milk (4 oz) and ice breakfast and lunch ½ cup of milk in acc NJ Diet Manual Ref Week 3 Menu Exte Breakfast: 4 oz mil Chowder 6 oz (prep 2018 DHCC of NJ I Food Groups: Dair FOODS RECOMM fat-free, cream, ice & half, pudding whe Cheese (higher in s meat), Cheddar, Mc Cottage cheese, ric AVOID: Milk in exc Chocolate milk or p cheese sauces. Milk and corn chow milk product as per confirmation from th one 1 cup of milk ai accordance with 20 Renal Diet.	ENDED, Whole milk, 1%, 2%, milk or ice cream, yogurt, half en made with milk ½ cup. sodium and phosphorus than ozzarella, Swiss - 1 oz sotta - ¼ cup. FOOD TO sess of allowed amounts, oudding. American cheese or cream (4 oz) served for n equal 1 cup of milk and not a cordance with 2018 DHCC of nal Diet. nsions Renal Wednesday k, Dinner: 6 oz, Corn bared with milk) Diet Manual, Renal Diet: y (Milk, Yogurt and Cheese), ENDED: Whole milk, 1%, 2% milk or ice cream, yogurt, half en made with milk ½ cup. sodium and phosphorus than bozzarella, Swiss - 1 oz sotta - ¼ cup. FOOD TO cess of allowed amounts rudding. American cheese or	, ,				

					`´СОМ	E SURVEY PLETED C
		15C000	B. WING			12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE AC		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 903	Lunch: Shredded ( Peanut butter Ca 2018 DHCC of NJ I Food Groups: Grai Pasta and Other G FOOD TO LIMIT/AV bran cereals salted chips, boxed dinne granola, dry cereals sodium, nuts, coco The following grain amaranth, millet 1 s x week. Food Groups: Dair FOODS RECOMM 2%, fat-free, cream half & half, pudding Cheese (higher in s meat), Cheddar, Mc Cottage cheese, ric AVOID: Milk in exc Chocolate milk or p cheese sauces. Protein (Meats, Por and Nuts), FOODS or processed meats beans, peas and le	Cheese,Corn Chips, ke Diet Manual, Renal Diet: ins (Breads, Cereals, Rice, rains and Pseudo grains), VOID: Quick-cooking cereals, popcorn, corn chips, potato rs (i.e. Hamburger Helper) s containing high levels of nuts, dried fruits, chocolate. s/pseudo grains quinoa, teff, serving (1/2 c) may be used 1 Y (Milk, Yogurt and Cheese), ENDED: Whole milk, 1%, , ice milk or ice cream, yogurt, when made with milk ½ cup. sodium and phosphorus than ozzarella, Swiss - 1 oz cotta - ¼ cup. FOOD TO cess of allowed amounts budding. American cheese or ultry, Fish, Dry Beans, Eggs TO AVOID: Canned, salted, s or fish, Organ meats, dried ntil and nuts. Nut butters.				
	Protein (Meats, Por and Nuts), FOODS or processed meats beans, peas and le Shredded Cheese and therefore, the or residents may be o American Cheese).	TO AVOID: Canned, salted, s or fish, Organ meats, dried ntil and nuts. Nut butters.				

New Jer	sey Department of H	lealth			i erai	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOUT UKEN, NJ 081			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
A 903	Continued From pa	ge 65	A 903			
	Week 4 Menu Extensions Renal Thursday Breakfast: 4 oz milk, Dinner: 4 oz ice cream Dinner: Shredded Swiss Cheese 3 oz, Sweet and Sour Pork Ribs 3 oz					
	Food Groups, Dairy FOODS RECOMM fat-free, cream, ice & half, pudding whe Cheese (higher in s meat), Cheddar, Me Cottage cheese, ric AVOID, Milk in exce	Diet Manual, Renal Diet: / (Milk, Yogurt and Cheese), ENDED: Whole milk, 1%, 2%, milk or ice cream, yogurt, half en made with milk ½ cup. sodium and phosphorus than ozzarella, Swiss - 1 oz sotta - ¼ cup. FOOD TO ess of allowed amounts oudding. American cheese or				
	and Nuts), FOODS or processed meats processed meats o	ultry, Fish, Dry Beans, Eggs TO AVOID: Canned, salted, s or fish. Canned, salted, or r fish, Organ meats, dried ntil and nuts. Nut butters.				
	of milk and not a ½ the 2018 DHCC of Cheese is limited to and Sour Pork Ribs and processed mea	served that day equal 1 cup cup of milk recommended in NJ Manual. Shredded Swiss o 1 oz and not 3 oz, Sweet is a processed meat product at products are to be avoided the 2018 DHCC of NJ Diet				
	portion sizes of the were consistent and	not ensure that food items and Renal Diet given to residents d in accordance with the lanual for a Renal Diet.				
A 940	8:36-11.5(b)(2)(i-iv) Services	(1-3),(v-vi) Pharmaceutical	A 940			

STATEMEN	Sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		UTE 130 SOUT			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 940	Continued From pa	age 66	A 940			
	<ul> <li>(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C.</li> <li>13:37-6.2 to certified medication aides, as defined in this chapter.</li> </ul>					
	in accordance with procedures and	riate delegation is made, and the facility's policies and d all applicable State and egulations, the certified ay:				
	i. Administer medications through the routes of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical, and by the percutaneous endoscopic gastrostomy (PEG) tube route of administration;					
		er any prescription or OTC scribed in (b)1 above;				
		ter regularly scheduled ling prescription, OTC, and nedications;				
	prescription, OTCa except that following medicatio	ter "prn" or as-needed nd Schedule II-V medications t residents receiving the ons shall be assessed by the essional nurse at least once				
	1. Resi Il narcotic analgesi	idents receiving prn Schedule cs;				
	2. Resi III-IV narcotic anal <u>c</u>	idents receiving Schedule				

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
		15C000	B. WING			C 12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		ITE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTIREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO T			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
A 940	<ul> <li>III-IV central nervou</li> <li>v. Administ</li> <li>dispensed by a pha with N.J.S.J</li> <li>24:21 et seq., N.J.A requirement</li> <li>vi. Administ</li> <li>research medicatio Part 46, Pro-</li> </ul>	dents receiving Schedule us system agents; er medications that have been armacy, in accordance A. 45:14 et seq., N.J.S.A. A.C. 13:39, and the its of this chapter; or ter experimental and/or ns in accordance with 45 CFR otection of Human Subjects, by reference, as amended	A 940			
	by: Complaint #: NJ00 Based on interview determined the faci Registered Nurse ( delegation of medic facility's Certified M of 8 residents revie administration, Res delegation of medic N.J.A.C. 13:37-6.2 properly supervise whom such delegat practice was evider On 11/12/19 the sur record of <u>Resident</u>	and record review it was lity failed to ensure that the RN) made appropriate cations administered by the edication Aide's (CMA's) for 1				

New Je	rsey Department of H	lealth			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		LETED
		15C000	B. WING		C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
IVY STO	NE SENIOR LIVING		JTE 130 SOU JKEN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
A 940	Continued From pa	ge 68	A 940			
	bilateral (both) lower extremity cellulitis, for which the resident required wound treatment to both legs and feet.					
	used to record who when it was admini November 2019 an current Physician's since 9/17/19, for m both of Resident #7 0.125% Solution AF EXTREMITIES (LE WITH DRY DRESS DX: WOUND CARE 'PROVIDONE-IOD TOPICALLY TO BE BETWEEN EACH V BY KLING DAILY D Further review of th documents, reveale to provide treatmen possible side effect instructions related documented evider in-serviced or recei effects. Further review of th revealed that on 11 CMAs signed the M provided the treatm The surveyor interv CMAs received trai regarding the treatm	ord's (MARs), (a document administered a medication, stered and by whom) for d observed the following orders, which were effective nedications and treatments to "s feet and legs: "H-Chlor 12 PPLY TO BILATERAL LOWER GS AND FEET). COVER ING EVERY OTHER DAY " and INE 10% SOLUTION APPLY TWEEN TOES & APPLY 4X4 WEB SPACES FOLLOWED X: WOUND CARE" ne MAR, and other facility ed that the CMAs authorized its were not in-serviced on the				

	NT OF DEFICIENCIES	Iealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		15C000	B. WING			C 11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A 940	provided instruction of a note and that s supervision to the C The RN provided th undated note which "ATTENTION: NUE progress note for w Wound care admini- cleansed with soap [sic] Urea cream ap [sic]Betadine applie webspace, kling ap dressing and socks bed heels were offle how the wound lool if there was any dra The surveyor obser written and provide the current Physicia Resident #7's wour for November 2019 Reference N.J.A.C stipulates, "Delegat (a)The registered p delegate selected r implementation of t toancillary nursing selected nursing ta professional nurse exercising that deg knowledge reasona proper delegation h professional nurse performance of a n	<ul> <li>as to the nursing staff by way the had not provided direct CMAs.</li> <li>as surveyor with a copy of an a documented the following: RSING STAFF Nursing round care: [Resident #7] istered as ordered: Wound and water to remove dry skin oplied to legs and feet ad between toes and plied. Site covered with 5. While resident is sitting in oaded with pillow. Document ks (reddened, eschar, slough) ainage or odor."</li> <li>aved that the above note, d by the RN, did not reflect an's orders for the treatment to ads based on the current MAR to a solve and the intervent of the start of t</li></ul>					

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
		15C000	B. WING			11/12/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
VY STO	NE SENIOR LIVING		UTE 130 SOUT UKEN, NJ 081				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
A1433	Each comprehensive comply with the foll through 15, 16.8(c) 17.5(a)4), and 18 th comprehensive per with the following: N 16.8(c), 16.15, 16.1 18 through 22. This REQUIREMEN by: Based on observation determined that the regulatory standard failing to ensure that materials were seed with memory impain facility also failed to standard N.J.A.C: 8 building free from fi residents at risk for was evidenced by the 1. On 11/7/19 at 10 observed a sign on residents with memory read, "Please keep times." The survey unattended door ar observed a bottle of the wall labeled, "E The bottle was observed with a label that read industrial use only/f The label on the base be harmful if swallo	sonal care home shall comply N.J.A.C. 8:36-1 through 15, 16, 17 (except 17.5(a)4), and NT is not met as evidenced fon and interview it was a facility failed to comply with I N.J.A.C: 8:36-17.3(b)(4) by at all poisonous and toxic ured, which placed residents rment at risk for harm. The o comply with the regulatory 3:36-17.7 by failing to keep the re hazards, which placed all harm. This deficient practice he following: 0:30 a.m., the surveyor a door in the locked unit for iory impairment. The sign laundry room locked at all or opened the unlocked and d entered the room and f a blue substance hanging on nzyme Laundry Detergent." erved to be opened at the top ad, "For institutional and keep out of reach of children." ick of the bottle read, "May					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
	15C000	B. WING			C 11/12/2019	
PROVIDER OR SUPPLIER	STREET A					
NE SENIOR LIVING						
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	age 71	A1433				
stipulates, "All household and cleaning products used by the facility staff shall be secured. All poisonous and toxic materials shall be stored in a locked cabinet or room"						
2. While in the laundry room, the surveyor observed a build up of lint in the dryer exhaust flexible vent tubing and behind the dryer the flexible vent tubing was disconnected from the dryer and there was a significant build up of lint on the wall and the floor. Refer to N.J.A.C. 8:36-17.7 which stipulates, "The building and the grounds shall be kept free from fire hazards and other hazards to resident's health and safety."						
Licensed Practical who stated that the supposed to be loc then interviewed th p.m., who stated th should have been l detergent should n	Nurse assigned to the unit a laundry room door was ked at all times. The surveyou be Executive Director at 12:00 hat the laundry room door locked and the laundry ot have been accessible to					
	OF CORRECTION PROVIDER OR SUPPLIER <b>NE SENIOR LIVING</b> SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L Continued From parts stipulates, "All houred by the facility poisonous and toxis in a locked cabinet 2. While in the laured observed a build up flexible vent tubing flexible vent tubing free from fire hazars resident's health and At 10:51 a.m. the ss Licensed Practicals who stated that the supposed to be lood then interviewed the p.m., who stated the should have been detergent should not parts of the should not the should have been detergent should not provide the should not the should have been detergent should not the sh	OF CORRECTION       IDENTIFICATION NUMBER:         15C000       15C000         PROVIDER OR SUPPLIER       STREET AI         NE SENIOR LIVING       7999 RO         PENNSA       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 71       Stipulates, "All household and cleaning products used by the facility staff shall be secured. All poisonous and toxic materials shall be stored in a locked cabinet or room"         2. While in the laundry room, the surveyor observed a build up of lint in the dryer exhaust flexible vent tubing and behind the dryer the flexible vent tubing was disconnected from the dryer and there was a significant build up of lint on the wall and the floor. Refer to N.J.A.C. 8:36-17.7 which stipulates, "The building and the grounds shall be kept free from fire hazards and other hazards to resident's health and safety."         At 10:51 a.m. the surveyor interviewed the Licensed Practical Nurse assigned to the unit who stated that the laundry room door was	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         15C000       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         NE SENIOR LIVING       7999 ROUTE 130 SOUT         PENNSAUKEN, NJ 08:       ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 71       A1433         stipulates, "All household and cleaning products used by the facility staff shall be secured. All poisonous and toxic materials shall be stored in a locked cabinet or room"       A1433         2. While in the laundry room, the surveyor observed a build up of lint in the dryer exhaust flexible vent tubing and behind the dryer the flexible vent tubing was disconnected from the dryer and there was a significant build up of lint on the wall and the floor.         Refer to N.J.A.C. 8:36-17.7 which stipulates, "The building and the grounds shall be kept free from fire hazards and other hazards to resident's health and safety."         At 10:51 a.m. the surveyor interviewed the Licensed Practical Nurse assigned to the unit who stated that the laundry room door was supposed to be locked at all times. The surveyor then interviewed the Executive Director at 12:00 p.m., who stated that the laundry room door should have been locked and the laundry detergent should not have been accessible to	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COMING:         15C000       B. WING       111/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         NE SENIOR LIVING       TOPONIDER'S PLAN OF CORRECTION         VECTOR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES       D         SUMMARY STATEMENT OF DEFICIENCIES       D       PROVIDER'S PLAN OF CORRECTION         RESENIOR LIVING       TAG       PROVIDER'S PLAN OF CORRECTION         REQULATORY OR LSC IDENTIFYING INFORMATION)       TAG       PROVIDE RESERVECTO TO THE APPROPRIATE         Deficiency       DEFICIENCY       CROSS-REFERENCED TO THE APPROPRIATE       DEFICIENCY)         Continued From page 71       A1433       A1433       Stipulates, "All household and cleaning products       A1433         stipulates, "All household and cleaning products       Stoper and toxic materials shall be stored       In a locked cabinet or room"       A1433         2. While in the laundry room, the surveyor       observed a build up of lint in the dryer exhaust       Fiexible vent tubing and behind the dryer the       Fiexible vent tubing and behind the dryer the         flexible vent tubing and be dryer the       free from fire hazards and other hazards to       Fiexible vent the surveyor interviewed the       Fiexible vent to be locked at all times. The surveyor       Fiexible vent to be locked at al	

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION			DATE OF REVIS	SIT
IDENTIFICATION NUMBER	A. Building				
15C000 <sub>Y1</sub>	B. Wing	· · · · · · · · · · · · · · · · · · ·	Y2	5/13/2021	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
IVY STONE SENIOR LIVING		7999 ROUTE 130 SOUTH			
		PENNSAUKEN, NJ 08110			

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITE	M	DATE	ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5	
ID Prefix Reg. # LSC	A0310 8:36-3.4(a)(1)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A0311 8:36-3.4(a)(2)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A0745 8:36-7.2(f)	Correctio Complete 05/13/202	ed
ID Prefix Reg. # LSC	A0765 8:36-7.4(c)(1)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A0891 8:36-10.5(a)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A0901 8:36-10.5(c)(4)	Correctio	ed
ID Prefix Reg. # LSC	A0903 8:36-10.5(c)(5)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A0940 8:36-11.5(b)(2)(i-iv) (1-3),(v-vi)	Correction Completed 05/13/2021	ID Prefix Reg. # LSC	A1433 8:36-22.2	Correctio	ed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correctio	
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correctic	
REVIEWS STATE AN REVIEWS CMS RO FOLLOW 11/12/20		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) Y COMPLETED ON		SIGNATURE OF TITLE CK FOR ANY UNCORRE ORRECTED DEFICIENCI	CTED DEFICIEN		A SUMMARY OF		 