

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00129557 and NJ00130262</p> <p>CENSUS: 83</p> <p>SAMPLE SIZE: 17</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **05/25/21**

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Repeat Deficiency Based on observation, interview and record review it was determined that the Executive Director (ED) failed to ensure the development and implementation of policies and procedures that included the requirement to post menus with portion sizes in the serving/plating area to ensure residents received nutritionally and appropriately portioned meals in accordance with regulations and the Dietitian's planned menus. The facility ED failed to consistently implement the facility's "Dining Services" policy which required the facility's dining services department prepare food in accordance with all public health codes, which includes the requirement and provisions of N.J.A.C. 8:24 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" Chapter XII of the New Jersey Sanitary Code and failed to ensure that records of menu changes and substitutions were kept for at least 30 days to ensure food served had the same nutritive value. In addition, the ED did not ensure the consistent implementation of the facility's "Weight Gain/Loss" and "Upon return from the ER or hospital [sic]" policies to ensure residents significant weight losses or weight gains were addressed by the Registered Nurse (RN). This deficient practice was evidenced by the following:</p> <p>On 11/7/19 during the breakfast and lunch meals and on 11/8/19 during the lunch meal the</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>surveyor observed the following dietary concerns:</p> <p>1. At 9:05 a.m. on 11/7/19, Surveyor #1 observed Cook #1, by the steam table, who placed scrambled eggs and two slices of toast on a plate. Surveyor #1 observed that there was no menu posted in the serving area as the cook plated the food. Surveyor #1 observed menus for Week 1 through Week 4 with no portion sizes, posted by the door of the Food Service Coordinator's (FSC) office.</p> <p>a. Surveyor interviewed Cook #1 at 9:10 a.m. on 11/7/19 and asked Cook #1 to identify the ladle size he used for plating the scrambled eggs. He lifted the ladle, checked the back of its handle, and stated, "four ounces (4 oz)." Surveyor #1 then asked if a 4 oz scoop was the appropriate size for plating the scrambled eggs. He stated, "No, it should have been 3 oz scoop. Somebody made a mistake and placed that scoop there." Surveyor #1 then asked Cook #1 where the menus with portion sizes were kept, Cook #1 responded and stated, "Over here." He walked towards the left side of the steam table and 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 turned the page of the binder to the "Week 4 Menu Extensions" page which contained and included menus for the day with the portion sizes of food items, including the portion sizes for regular, mechanical soft, pureed and therapeutic diets, which included the Carbohydrate Controlled Diet (CCD) and the Renal Diet. The surveyor observed that the Week 4 Menu Extensions documented, "Scrambled Eggs - 4 oz ..." Cook #1 stated that he did not realize that the</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>correct portion size was 4 oz and that he used the correct ladle size (4 oz).</p> <p>On 11/7/19 at 12:05 p.m., Surveyor #1 observed that Cook #1 plated the following food items using a beige-colored handle ladle: pasta/egg noodles, cubed beef with brown sauce and brussels sprouts. Surveyor #1 interviewed Cook #1 and asked to identify the size of the 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 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.</p> <p>b. On 11/8/19 at 11:55 a.m., Surveyor #1 reviewed the Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers..." The Surveyor observed the following food items on the steam table: Baked tomato, breaded veal cutlet, brown sauce with carrots and peas, tricolored peppers and roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet with peas and carrots in a brown sauce, diced roasted potatoes and the</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>tri-colored peppers. The surveyor observed that Cook #2 plated one piece of the breaded veal cutlet, diced potatoes using a 3 oz (beige color) scoop, tricolored peppers using a 3 oz ladle and brown sauce with peas and carrots using a 3 oz ladle.</p> <p>During surveyor interview with Cook #2 at that time, the surveyor asked if a 3 oz scoop/ladle was the appropriate size to plate the above-mentioned food items. Cook #2 stated that the 3 oz scoop/ladle was the correct size. Cook #2 went and got the menu binder and took out the Week 4 Menu Extensions, which had the portion sizes for food items on the menu for that day. Cook #2, in the presence of the surveyor, reviewed the menu with portion sizes and stated that he should have used a 4 oz scoop. Cook #2 stated that he was in a hurry and just placed a 3 oz scoop on each tray for each of food items on the steam table. The surveyor asked if he was aware of a requirement to post menus with portion sizes in the plating area, he stated, "No."</p> <p>2. Dietary staff, including the program 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.</p> <p>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</p>	A 310		
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A 310	<p>Continued From page 5</p> <p>residents, listed Beef Goulash and Neapolitan Noodles, and not the Cubed Beef and Egg Noodles.</p> <p>Surveyor #1 observed that there was no vegetable plated with the egg noodles and cubed beef, which was served in a brown sauce. The surveyor interviewed Cook #1 and asked why there was no vegetable served with the egg noodles. Cook #1 stated that the menu only indicated, "Beef Goulash and Neapolitan Noodles." The surveyor then asked if Neapolitan Noodles was the same or had the same ingredients as Egg Noodles. Cook #1 responded and stated, "No." Surveyor #1 then requested Cook #1 to provide the surveyor with a copy of the Beef Goulash and Neapolitan Noodles recipes. The surveyor observed as Cook #1 searched the recipe binder and stated that the closest recipe he was able to find for "Beef Goulash" was the recipe for "Hungarian Goulash." Cook #1 confirmed and stated, "It is not the same because the Goulash is cooked with tomatoes while the cubed beef with just brown sauce." The surveyor reviewed the recipe for Neapolitan Noodles with Cook #1 and confirmed that the recipe included vegetables.</p> <p>b. On 11/8/19 at 11:55 a.m., Surveyor #1 reviewed the Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers ..." The surveyor observed the following food items on the steam table: Baked tomato, tricolored peppers and roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet, tricolored peppers, diced potatoes and carrots and peas in a brown sauce.</p>	A 310		
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A 310	<p>Continued From page 6</p> <p>Surveyor #1 interviewed Cook #2 at 12:05 p.m. and asked why the veal reflected on the menu, "Braised Veal," was not served but rather breaded veal was served, Cook #2 stated that he was not sure but that the alternate FSC substituted the menu item and may know the answer.</p> <p>Surveyor #1 interviewed the alternate FSC at 12:10 p.m. regarding the breaded veal that was served and not the "Braised Veal" that was reflected on the lunch menu for that day. The alternate FSC stated that he made a mistake when he ordered the food and supplies. He stated that he did not realize that he ordered breaded veal. The alternate FSC stated that they needed to cook what was available. The alternate FSC stated that since breaded veal was baked, it was dry and needed a sauce. The alternate FSC continued that he created and cooked the brown sauce with the diced carrots and peas and placed that over the breaded veal.</p> <p>Surveyor #1 asked the alternate FSC if he contacted the Dietitian to ensure that the breaded veal with carrots and peas in a brown sauce was an acceptable substitution for the "Braised Veal" on the menu, he stated, "No." The surveyor then asked the alternate FSC if he had contacted the Dietitian for other dietary concerns and issues in the kitchen. He stated that he just started assisting the facility two weeks ago, as the facility's FSC was on leave of absence.</p> <p>The surveyor asked the alternate FSC if he documented the menu changes made on 11/7/19, with the "Beef Goulash" and "Neapolitan Noodles" that were substituted with cubed beef in</p>	A 310		
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A 310	<p>Continued From page 7</p> <p>a brown sauce and egg noodles and on 11/8/19, the braised veal was substituted with breaded veal and peas and carrot sauce. The alternate FSC was unable to provide the documentation of the changes made to the menu.</p> <p>3. On 11/7/19 at 1:15 p.m., Surveyor #1 observed that Dishwasher #2 used a cloth to wipe two large pots dry after the pots were removed from the "Sanitize" compartment of the three-compartment sink. Dishwasher #2 then placed the pots on a metal shelf. At that time, the surveyor interviewed Dishwasher #2 and asked if wiping the pots with a cloth was the correct procedure to dry the pots. Dishwasher #2 responded that she was not sure, but that she thought it was the correct procedure. The dietary staff then stated that she would place the pots back in the sink to sanitize.</p> <p>Refer to N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>4. On 11/8/19 at 10:15 a.m., two surveyors, Surveyor #1 and Surveyor #3, observed that there were some tables in the dining room that were set with forks, spoons and knives. The surveyors observed a Dining Server entered the dining room, from the kitchen, with a cart of utensils and started to place the metal silverware on the table. The surveyors approached the table to visualize the silverware. Both surveyors noticed that upon closer look, some silverware</p>	A 310		
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A 310	<p>Continued From page 8</p> <p>had water marks on them and some were observed to not be fully dry, with water still on the spoons. At that time, Surveyor #3 interviewed the Dining Server about the wet silverware and the Dining Server stated, "It will eventually dry."</p> <p>Surveyor #1 then went back into the kitchen and observed silverware, including spoons, forks, knives and serving utensils that were nested on the dishwashing machine tray. The facility's Dining Server did not ensure that the silverware and utensils placed on the dining room tables were fully dry, air-dried in a self-draining position and in accordance with N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils:</p> <ol style="list-style-type: none"> <li>1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and</li> <li>2. Shall not be cloth dried...</li> </ol> <p>(2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>5. On 11/7/19 Surveyor #2 conducted a tour of the kitchen and observed the following:</p> <p>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 FSC stated that the can should have been stored in an area that was segregated from serviceable food. In addition, the acting FSC was not able to identify the contents of the can as the label was missing. Refer to N.J.A.C 8:24-6.4 which stipulates, "Segregation and location of distressed merchandise: Products that are held by the operator... such as damaged, spoiled, or recalled products, shall be segregated and held in designated area..."</p>	A 310		
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A 310	<p>Continued From page 9</p> <p>b. At 8:49 a.m. the surveyor observed a box of raw chicken pieces on a cart defrosting over a plastic bin of apple sauce and a plastic bin of fruit cocktail. The alternate FSC stated that the chicken pieces should have been defrosted on the meat rack and not over foods that could potentially become contaminated by raw ingredients. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>c. At 8:50 a.m., the surveyor observed 18 bowls of a yellow pulpy substance on a food cart. These bowls were covered by a large piece of paper and were not labeled as to the what the food substance was, nor the date as to when the substance was placed into the bowls. The alternate FSC stated that the substance in the bowls was leftover applesauce from the dinner meal the day before. Refer to N.J.A.C. 8:24-3.2(a)(3) which stipulates, "Packaged food shall be labeled as specified N.J.S.A 24.5-17, Food Misbranding, and Food Labeling 21CFR Part 101 incorporated herein by reference ..."</p> <p>d. At 9:01 a.m. the surveyor observed wet nested silverware on a tray in the dining room. The surveyor observed the dietary staff placing the wet utensils on tables. Refer to N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be</p>	A 310		

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A 310	<p>Continued From page 10</p> <p>stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>e. At 9:15 a.m. the surveyor observed that the piercing part of the commercial can opener was crusted with food debris and metal shavings. The alternate FSC was not able to tell the surveyor the date the can opener was last cleaned. Refer to N.J.A.C. 8:24-4.5 which stipulates, "Maintenance and operation Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened." Additionally, Refer to N.J.A.C. 8:24-4.7 which stipulates, "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning..."</p> <p>f. At 9:16 a.m. the surveyor observed 14 containers of spices that were opened and not dated. The alternate FSC stated that the spices should have been dated when opened. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>g. At 9:25 a.m. the surveyor observed, inside the cold cut refrigerator, five (5) one-gallon containers labeled mayonnaise, Italian dressing, citrus dressing, ranch dressing and French dressing. The surveyor observed that all containers were opened, however, none of the five (5) containers were labeled with an open date. The alternate FSC stated that these products had a shelf life of 2 weeks after opening but was not able to provide the date the items</p>	A 310		

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A 310	<p>Continued From page 11</p> <p>were opened. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>h. At 9:25 a.m., inside the cold cut refrigerator, the surveyor observed a clear plastic beverage pitcher which was filled with a tan creamy substance. The pitcher was covered with plastic wrap; however, the pitcher was not labeled to indicate the contents and there was no date to indicate when the contents were placed in the pitcher and when it should be used. The alternate FSC stated that the pitcher contained Caesar dressing but was not able to identify the date it was placed to the pitcher. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>i. At 9:26 a.m., on top of the cold cut refrigerator, the surveyor observed a three-pound container of concord grape jam and a large container of peanut butter, neither item was marked as to the opened date. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>On 11/12/19 at 2:15 p.m., the DON provided the facility's "Weight Report," which listed names of residents with unit/room numbers and residents' monthly weights from April 2019 - November 2019. The surveyor reviewed the facility's "Weight Report" and observed documented the following:</p> <p>1. Resident #9: Surveyor's review of the residents' "Weight Report" for the months of April</p>	A 310		

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A 310	<p>Continued From page 12</p> <p>2019 - November 2019 revealed documented that Resident #9 had the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #9 weighed 229 pounds (lbs) in September 2019 and in October 2019 weighed 185.2 lbs, a 43.8 lb weight loss in one month, or 19.12 % of the resident's body weight.</p> <p>b. October 2019 - November 2019: Resident #9 weighed 185.2 lbs in October 2019 and in November 2019 weighed 219.8 lbs, a 34.6 lb weight gain in one month, or 23.65 % increase in the resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" form which revealed that the resident was not referred to the Dietitian at that time. Post survey documentation from the facility of all residents' re-weight records for November 2019 documented that Resident #9 was re-weighted and was 216.2 lbs. Resident #9 was not referred to the Dietitian until post survey on November 14, 2019, which was not a timely referral to the Dietitian when the resident had a significant weight loss and significant weight gain in one-month period.</p> <p>2. Resident #10: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented that Resident #10 had the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #10 weighed 225 lbs in September 2019 and in October 2019 weighed 250.4 lbs, a 25.4 lb weight gain in one month, or 11.28 % increase in</p>	A 310		
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A 310	<p>Continued From page 13</p> <p>the resident's body weight.</p> <p>b. <b>October 2019 - November 2019</b>: Resident #10 weighed <b>250.4 lbs</b> in <b>October 2019</b> and in <b>November 2019</b> weighed <b>225 lbs</b>, a <b>25.4 lb</b> weight loss in one month, or <b>10.14%</b> loss of the resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" form and observed that there was no documented evidence that the nursing staff, including the RN, addressed the resident's weight changes, including weight gain and weight loss of more than 10% of body weight in one month from September 2019 to October 2019 and again in October 2019 to November 2019 and referred the resident to the Dietitian. Resident # 10 was not on the list for referral to the Dietitian. The resident was only referred to the Dietitian post survey on November 14, 2019.</p> <p>3. Resident #11: Surveyor's review of the residents' "Weight Report" for the months of <b>April 2019 - November 2019</b> revealed documented the following weight changes:</p> <p>a. <b>August 2019 - September 2019</b>: Resident #11 weighed <b>229 lbs</b> in <b>August 2019</b> and in <b>September 2019</b> weighed <b>312.8 lbs</b>, an <b>83.8 lb</b> weight gain in one month or <b>36.59 %</b> loss of the resident's body weight.</p> <p>b. <b>September 2019 - November 2019</b>: Resident #11 weighed <b>312.8 lbs</b> in <b>September 2019</b> and on <b>November 14, 2019</b>, post survey re-weight document of the resident sent by the facility revealed that the resident weighed <b>206.6 lbs</b>, a <b>106.2 lb</b> weight loss or <b>33.95 %</b> weight loss in two months.</p>	A 310		

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A 310	<p>Continued From page 14</p> <p>c. August 2019 - November 2019: Resident #11 weighed 229.2 lbs in August 2019 and in November 2019 was 206.6 lbs, a 22.6 lb weight loss or 9.86 % weight loss of resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" forms dated November 5, 2019 and November 14, 2019 and observed that the resident was not referred to the Dietitian to evaluate the significant weight changes that the resident had in September 2019 and in November 2019.</p> <p>4. Resident #12: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #12 weighed 146.2 lbs in September 2019 and in October 2019 weighed 125.6 lbs, a 20.6 lb weight loss in one month or 16.40 % loss of resident's body weight.</p> <p>b. October 2019 - November 2019: Resident #12 weighed 125.6 lbs in October 2019 and in November 2019 weighed 146.1 lbs, a 20.5 lb weight gain in one month or 16.32 % gain in resident's body weight. Post survey re-weight revealed that the Resident #12's weight was 124.4 lbs, a 21.7 lb weight loss or 14.84 % loss in the resident's body weight within the same month in November 2019.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" forms dated November 5, 2019 and November 14, 2019 and observed that</p>	A 310		

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A 310	<p>Continued From page 15</p> <p>the resident was not referred to the Dietitian to evaluate the significant weight changes of more than 10 % of resident's body weight in one month: a weight loss of more than 10% of body weight in one month from September 2019 to October 2019, a weight gain in one month from October 2019 to November 2019 and again a weight loss of 21.7 lbs or 14.84.% of body weight within the same month in November 2019.</p> <p>Surveyor's review of the following facility policies provided evidence that the facility dining and nursing staff did not consistently follow the following policies;</p> <p>A. "Dining Services" policy reads, " Policy Dining Services will be provided in a pleasant setting, where residents social and nutritional needs will be met. Procedure: 1. The dining services department will prepare and serve food in compliance with the Department of Public Health code ...3. Three meals will be prepared and served daily consistent with the diet manual, Dietician's [sic] instructions (if applicable), Physician's orders ...8. Menus are planned at least fourteen (14) days ...9. Current menus are posted by the community dining room and a copy is provided daily for the resident's selection. Menus will be kept on file for 30 days ...10. Substitute food items of equivalent nutritional value will be available to the residents ...." This policy did not include the requirement to post a menu with portion sizes in accordance with the regulation, N.J.A.C. 8:36-10.5(4).</p> <p>B. "Weight Gain/Loss" policy which reads, "Policy: Interventions will be put in place for a resident with significant weight gain or loss. Procedure: 1. Resident will be weighted [sic]</p>	A 310		



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A 310	<p>Continued From page 16</p> <p>upon admission. 2. Resident will be weighed monthly and as needed. 3. Residents that have had a 10% weight change in a month will be reweighed. 4. The nurse will perform an assessment, if necessary. 5. If weight change is accurate and unintentional: the nurse will discuss the change with dietary [sic] The nurse may involve the dietician [sic] The nurse will notify the physician [sic] Resident will be weighed every 2 weeks or as ordered until stable."</p> <p>The surveyor reviewed the facility's "Weight Report" for the months of May 2019 through November 2019 which documented that Resident #'s 9, 10, 11, 12 and 13 had significant weight gains and weight losses, including weight gain and weight loss within one month, and a 10% weight change in a month. However, the nursing staff, including the RN, did not ensure that the facility's "Weight Gain/Loss" policy was consistently followed by ensuring that resident's with 10% body weight gain and weight loss were re-weighed to determine if the weight's obtained and documented were accurate. The facility RN's did not ensure that a re-assessment of the resident's nutritional status was conducted and documented to determine if the resident's weight loss or weight gain was intentional and failed to make referrals to a Dietitian and/or to a Physician for dietary management. Additionally, there was no documented evidence that residents, including Resident #'s 9, 10, 11, 12 and 13, were weighed every two weeks when significant weight changes were observed.</p> <p>C. "Meal Provision" policy reads, "A well-balanced, flavorful and varied food service program will be provided to meet the nutritional</p>	A 310		

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A 310	<p>Continued From page 17</p> <p>needs of each resident... 4. Education and consultation with the Registered Dietician may be made available. 5. All meals will meet USDA Guidelines for the major food groups." The dietary and nursing staff did not consistently follow the "Meal Provision" policy and to ensure that food served to the residents was consistent with regulations and the Dietitian's planned menus. The dietary staff, including the facility's Cooks, Cook #1 and Cook #2 and the alternate FSC did not consistently follow the Dietitian's planned menus and failed to provide appropriate and nutritionally portioned meals to residents of the facility. During the lunch meal service on 11/7/19 and 11/8/19, some food items were plated using 3 oz scoops and not 4 oz scoops as per the Dietitian's planned menu portion sizes.</p> <p>The nursing staff did not ensure that residents with significant weight changes were referred to the Dietitian for residents' nutritional status evaluation and to determine if the facility's dietary and food service program was meeting the nutritional needs of the residents.</p> <p>D. "Upon return from the ER or hospital" [sic] policy which reads, " ...3. The nurse will perform an assessment and write a nurse's note..."</p> <p>The facility's "Weight Report" documented weight changes for Resident #'s 10 and 11 after a hospitalization. The surveyor reviewed the "Progress Notes" of Resident #'s 10 and 11 and observed that there was no documented evidence that the facility RN performed an assessment of residents' nutritional and dietary status upon their return to the facility to ensure weight changes were not due to hospitalization and change in resident's condition.</p>	A 310		
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A 310	<p>Continued From page 18</p> <p>E. "Diet Orders" policy reads, "Our community will provide therapeutic diets for the residents according to the physician's order ...8. A dietician may be consulted, as needed." The facility ED did not ensure that the facility's Renal Diet was consistent with the "Dietetics in Healthcare Communities in New Jersey" (DHCC of NJ), the diet manual used by the facility. Surveyor review of the Week 1 Menu Extensions through Week 4 Menu Extensions provided on 11/7/19, revealed documented that food items served for residents on a Renal Diet were not always consistent with the DHCC of NJ Diet Manual's "Food Recommended" and "Food to Avoid" lists. The facility's Menu Extensions from Week 1 through Week 4 included food items, which according to DHCC of NJ Diet Manual, were to be avoided and were in excess of the allowed amount, including:</p> <ol style="list-style-type: none"> <li>1) Canned ham and processed meat products used by the facility but were to be avoided.</li> <li>2) Milk and milk products, with the allowed amount of 4 oz or ½ cup per day. The facility served ½ cup of milk for breakfast and ½ cup of ice cream for lunch, which equaled one cup and not the recommended 4 oz or 1/2 cup milk per day. Additionally, the Corn Chowder on the Week 3 Menu Extensions listed milk 4 oz for breakfast and Corn Chowder 6 oz for dinner. Post survey documentation provided by the facility ED on 11/21/19, revealed that the facility uses milk to make the Corn Chowder, which would provide more than the allowed 4 oz or 1/2 cup of milk a day.</li> <li>3) Week 4 Menu Extensions for a Renal Diet documented the following food items for lunch:</li> </ol>	A 310		
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A 310	Continued From page 19  corn chips and peanut butter cake. The DHCC of NJ Diet Manual's foods to avoid list included corn chips and nuts. Peanut butter cake contains peanut butter which is a nut and is to be avoided.	A 310		
A 311	8:36-3.4(a)(2) Administration  (a) The administrator or designee shall be responsible for, but not limited to, the following:  2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility's Executive Director (ED) failed to ensure that a Registered Dietitian (RD) provided oversight of the facility's dietary services and provided a scheduled consultation with the facility's Food Service Coordinator (FSC), or the alternate FSC, to ensure the provision of food that was safely and appropriately planned, stored, cooked and served to the residents to meet their nutritional needs. The facility ED did not ensure that the facility's dietary services were provided in accordance with the requirements and provisions of N.J.A.C. 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living programs and N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines, Chapter XII of the New Jersey Sanitary Code, which placed the health and safety of its residents, a highly susceptible	A 311		

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A 311	<p>Continued From page 20</p> <p>population, at risk for food-borne illnesses. This deficient practice was evidenced by the following:</p> <p>References:</p> <p>N.J.A.C. 8:36-10.5(c)(4) "Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: ...4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days."</p> <p>N.J.A.C. 8:24-1.5 "Definitions For the purpose of this chapter, the following words, phrases, names and terms shall have the following meanings, unless the context clearly indicates otherwise... Sanitization means the application of cumulative heat or chemicals on cleaned food contact surfaces that, when evaluated for efficacy, is sufficient to yield a reduction of five logs, which is equal to a 99.999% reduction, of representative disease microorganisms of public health importance."</p> <p>"Risk Type 3 Food establishment means any retail food establishment that has an extensive menu which requires the handling of raw ingredients...and prepares and serves potentially hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population..."</p> <p>"Packaged" means bottled, canned, cartoned, securely bagged, or securely wrapped..."</p>	A 311		
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A 311	<p>Continued From page 21</p> <p>N.J.A.C. 8:24-3.1 "Characteristics Food shall be safe and unadulterated."</p> <p>N.J.A.C. 8:24 -3.2(a)(3) "Packaged food shall be labeled as specified N.J.S.A 24.5-17, Food Misbranding, and Food Labeling 21CFR Part 101 incorporated herein by reference..."</p> <p>N.J.A.C. 8:24-4.5 "Maintenance and operation Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened."</p> <p>N.J.A.C. 8:24-4.7 "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized... 3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion... using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing... iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.11. "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or</p>	A 311		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 311	<p>Continued From page 22</p> <p>inverted."</p> <p>N.J.A.C. 8:24-5.2 "Plumbing system (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."</p> <p>N.J.A.C. 8:24-6.4 "Segregation and location of distressed merchandise: Products that are held by the operator...such as damaged, spoiled, or recalled products, shall be segregated and held in designated area..."</p> <p>During the surveyor's tour and inspection of the facility's kitchen on 11/7/19, 11/8/19 and 11/12/19, the surveyor observed the following dietary services concerns:</p> <p>1. At 9:05 a.m. on 11/7/19, Surveyor #1 observed Cook #1, by the steam table, who placed scrambled eggs and two slices of toast on a plate. Surveyor #1 observed that there was no menu posted in the serving area as the cook plated the food. Surveyor #1 observed menus for Week 1 through Week 4 with no portion sizes, posted by the door of the Food Service Coordinator's (FSC) office.</p> <p>a. Surveyor interviewed Cook #1 at 9:10 a.m. on 11/7/19 and asked Cook #1 to identify the ladle size he used for plating the scrambled eggs. He lifted the ladle, checked the back of its handle, and stated, "four ounces (4 oz)." Surveyor #1 then asked if a 4 oz scoop was the appropriate size for plating the scrambled eggs. He stated, "No, it should have been 3 oz scoop. Somebody made a mistake and placed that scoop there." Surveyor #1 then asked Cook #1 where the</p>	A 311		

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A 311	<p>Continued From page 23</p> <p>menus with portion sizes were kept, Cook #1 responded and stated, "Over here." He walked towards the left side of the steam table and 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 turned the page of the binder to the "Week 4 Menu Extensions" page which contained and included menus for the day with the portion sizes of food items, including the portion sizes for regular, mechanical soft, pureed and therapeutic diets, which included the Carbohydrate Controlled Diet (CCD) and the Renal Diet. The surveyor observed that the Week 4 Menu Extensions documented, "Scrambled Eggs - 4 oz ..." Cook #1 stated that he did not realize that the correct portion size was 4 oz and that he used the correct ladle size (4 oz).</p> <p>On 11/7/19 at 12:05 p.m., Surveyor #1 observed that Cook #1 plated the following food items using a beige-colored handle ladle: pasta/egg noodles, cubed beef with brown sauce and brussels sprouts. Surveyor #1 interviewed Cook #1 and asked to identify the size of the 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 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</p>	A 311		
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A 311	<p>Continued From page 24</p> <p>observed Cook #1 and the dietary staff using 4 oz ladles for egg noodles, mashed potatoes and brussel sprouts.</p> <p>b. On 11/8/19 at 11:55 a.m., the surveyor reviewed the menu for Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers..." The Surveyor observed the following food items on the steam table: Baked tomato, breaded veal cutlet, brown sauce with peas and carrots, tricolored peppers and roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet with peas and carrots in a brown sauce, diced roasted potatoes and the tri-colored peppers. The surveyor observed that Cook #2 plated one piece of the breaded veal cutlet, diced potatoes using a 3 oz (beige color) scoop, tricolored peppers using a 3 oz ladle and brown sauce with peas and carrots using a 3 oz ladle.</p> <p>During surveyor interview with Cook #2 at that time, the surveyor asked if a 3 oz scoop/ladle was the appropriate size to plate the above-mentioned food items. Cook #2 stated that the 3 oz scoop/ladle was the correct size. Cook #2 went and got the menu binder and took out the Week 4 Menu Extensions, which had the portion sizes for food items on the menu for that day. Cook #2, in the presence of the surveyor, reviewed the menu with portion sizes and stated that he should have used a 4 oz scoop. Cook #2 stated that he was in a hurry and just placed a 3 oz scoop on each tray for each of food items on the steam table. The surveyor asked if he was aware of a requirement to post menus with portion sizes in the plating area, he stated, "No."</p>	A 311		
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A 311	<p>Continued From page 25</p> <p>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.</p> <p>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.</p> <p>Surveyor #1 observed that there was no vegetable plated with the egg noodles and cubed beef, which was served in a brown sauce. The surveyor interviewed Cook #1 and asked why there was no vegetable served with the egg noodles. Cook #1 stated that the menu only indicated, "Beef Goulash and Neapolitan Noodles." The surveyor then asked if Neapolitan Noodles was the same or had the same ingredients as Egg Noodles. Cook #1 responded and stated, "No." Surveyor #1 then requested Cook #1 to provide the surveyor with a copy of the Beef Goulash and Neapolitan Noodles recipes. The surveyor observed as Cook #1 searched the recipe binder and stated that the closest recipe he was able to find for "Beef Goulash" was the recipe for "Hungarian Goulash." Cook #1 confirmed and stated, "It is not the same because the Goulash is cooked</p>	A 311		
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A 311	<p>Continued From page 26</p> <p>with tomatoes while the cubed beef with just brown sauce." The surveyor reviewed the recipe for Neapolitan Noodles with Cook #1 and confirmed that the recipe included vegetables.</p> <p>b. On 11/8/19 at 11:55 a.m., Surveyor reviewed the menu for Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers ..." The surveyor observed the following food items on the steam table: Baked tomato, tricolored peppers roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet, tricolored peppers, diced potatoes and carrots and peas in a brown sauce.</p> <p>Surveyor #1 interviewed Cook #2 at 12:05 p.m. and asked why the veal reflected on the menu, "Braised Veal," was not served but rather breaded veal was served, Cook #2 stated that he was not sure but that the alternate FSC substituted the menu item and may know the answer.</p> <p>Surveyor #1 interviewed the alternate FSC at 12:10 p.m. regarding the breaded veal that was served and not the "Braised Veal" that was reflected on the lunch menu for that day. The alternate FSC stated that he made a mistake when he ordered the food and supplies. He stated that he did not realize that he ordered breaded veal. The alternate FSC stated that they needed to cook what was available. The alternate FSC stated that since breaded veal was baked, it was dry and needed a sauce. The alternate FSC continued that he created and cooked the brown sauce with the diced peas and carrots and placed that over the breaded veal.</p>	A 311		
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A 311	<p>Continued From page 27</p> <p>Surveyor #1 asked the alternate FSC if he contacted the Dietitian to ensure that the breaded veal with carrots and peas in a brown sauce was an acceptable substitution for the "Braised Veal" on the menu, he stated, "No." The surveyor then asked the alternate FSC if he had contacted the Dietitian for other dietary concerns and issues in the kitchen. He stated that he just started assisting the facility two weeks ago, as the facility's FSC was on leave of absence.</p> <p>The surveyor asked the alternate FSC if he documented the menu changes made on 11/7/19, with the "Beef Goulash" and "Neapolitan Noodles" that were substituted with cubed beef in a brown sauce and egg noodles and on 11/8/19, the braised veal which was substituted with breaded veal and peas and carrot sauce. The alternate FSC was unable to provide the documentation of the changes made to the menu.</p> <p>3. On 11/7/19 at 1:15 p.m., Surveyor #1 observed that Dishwasher #2 used a cloth to wipe two large pots dry after the pots were removed from the "Sanitize" compartment of the three-compartment sink. Dishwasher #2 then placed the pots on a metal shelf. At that time the surveyor interviewed Dishwasher #2 and asked if wiping the pots with a cloth was the correct procedure to dry the pots. Dishwasher #2 responded that she was not sure, but that she thought it was the correct procedure. The dietary staff then stated that she would place the pots back in the sink to sanitize.</p> <p>Refer to N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be</p>	A 311		
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A 311	<p>Continued From page 28</p> <p>air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>4. On 11/8/19 at 10:15 a.m., two surveyors, Surveyor #1 and Surveyor #3, observed that there were some tables in the dining room that were set with forks, spoons and knives. The surveyors observed a Dining Server entered the dining room, from the kitchen, with a cart of utensils and started to place the metal silverware on the table. The surveyors approached the table to visualize the silverware. Both surveyors noticed that upon closer look, some silverware had water marks on them and some were observed to not be fully dry, with water still on the spoons. At that time Surveyor #3 interviewed the Dining Server about the wet silverware and the Dining Server stated, "It will eventually dry."</p> <p>Surveyor #1 then went back into the kitchen and observed silverware, including spoons, forks, knives and serving utensils that were nested on the dishwashing machine tray. The facility's Dining Server did not ensure that the silverware and utensils placed on the dining room tables were fully dry, air-dried in a self-draining position and in accordance with N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p>	A 311		
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A 311	<p>Continued From page 29</p> <p>5. On 11/8/19 at 1:40 p.m., Surveyor #1 observed water leaking from the tube of the high-pressure water sprayer near the dishwashing machine in the kitchen. The surveyor observed that the water was directed towards the wall and onto the floor. Surveyor #1 interviewed Dishwasher #1 regarding the leak. Dishwasher #1 stated that the tape around hole in the tube came off and as a result, water was leaking out and spraying onto the wall and floor. The surveyor asked if that was the reason that more water was observed on the floor in that area, Dishwasher #1 stated, "Yes." Surveyor #1 asked Dishwasher #1 if he reported this concern to the management, he stated that he reported it to the Maintenance Director. Dishwasher #1 further stated that the Maintenance Director informed him that he may not be able to fix the leak as it may be related to the dishwashing machine.</p> <p>Dishwasher #1 checked and tested the hose by turning the faucet on and off. He stated that the leak was due to a hole in the hose of the sprayer that was attached to the sink and not to the dishwashing machine. Dishwasher #1 stated that he would notify the Maintenance Director again so he could change the hose with the hole.</p> <p>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.</p> <p>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</p>	A 311		
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A 311	<p>Continued From page 30</p> <p>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."</p> <p>6. On 11/12/19 at 11:00 a.m., Surveyor #1 inspected the kitchen and observed that the drain pipe under the three-compartment sink was leaking water onto the floor, the surveyor made Dishwasher #1 aware, who was standing by the dishwashing machine. Dishwasher #1 stated that it looked like the leak was from the elbow joint/connector of the drain pipe and that he would notify the Maintenance Director.</p> <p>At 2:30 p.m., the surveyor returned to the kitchen to re-inspect the leak under the three-compartment sink. The surveyor interviewed the Maintenance Director, who stated that he replaced the elbow joint/connector on the pipe. However, the surveyor observed that there was still water leaking from the newly replaced connector. The Maintenance Director agreed with the surveyor's observation and stated that he may also need to replace the metal piece of the sink.</p> <p>Surveyor#1 interviewed Dishwasher #1 and requested, for review, documentation of reports made for equipment which needed repair, however, Dishwasher #1 stated, "I just tell the Maintenance Director."</p> <p>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</p>	A 311		

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A 311	<p>Continued From page 31</p> <p>accordance with N.J.A.C. 5:23, New Jersey Uniform Construction Code; and 2. Maintained in good repair."</p> <p>7. On 11/7/19 Surveyor #2 conducted a tour of the kitchen and observed the following:</p> <p>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 FSC stated that the can should have been stored in an area that was segregated from serviceable food. In addition, the acting FSC was not able to identify the contents of the can as the label was missing. Refer to N.J.A.C 8:24-6.4 which stipulates, "Segregation and location of distressed merchandise: Products that are held by the operator...such as damaged, spoiled, or recalled products, shall be segregated and held in designated area...."</p> <p>b. At 8:49 a.m. the surveyor observed a box of raw chicken pieces on a cart defrosting over a plastic bin of apple sauce and a plastic bin of fruit cocktail. The alternate FSC stated that the chicken pieces should have been defrosted on the meat rack and not over foods that could potentially become contaminated by raw ingredients. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>c. At 8:50 a.m., the surveyor observed 18 bowls of a yellow pulpy substance on a food cart. These bowls were covered by a large piece of paper and were not labeled as to the what the food substance was, nor the date as to when the substance was placed into the bowls. The</p>	A 311		



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A 311	<p>Continued From page 32</p> <p>alternate FSC stated that the substance in the bowls was leftover applesauce from the dinner meal the day before. Refer to N.J.A.C. 8:24-3.2(a)(3) which stipulates, "Packaged food shall be labeled as specified N.J.S.A 24.5-17, Food Misbranding, and Food Labeling 21CFR Part 101 incorporated herein by reference ..."</p> <p>d. At 9:01 a.m. the surveyor observed wet nested silverware on a tray in the dining room. The surveyor observed the dietary staff placing the wet utensils on tables. Refer to N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>e. At 9:15 a.m. the surveyor observed that the piercing part of the commercial can opener was crusted with food debris and metal shavings. The alternate FSC was not able to tell the surveyor the date the can opener was last cleaned. Refer to N.J.A.C. 8:24-4.5 which stipulates, "Maintenance and operation Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened." Additionally, Refer to N.J.A.C. 8:24-4.7 which stipulates, "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be</p>	A 311		

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A 311	<p>Continued From page 33</p> <p>sanitized before use after cleaning..."</p> <p>f. At 9:16 a.m. the surveyor observed 14 containers of spices that were opened and not dated. The alternate FSC stated that the spices should have been dated when opened. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>g. At 9:25 a.m. the surveyor observed, inside the cold cut refrigerator, five (5) one-gallon containers labeled mayonnaise, Italian dressing, citrus dressing, ranch dressing and French dressing. The surveyor observed that all containers were opened, however, none of the five (5) containers were labeled with an open date. The alternate FSC stated that these products had a shelf life of 2 weeks after opening but was not able to provide the date the items were opened. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>h. At 9:25 a.m., inside the cold cut refrigerator, the surveyor observed a clear plastic beverage pitcher which was filled with a tan creamy substance. The pitcher was covered with plastic wrap; however, the pitcher was not labeled to indicate the contents and there was no date to indicate when the contents were placed in the pitcher and when it should be used. The alternate FSC stated that the pitcher contained Caesar dressing but was not able to identify the date it was placed to the pitcher. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p>	A 311		

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A 311	Continued From page 34  i. At 9:26 a.m., on top of the cold cut refrigerator, the surveyor observed a three-pound container of concord grape jam and a large container of peanut butter, neither item was marked as to the opened date. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."	A 311		
A 745	8:36-7.2(f) Resident Assessments and Care Plans  (f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to ensure residents with documented weight loss were assessed, assisted and referred to a Dietitian to ensure that resident's nutritional needs were assessed, interventions were initiated and dietary counseling and education were provided for 4 of 17 residents reviewed for significant weight changes, Resident #'s 9, 10, 11 and 12. This deficient practice was evidenced by the following:  On 11/12/19 12:50 p.m., the surveyor interviewed the Director of Nursing (DON) regarding residents that nursing staff were monitoring for weight changes for referral to the Dietitian. The	A 745		

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A 745	<p>Continued From page 35</p> <p>DON stated that she had a list that she made one week ago which she would be referring to the Dietitian. Surveyor #1 asked the DON to provide the Dietitian's referral list that she, the DON, created last week.</p> <p>At 1:15 p.m., the DON presented a list titled, "Dietician Referral November 5, 2019" which included five residents, Resident #'s 13, 14, 15, 16, and 17 with the reasons for the referral to the Dietitian.</p> <p>Surveyor #1 then requested for available documentation of all residents' weight records. The DON stated that the facility just started documenting weight records in the computer in April 2019. She stated that she would try to see if she could print a copy of the weight records.</p> <p>At 2:15 p.m., the DON provided the facility's "Weight Report," which listed names of residents with unit/room numbers and residents' monthly weights from April 2019 - November 2019. The surveyor reviewed the facility's "Weight Report" and observed documented the following:</p> <p>1. Resident #9: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented that Resident #9 had the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #9 weighed 229 pounds (lbs) in September 2019 and in October 2019 weighed 185.2 lbs, a 43.8 lb weight loss in one month, or 19.12 % of the resident's body weight.</p> <p>b. October 2019 - November 2019: Resident #9</p>	A 745		
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A 745	<p>Continued From page 36</p> <p>weighed 185.2 lbs in October 2019 and in November 2019 weighed 219.8 lbs, a 34.6 lb weight gain in one month, or 23.65 % increase in the resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" form which revealed that the resident was not referred to the Dietitian at that time. Post survey documentation from the facility of all residents' re-weight records for November 2019 documented that Resident #9 was re-weighted and was 216.2 lbs. Resident #9 was not referred to the Dietitian until post survey on November 14, 2019, which was not a timely referral to the Dietitian when the resident had a significant weight loss and significant weight gain in one-month period.</p> <p>2. Resident #10: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented that Resident #10 had the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #10 weighed 225 lbs in September 2019 and in October 2019 weighed 250.4 lbs, a 25.4 lb weight gain in one month, or 11.28 % increase in the resident's body weight.</p> <p>b. October 2019 - November 2019: Resident #10 weighed 250.4 lbs in October 2019 and in November 2019 weighed 225 lbs, a 25.4 lb weight loss in one month, or 10.14% loss of the resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" form and observed that there was no documented evidence that the nursing</p>	A 745		
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A 745	<p>Continued From page 37</p> <p>staff, including the RN, addressed the resident's weight changes, including weight gain and weight loss of more than 10% of body weight in one month from September 2019 to October 2019 and again in October 2019 to November 2019 and referred the resident to the Dietitian. Resident # 10 was not on the list for referral to the Dietitian. The resident was only referred to the Dietitian post survey on November 14, 2019.</p> <p>3. Resident #11: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented the following weight changes:</p> <p>a. August 2019 - September 2019: Resident #11 weighed 229 lbs in August 2019 and in September 2019 weighed 312.8 lbs, an 83.8 lb weight gain in one month or 36.59 % loss of the resident's body weight.</p> <p>b. September 2019 - November 2019: Resident #11 weighed 312.8 lbs in September 2019 and on November 14, 2019, post survey re-weight document of the resident sent by the facility revealed that the resident weighed 206.6 lbs, a 106.2 lb weight loss or 33.95 % weight loss in two months.</p> <p>c. August 2019 - November 2019: Resident #11 weighed 229.2 lbs in August 2019 and in November 2019 was 206.6 lbs, a 22.6 lb weight loss or 9.86 % weight loss of resident's body weight.</p> <p>The surveyor reviewed the "Dietician Referral November 5, 2019" forms dated November 5, 2019 and November 14, 2019 and observed that the resident was not referred to the Dietitian to</p>	A 745		

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A 745	<p>Continued From page 38</p> <p>evaluate the significant weight changes that the resident had in September 2019 and in November 2019.</p> <p>4. Resident #12: Surveyor's review of the residents' "Weight Report" for the months of April 2019 - November 2019 revealed documented the following weight changes:</p> <p>a. September 2019 - October 2019: Resident #12 weighed 146.2 lbs in September 2019 and in October 2019 weighed 125.6 lbs, a 20.6 lb weight loss in one month or 16.40 % loss of resident's body weight.</p> <p>b. October 2019 - November 2019: Resident #12 weighed 125.6 lbs in October 2019 and in November 2019 weighed 146.1 lbs, a 20.5 lb weight gain in one month or 16.32 % gain in resident's body weight. Post survey re-weight revealed that the Resident #12's weight was 124.4 lbs, a 21.7 lb weight loss or 14.84 % loss in the resident's body weight within the same month in November 2019.</p> <p>The surveyor reviewed the "Dietician [sic] Referral November 5, 2019" forms dated November 5, 2019 and November 14, 2019 and observed that the resident was not referred to the Dietitian to evaluate the significant weight changes of more than 10 % of resident's body weight in one month: a weight loss of more than 10% of body weight in one month from September 2019 to October 2019, a weight gain in one month from October 2019 to November 2019 and again a weight loss of 21.7 lbs or 14.84.% of body weight within the same month in November 2019.</p>	A 745		
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A 765 A 765	<p>Continued From page 39</p> <p>8:36-7.4(c)(1) Resident Assessments and Care Plans</p> <p>(c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following:</p> <p>1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129557</p> <p>Based on interview and record review it was determined that the facility failed to ensure that a resident's condition was reassessed upon return from a hospitalization in order to determine the resident's medical needs for 1 of 8 residents reviewed for care and services, Resident #7. This deficient practice was evidenced by the following:</p> <p>On 11/12/19 the surveyor reviewed the medical record of Resident #7, who moved into the facility in <u>October 2018</u> with diagnoses which included <u>end stage renal disease, schizoaffective disorder and a history of bilateral lower extremity cellulitis.</u></p> <p>According to review of the "Progress Notes" (PNs) dated 4/30/19 timed at 1:42 p.m., "<u>...wound</u></p>	A 765 A 765		



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A 765	<p>Continued From page 40</p> <p>treatment on B/L (bilateral) lower extremity...noted foul odor, oozing, excoriated wound area with slough... podiatrist notified...send resident out to [hospital] to rule out sepsis."</p> <p>Further review of the PNs the surveyor observed documented on 6/6/19 timed at 10:22 p.m., that Resident #7 returned to the facility.</p> <p>On 11/12/19 at 1:30 p.m., the surveyor interviewed the Registered Nurse (RN) who stated that she had not done an assessment for Resident #7 upon return from the hospital on 6/6/19 because she was away.</p> <p>The surveyor reviewed the facility policy titled, "Upon return from the ER or hospital" which documented, "The nurse will perform an assessment and write a nurse's note."</p> <p>During the exit conference, the Executive Director confirmed that Resident #7 should have been reassessed by an RN upon return to the facility.</p>	A 765		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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A 891	<p>Continued From page 41</p> <p>This REQUIREMENT is not met as evidenced by: Repeat Deficiency Based on observation, interview and record review it was determined that the facility failed to consistently provide dietary services that were in accordance with the requirements and provisions of N.J.A.C. 8:24 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" Chapter XII of the New Jersey Sanitary Code which placed the highly susceptible population/residents' health and safety at risk for food-borne illnesses. The facility also failed to ensure that the dishes, silverware and cookware were properly cleaned and sanitized for resident's use in accordance with the following:</p> <p>Reference: N.J.A.C. 8:24-1.5 "Definitions For the purpose of this chapter, the following words, phrases, names and terms shall have the following meanings, unless the context clearly indicates otherwise... Sanitization means the application of cumulative heat or chemicals on cleaned food contact surfaces that, when evaluated for efficacy, is sufficient to yield a reduction of five logs, which is equal to a 99.999% reduction, of representative disease microorganisms of public health importance."</p> <p>"Risk Type 3 Food establishment means any retail food establishment that has an extensive menu which requires the handling of raw ingredients...and prepares and serves potentially</p>	A 891		

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A 891	<p>Continued From page 42</p> <p>hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population..."</p> <p>"Packaged" means bottled, canned, cartoned, securely bagged, or securely wrapped ..."</p> <p>N.J.A.C. 8:24-3.1 "Characteristics Food shall be safe and unadulterated."</p> <p>N.J.A.C. 8:24 -3.2(a)(3) "Packaged food shall be labeled as specified N.J.S.A 24.5-17, Food Misbranding, and Food Labeling 21CFR Part 101 incorporated herein by reference ..."</p> <p>N.J.A.C. 8:24-4.5 "Maintenance and operation Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened."</p> <p>N.J.A.C. 8:24-4.7 "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized... 3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion... using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing... iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.8 "Manual warewashing equipment (a) Manual warewashing, sink</p>	A 891		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 891	<p>Continued From page 43</p> <p>compartment requirements shall include the following: 1. A sink with at least three compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils... (k) A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided...(l) Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device... An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.11. "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>N.J.A.C. 8:24-5.2 "Plumbing system (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."</p> <p>N.J.A.C. 8:24-6.4 "Segregation and location of distressed merchandise: Products that are held by the operator...such as damaged, spoiled, or recalled products, shall be segregated and held in designated areas..."</p> <p>1. On 11/7/19 at 9:55 a.m., during the tour and inspection of the kitchen, Surveyor #1 observed that the three-compartment sink was set up with</p>	A 891		
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A 891	<p>Continued From page 44</p> <p>liquids in each compartment, including the "Wash," "Rinse" and "Sanitize" compartments. Surveyor #1 observed in the "Wash" compartment of the sink, soiled baking pans and pots soaking in the liquid solution of the compartment. The surveyor observed that "Rinse" and the "Sanitize" compartments were half-filled with liquid/water. The Director of Marketing, who was present in the kitchen at that time during the surveyor'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.</p> <p>At 10:10 a.m., Surveyor #1 requested that the Director of Marketing have the Dishwasher test the sanitizing solution concentration in the "Sanitize" compartment of the sink. The Director of Marketing stated that the Dishwasher stepped out of the building due to personal matters and that she would ask Cook #1 to conduct the test. Cook #1 took the test strip from a container that was next to the sink. Surveyor #1 asked Cook #1 to confirm if the test strip to be used was the same test strip mentioned on the instruction poster on the wall by the three-compartment. In the presence of the Director of Marketing and Surveyor #1, Cook #1 took the strip container, compared the container to the posted instruction/guide and stated, "Yes."</p> <p>Surveyor #1 observed that Cook #1 took a small bucket and filled it with liquid from a thin hose that was directly connected to the chemical/sanitizing supply located above the faucet. Cook #1 dipped the strip into the liquid in the bucket, instead of testing the liquid/solution in</p>	A 891		
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A 891	<p>Continued From page 45</p> <p>the "Sanitize" compartment of the sink. Surveyor #1 observed that Cook #1 dipped the strip for 20 seconds, took it out and compared the strip with the chart that had the following solution concentration ranges/colors: Light yellow/green = 50 milligrams per liter (mg/L), green = 150 mg/L, dark green = 200 mg/L and dark blue/green = 400 mg/L.</p> <p>The test strip, when compared to the range guide, appeared dark green in color which indicated that the solution was to a concentration of 200 mg/L. Cook #1 then compared the strip result to the poster guide on the wall, which listed the safe range of sanitizing concentration to be between 150 - 400 mg/L. Surveyor #1 then asked Cook #1 why he tested the water in the bucket, instead of the liquid/solution in the sink, he stated, "That's just water" as he pointed to the liquid in the sink. At that time the surveyor informed Cook #1 that the "Sanitize" compartment of the sink was supposed to be at the required sanitizing solution concentration. Surveyor #1 then requested that Cook #1 test the liquid/solution in the "Sanitize" compartment of the sink. Cook #1 took the test strip and conducted the same procedure and the test strip appeared light yellow, which indicated that the sanitizing concentration was 50 mg/L. Cook #1 stated he was right, that he "did not think" that there was a sanitizing solution with the water in the "Sanitize" compartment of the sink.</p> <p>Surveyor #1 reviewed the "Sanitizer Test Log" form which was on a clipboard on the wall by the sink. According to the log that morning (11/7/19) at 7:25 a.m., signed by Dishwasher #1, the solution concentration was documented as, "400." Further review of the log from 11/1/19 -</p>	A 891		
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A 891	<p>Continued From page 46</p> <p>11/7/19, revealed documented that the results varied between 200-400 parts per million (ppm). The facility interchangeably used "ppm" and "mg/L," (One part per million is equal to 0.998859 milligrams per liter. The unit "ppm" can be converted into mg/L by multiplying it with 0.998859).</p> <p>The surveyor interviewed the Director of Marketing at 10:15 a.m. and asked if she was aware if Dishwasher #1 was the staff who set up the three-compartment, including the "Sanitize" compartment of the sink. The Director of Marketing stated that she was not aware as to who set up the sink. The surveyor showed the clipboard with the "Sanitizer Test Log" which documented that Dishwasher #1 logged the sanitizing solution result "400." The Director of Marketing stated that Dishwasher #1 just stepped out of the building.</p> <p>At 10:25 a.m. on 11/7/19, Surveyor #1 observed an outside vendor/technician change detergent tubes for the dishwashing machine. At that time, in the presence of the Director of Marketing, the surveyor interviewed the technician who stated that he was from the company that supplied sanitizers/chemicals used for the three-compartment sink and the dishwashing machine. He stated that he checked the detergent tubes to ensure they functioned properly.</p> <p>Surveyor #1 asked the technician as to what the solution concentration was for the facility's three-compartment sink. The technician stated that the sanitizing solution concentration was mixed or set at "200" ppm and staff did not need to mix the sanitizing solution with the water as</p>	A 891		

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A 891	<p>Continued From page 47</p> <p>the sanitizer was already pre-mixed. The technician also stated that the staff just needed to turn the knob to the "on" position and fill the "Sanitize" compartment of the sink with the pre-mixed sanitizer solution from the tube.</p> <p>The facility's dietary staff, including the dishwashers, did not consistently follow the requirements and provisions of N.J.A.C 8:24-4.7 and N.J.A.C. 8:24-4.8.</p> <p>N.J.A.C 8:24-4.7 which stipulates, "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized... 3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion... using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing... iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5."</p> <p>N.J.A.C. 8:24-4.8 stipulates, "Manual warewashing equipment (a) Manual warewashing, sink compartment requirements shall include the following: 1. A sink with at least three compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils... (k) A test kit or other device that accurately measures the concentration in mg/L of sanitizing solutions shall be provided...(l) Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device..."</p>	A 891		



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A 891	<p>Continued From page 48</p> <p>2. On 11/7/19 at 1:15 p.m., Surveyor #1 observed that Dishwasher #2 used a cloth to wipe two large pots dry after the pots were removed from the "Sanitize" compartment of the three-compartment sink. Dishwasher #2 then placed the pots on a metal shelf. At that time the surveyor interviewed Dishwasher #2 and asked if wiping the pots with a cloth was the correct procedure to dry the pots. Dishwasher #2 responded that she was not sure, but that she thought it was the correct procedure. The facility's Dishwasher #2 did not ensure cleaned and sanitized equipment and utensils were air-dried and not cloth-dried in accordance with N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried...."</p> <p>3. On 11/8/19 at 10:15 a.m., two surveyors, Surveyor #1 and Surveyor #3, observed that there were some tables in the dining room that were set with forks, spoons and knives. The surveyors observed that a Dining Server entered the dining room, from the kitchen, with a cart of utensils and started to place the metal silverware on the table. The surveyors approached the table to visualize the silverware. Both surveyors noticed that upon closer look, some silverware had water marks, and some were observed to not be fully dry, with water still on the spoons. At that time the Surveyor #3 interviewed the Dining Server about the wet silverware and the Dining Server stated, "It will eventually dry." Surveyor #1 then went back into the kitchen and observed silverware, including spoons, forks, knives and</p>	A 891		

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A 891	<p>Continued From page 49</p> <p>serving utensils that were nesting on a tray and not in a self-draining position to air dry. The facility's Dining Server did not ensure that the silverware and utensils placed on the dining room tables were fully dry, air-dried in a self-draining position and in accordance with N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p> <p>4. On 11/8/19 at 1:40 p.m., Surveyor #1 observed water leaking from the tube of the high-pressure water sprayer near the dishwashing machine in the kitchen. The surveyor observed that the water was directed towards the wall and onto the floor. Surveyor #1 interviewed Dishwasher #1 regarding the leak. Dishwasher #1 stated that the tape around hole in the tube came off and as a result, water was leaking out and spraying onto the wall and onto the floor. The surveyor asked if that was the reason that more water was observed on the floor in that area, Dishwasher #1 stated, "Yes." Surveyor #1 asked Dishwasher #1 if he reported this concern to the management, he stated that he reported it to the Maintenance Director. Dishwasher #1 further stated that the Maintenance Director informed him that it he may not be able to fix the leak as it may be related to the dishwashing machine.</p> <p>Dishwasher #1 checked and tested the hose by turning the faucet on and off. He stated that the</p>	A 891		
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A 891	<p>Continued From page 50</p> <p>leak was due to a hole in the hose of the sprayer that was attached to the sink and not to the dishwashing machine. Dishwasher #1 stated that he would notify the Maintenance Director again so he could change the hose that had the hole.</p> <p>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."</p> <p>5. On 11/12/19 at 11:00 a.m., Surveyor #1 inspected the kitchen and observed that the drain pipe under the three-compartment sink was leaking water onto the floor, the surveyor made Dishwasher #1 aware, who was standing by the dishwashing machine. Dishwasher #1 stated that it looked like the leak was from the elbow joint/connector of the drain pipe and that he would notify the Maintenance Director.</p> <p>At 2:30 p.m., the surveyor returned to the kitchen to re-inspect the leak under the three-compartment sink. The surveyor interviewed the Maintenance Director, who stated that he replaced the elbow joint/connector on the pipe. However, the surveyor observed that there was still water leaking from the newly replaced elbow/connector. The Maintenance Director agreed with the surveyor's observation and stated that he may also need to replace the metal</p>	A 891		
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A 891	<p>Continued From page 51</p> <p>piece of the sink.</p> <p>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."</p> <p>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."</p> <p>On 11/7/19 Surveyor #2 conducted a tour of the kitchen and observed the following:</p> <p>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.</p> <p>Refer to N.J.A.C 8:24-6.4 which stipulates, "Segregation and location of distressed merchandise: Products that are held by the operator...such as damaged, spoiled, or recalled products, shall be segregated and held in designated area...."</p> <p>b. At 8:49 a.m. the surveyor observed a box of raw chicken pieces on a cart defrosting over a</p>	A 891		

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A 891	<p>Continued From page 52</p> <p>plastic bin of apple sauce and a plastic bin of fruit cocktail. The alternate FSC stated that the chicken pieces should have been defrosted on the meat rack and not over foods that could potentially become contaminated by raw ingredients. Refer to N.J.A.C. 8:24-3.1 which reads, "Characteristics Food shall be safe and unadulterated."</p> <p>c. At 8:50 a.m., the surveyor observed 18 bowls of a yellow pulpy substance on a food cart. These bowls were covered by a large piece of paper and were not labeled as to the what the food substance was, nor the date as to when the substance was placed into the bowls. The alternate FSC stated that the substance in the bowls was leftover applesauce from the dinner meal the day before. Refer to N.J.A.C. 8:24-3.2(a)(3) which reads, "Packaged food shall be labeled as specified N.J.S.A 24.5-17, Food Misbranding, and Food Labeling 21CFR Part 101 incorporated herein by reference ..."</p> <p>d. At 9:01 a.m. the surveyor observed wet nested silverware on a tray in the dining room. The surveyor observed the dietary staff placing the wet utensils on tables. Refer to N.J.A.C. 8:24-4.11 which stipulates, "Protection of clean items, (a) After cleaning and sanitizing, equipment and utensils: 1. Shall be air-dried or used after adequate draining as specified in Sanitizing Solutions 21...before contact with food; and 2. Shall not be cloth dried... (2) Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying; and ii. Covered or inverted."</p>	A 891		

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A 891	<p>Continued From page 53</p> <p>e. At 9:15 a.m. the surveyor observed that the piercing part of the commercial can opener was crusted with food debris and metal shavings. The alternate FSC was not able to tell the surveyor the date the can opener was last cleaned. Refer to N.J.A.C. 8:24-4.5 which stipulates, "Maintenance and operation Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened." Additionally, refer to N.J.A.C. 8:24-4.7 which reads, "Sanitization of equipment and utensils (a) Equipment food-contact surfaces and utensils shall be sanitized. (b) Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning. (c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized..."</p> <p>f. At 9:16 a.m. the surveyor observed 14 containers of spices that were opened and not dated. The alternate FSC stated that the spices should have been dated when opened. Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>g. At 9:25 a.m. the surveyor observed, inside the cold cut refrigerator, five (5) one-gallon containers labeled mayonnaise, Italian dressing, citrus dressing, ranch dressing and French dressing. The surveyor observed that all containers were opened, however, none of the five (5) containers were labeled with an open date. The alternate FSC stated that these products had a shelf life of 2 weeks after opening but was not able to provide the date the items were opened.</p>	A 891		
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 891	<p>Continued From page 54</p> <p>Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>h. At 9:25 am., inside the cold cut refrigerator, the surveyor observed a clear plastic beverage pitcher which was filled with a tan creamy substance. The pitcher was covered with plastic wrap; however, the pitcher was not labeled to indicate the contents and there was no date to indicate when it placed in the pitcher and when it should be used. The alternate FSC stated that the pitcher contained Caesar dressing but was not able to identify the date it was placed into the pitcher.</p> <p>Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p> <p>i. At 9:26 a.m., on top of the cold cut refrigerator, the surveyor observed a three-pound container of concord grape jam and a large container of peanut butter, neither item was marked as to the opened date.</p> <p>Refer to N.J.A.C. 8:24-3.1 which stipulates, "Characteristics Food shall be safe and unadulterated."</p>	A 891		
A 901	<p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each</p>	A 901		

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A 901	<p>Continued From page 55</p> <p>resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;</p> <p>This REQUIREMENT is not met as evidenced by: Repeat Deficiency Based on observation, interview and record review it was determined that the facility failed to provide written, planned and dated menus with portion sizes posted in the kitchen preparation/serving area and failed to retain a record of menu changes and substitutions as required. This deficient practice was evidenced by the following:</p> <p>On 11/7/19 during the breakfast and lunch meals and on 11/8/19 during the lunch meal the surveyor observed the following dietary concerns:</p> <p>1. At 9:05 a.m. on 11/7/19, Surveyor #1 observed Cook #1, by the steam table, who placed scrambled eggs and two slices of toast on a plate. Surveyor #1 observed that there was no menu posted in the serving area as the cook plated the food. Surveyor #1 observed menus for Week 1 through Week 4 with no portion sizes, posted by the door of the Food Service Coordinator's (FSC) office.</p> <p>a. Surveyor interviewed Cook #1 at 9:10 a.m. on 11/7/19 and asked Cook #1 to identify the ladle size he used for plating the scrambled eggs. He</p>	A 901		
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A 901	<p>Continued From page 56</p> <p>lifted the ladle, checked the back of its handle, and stated, "four ounces (4 oz)." Surveyor #1 then asked if a 4 oz scoop was the appropriate size for plating the scrambled eggs. He stated, "No, it should have been 3 oz scoop. Somebody made a mistake and placed that scoop there." Surveyor #1 then asked Cook #1 where the menus with portion sizes were kept, Cook #1 responded and stated, "Over here." He walked towards the left side of the steam table and 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 turned the page of the binder to the "Week 4 Menu Extensions" page, which contained and included menus for the day with the portion sizes of food items, including the portion sizes for regular, mechanical soft, puree, and therapeutic diets, which included the Carbohydrate Controlled Diet (CCD) and the Renal Diet. The surveyor observed that the Week 4 Menu Extensions documented, "Scrambled Eggs - 4 oz ..." Cook #1 stated that he did not realize that the correct portion size was 4 oz and that he used the correct ladle size (4 oz).</p> <p>On 11/7/19 at 12:05 p.m., Surveyor #1 returned to the kitchen and observed dietary staff pick up plated food and delivered the food to residents in the dining room. The surveyor also observed Cook #1 and dietary staff plating food from the steam table. Surveyor #1 did not observe a menu with portion sizes posted in the serving/plating area. Surveyor #1 observed that Cook #1 plated the following food items using a beige-colored handle ladle: pasta/egg noodles, cubed beef with brown sauce and brussels sprouts. Surveyor #1 interviewed Cook #1 and asked the cook to identify the size of the</p>	A 901		
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A 901	<p>Continued From page 57</p> <p>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.</p> <p>b. On 11/8/19 at 11:55 a.m., Surveyor #1 reviewed the menu for Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers ...." Surveyor #1 observed the following food items on the steam table: Baked tomato, breaded veal cutlet, brown sauce with carrots and peas, tricolored peppers and roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet with peas and carrots in a brown sauce, diced roasted potatoes and the tri-colored peppers. The surveyor observed that Cook #2 plated one piece of the breaded veal cutlet, diced potatoes using a 3 oz (beige color) scoop, tricolored peppers using a 3 oz ladle and brown sauce with peas and carrots using a 3 oz ladle.</p> <p>During surveyor interview with Cook #2 at that time, Surveyor #1 asked if a 3 oz scoop/ladle</p>	A 901		
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A 901	<p>Continued From page 58</p> <p>was the appropriate size to plate the above-mentioned food items. Cook #2 stated that the 3 oz scoop/ladle was the correct size. Cook #2 went and got the menu binder and took out the Week 4 Menu Extensions, which had the portion sizes for food items on the menu for that day. Cook #2, in the presence of Surveyor #1, reviewed the menu with portion sizes and stated that he should have used a 4 oz scoop. Cook #2 stated that he was in a hurry and just placed a 3 oz scoop on each tray for each of food items on the steam table. Surveyor #1 asked if he was aware of a requirement to post menus with portion sizes in the plating area, he stated, "No."</p> <p>2. Dietary staff, including the program 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.</p> <p>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.</p> <p>Surveyor #1 observed that there was no vegetable plated with the egg noodles and cubed beef, which was served in a brown sauce. The surveyor interviewed Cook #1 and asked why there was no vegetable served with the egg</p>	A 901		
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A 901	<p>Continued From page 59</p> <p>noodles. Cook #1 stated that the menu only indicated, "Beef Goulash and Neapolitan Noodles." The surveyor then asked if Neapolitan Noodles was the same or had the same ingredients as Egg Noodles. Cook #1 responded and stated, "No." Surveyor #1 then requested Cook #1 to provide the surveyor with a copy of the Beef Goulash and Neapolitan Noodles recipes. The surveyor observed as Cook #1 searched the recipe binder and stated that the closest recipe he was able to find for "Beef Goulash" was the recipe for "Hungarian Goulash." Cook #1 confirmed and stated, "It is not the same because the Goulash is cooked with tomatoes while the cubed beef with just brown sauce." The surveyor reviewed the recipe for Neapolitan Noodles with Cook #1 and confirmed that the recipe included vegetables.</p> <p>b. On 11/8/19 at 11:55 a.m., Surveyor reviewed the menu for Friday of the Week 4 Menu, which listed the following food items for lunch: "Grilled Ham and Cheese sandwich, baked tomato or Braised Veal, Roasted New Potatoes, Tricolored Peppers ..." The surveyor observed the following food items on the steam table: Baked tomato, tricolored peppers roasted potatoes. The surveyor observed that Cook #2 plated breaded veal cutlet, tricolored peppers, diced potatoes and carrots and peas in a brown sauce.</p> <p>Surveyor #1 interviewed Cook #2 at 12:05 p.m. and asked why the veal reflected on the menu, "Braised Veal," was not served but rather breaded veal was served, Cook #2 stated that he was not sure but that the alternate FSC substituted the menu item and may know the answer.</p>	A 901		

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A 901	<p>Continued From page 60</p> <p>Surveyor #1 interviewed the alternate FSC at 12:10 p.m. regarding the breaded veal that was served and not the "Braised Veal" that was reflected on the lunch menu for that day. The alternate FSC stated that he made a mistake when he ordered the food and supplies. He stated that he did not realize that he ordered breaded veal. The alternate FSC stated that they needed to cook what was available. The alternate FSC stated that since breaded veal was baked, it was dry and needed a sauce. The alternate FSC continued that he created and cooked the brown sauce with the diced peas and carrots and placed that over the breaded veal.</p> <p>Surveyor #1 asked the alternate FSC if he contacted the Dietitian to ensure that the breaded veal with peas and carrots in a brown sauce was an acceptable substitution for the "Braised Veal" on the menu, he stated, "No." The surveyor then asked the alternate FSC if he had contacted the Dietitian for other dietary concerns and issues in the kitchen. He stated that he just started assisting the facility two weeks ago, as the facility's FSC was on leave of absence.</p> <p>At 12:30 p.m. that day, 11/8/19, the surveyor asked the alternate FSC if he retained a copy of the lunch menu changes on 11/7/19 and 11/8/19, he stated, "No." The FSC could not provide documentation of the menu changes and substitutions made during the survey days, 11/7/19 and 11/8/19.</p>	A 901		
A 903	<p>8:36-10.5(c)(5) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p>	A 903		

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A 903	<p>Continued From page 61</p> <p>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;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to ensure that food served for the therapeutic diets, including the Renal Diet, were consistent with the Dietetics in Healthcare Communities of New Jersey (DHCC of NJ), the diet manual used by the facility. This deficient practice was evidenced by the following:</p> <p>During the survey on 11/7/19 and 11/8/19 the surveyor observed, to the left of the serving area in the kitchen, a binder that had recipes and menus. The surveyor observed on the front cover of the binder the menus for Weeks 1-4, however, the menus did not include portion sizes. The surveyor observed that the Week 1 Menu Extensions through Week 4 Menu Extensions, which included the portion sizes of food items served for a Regular Diet, Mechanical Soft Diet, Carbohydrate Controlled Diet (CCD) and Renal Diet, were kept inside the binder.</p> <p>On 11/7/19 at 12:30 p.m. the surveyor interviewed the alternate Food Service Coordinator (FSC) and asked him to provide the diet manual used by the facility. The alternate FSC showed the surveyor the diet manual, DHCC of NJ, and stated that the diet manual was the manual used by the Dietitian, as well as the</p>	A 903		
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A 903	<p>Continued From page 62</p> <p>Cooks for the facility.</p> <p>On 11/14/19 at 1:35 p.m., during a post survey telephone interview, the facility Registered Dietitian (RD) was asked to provide the nutrient goals used to develop the 4 week-cycle Renal Menu. During that call the facility RD could not provide the requested information and stated that she would call back. On 11/18/19 at 2:50 p.m., during a follow up telephone interview with the facility RD, she stated that the 2018 DHCC of NJ Diet Manual, Renal Diet, was used to develop the 4 week-cycle Renal Menu.</p> <p>Review of Week 1 Menu Extensions - Week 4 Menu Extensions revealed the following concerns:</p> <p>Week 1 Menu Extensions Renal Tuesday Dinner - Apricot Ham - (canned Ham)</p> <p>2018 DHCC of NJ Diet Manual, Renal Diet: Food Groups: Protein (Meats, Poultry, Fish, Dry Beans, Eggs and Nuts), FOODS TO AVOID - Canned, salted, or processed meats or fish. Canned, salted, or processed meats or fish, Organ meats, dried beans, peas and lentil and nuts. Nut butters.</p> <p>Canned ham and processed meat products are to be avoided in accordance with 2018 DHCC of NJ Diet Manual Renal Diet.</p> <p>Week 2 Menu Extensions Renal Thursday Breakfast: 4-ounce (oz) milk, Lunch 4 oz ice cream</p> <p>2018 DHCC of NJ Diet Manual, Renal Diet: Food Groups: Dairy (Milk, Yogurt and Cheese),</p>	A 903		

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A 903	<p>Continued From page 63</p> <p>FOODS RECOMMENDED, Whole milk, 1%, 2%, fat-free, cream, ice milk or ice cream, yogurt, half &amp; half, pudding when made with milk ½ cup. Cheese (higher in sodium and phosphorus than meat), Cheddar, Mozzarella, Swiss - 1 oz Cottage cheese, ricotta - ¼ cup. FOOD TO AVOID: Milk in excess of allowed amounts, Chocolate milk or pudding. American cheese or cheese sauces.</p> <p>Milk (4 oz) and ice cream (4 oz) served for breakfast and lunch equal 1 cup of milk and not a ½ cup of milk in accordance with 2018 DHCC of NJ Diet Manual Renal Diet.</p> <p>Week 3 Menu Extensions Renal Wednesday Breakfast: 4 oz milk, Dinner: 6 oz, Corn Chowder 6 oz (prepared with milk)</p> <p>2018 DHCC of NJ Diet Manual, Renal Diet: Food Groups: Dairy (Milk, Yogurt and Cheese), FOODS RECOMMENDED: Whole milk, 1%, 2%, fat-free, cream, ice milk or ice cream, yogurt, half &amp; half, pudding when made with milk ½ cup. Cheese (higher in sodium and phosphorus than meat), Cheddar, Mozzarella, Swiss - 1 oz Cottage cheese, ricotta - ¼ cup. FOOD TO AVOID: Milk in excess of allowed amounts Chocolate milk or pudding. American cheese or cheese sauces.</p> <p>Milk and corn chowder, which is prepared with milk product as per post survey email confirmation from the facility ED, is greater than one 1 cup of milk and not ½ cup milk in accordance with 2018 DHCC of NJ Diet Manual Renal Diet.</p> <p>Week 4 Menu Extensions Renal Sunday</p>	A 903		



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A 903	<p>Continued From page 64</p> <p>Lunch: Shredded Cheese, ...Corn Chips, ...Peanut butter Cake</p> <p>2018 DHCC of NJ Diet Manual, Renal Diet: Food Groups: Grains (Breads, Cereals, Rice, Pasta and Other Grains and Pseudo grains), FOOD TO LIMIT/AVOID: Quick-cooking cereals, bran cereals salted popcorn, corn chips, potato chips, boxed dinners (i.e. Hamburger Helper) granola, dry cereals containing high levels of sodium, nuts, coconuts, dried fruits, chocolate. The following grains/pseudo grains quinoa, teff, amaranth, millet 1 serving (1/2 c) may be used 1 x week.</p> <p>Food Groups: Dairy (Milk, Yogurt and Cheese), FOODS RECOMMENDED: Whole milk, 1%, 2%, fat-free, cream, ice milk or ice cream, yogurt, half &amp; half, pudding when made with milk ½ cup. Cheese (higher in sodium and phosphorus than meat), Cheddar, Mozzarella, Swiss - 1 oz Cottage cheese, ricotta - ¼ cup. FOOD TO AVOID: Milk in excess of allowed amounts Chocolate milk or pudding. American cheese or cheese sauces.</p> <p>Protein (Meats, Poultry, Fish, Dry Beans, Eggs and Nuts), FOODS TO AVOID: Canned, salted, or processed meats or fish, Organ meats, dried beans, peas and lentil and nuts. Nut butters.</p> <p>Shredded Cheese is not a specific cheese item and therefore, the cheese item provided to residents may be on the foods to avoid list (ex: American Cheese). Peanut butter cake contains peanut butter which is a nut and is on the foods to avoid list of the 2018 DHCC of NJ Diet Manual for Renal Diet.</p>	A 903		
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NAME OF PROVIDER OR SUPPLIER  <b>IVY STONE SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 ROUTE 130 SOUTH PENNSAUKEN, NJ 08110</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 903	<p>Continued From page 65</p> <p>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</p> <p>2018 DHCC of NJ Diet Manual, Renal Diet: Food Groups, Dairy (Milk, Yogurt and Cheese), FOODS RECOMMENDED: Whole milk, 1%, 2%, fat-free, cream, ice milk or ice cream, yogurt, half &amp; half, pudding when made with milk ½ cup. Cheese (higher in sodium and phosphorus than meat), Cheddar, Mozzarella, Swiss - 1 oz Cottage cheese, ricotta - ¼ cup. FOOD TO AVOID, Milk in excess of allowed amounts Chocolate milk or pudding. American cheese or cheese sauces.</p> <p>Protein (Meats, Poultry, Fish, Dry Beans, Eggs and Nuts), FOODS TO AVOID: Canned, salted, or processed meats or fish. Canned, salted, or processed meats or fish, Organ meats, dried beans, peas and lentil and nuts. Nut butters.</p> <p>Milk and ice cream served that day equal 1 cup of milk and not a ½ cup of milk recommended in the 2018 DHCC of NJ Manual. Shredded Swiss Cheese is limited to 1 oz and not 3 oz, Sweet and Sour Pork Ribs is a processed meat product and processed meat products are to be avoided in accordance with the 2018 DHCC of NJ Diet Manual Renal Diet.</p> <p>The facility RD did not ensure that food items and portion sizes of the Renal Diet given to residents were consistent and in accordance with the DHCC of NJ Diet Manual for a Renal Diet.</p>	A 903		
A 940	8:36-11.5(b)(2)(i-iv)(1-3),(v-vi) Pharmaceutical Services	A 940		

New Jersey Department of Health

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A 940	<p>Continued From page 66</p> <p>(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.</p> <p>2. If an appropriate delegation is made, and in accordance with the facility's policies and procedures and all applicable State and Federal laws and regulations, the certified medication aide may:</p> <p>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;</p> <p>ii. Administer any prescription or OTC medications as described in (b)1 above;</p> <p>iii. Administer regularly scheduled medications, including prescription, OTC, and Schedule II-V medications;</p> <p>iv. Administer "prn" or as-needed prescription, OTC and Schedule II-V medications except that residents receiving the following medications shall be assessed by the registered professional nurse at least once every seven days:</p> <p>1. Residents receiving prn Schedule II narcotic analgesics;</p> <p>2. Residents receiving Schedule III-IV narcotic analgesics; and</p>	A 940		

New Jersey Department of Health

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A 940	<p>Continued From page 67</p> <p>3. Residents receiving Schedule III-IV central nervous system agents;</p> <p>v. Administer medications that have been dispensed by a pharmacy, in accordance with N.J.S.A. 45:14 et seq., N.J.S.A. 24:21 et seq., N.J.A.C. 13:39, and the requirements of this chapter; or</p> <p>vi. Administer experimental and/or research medications in accordance with 45 CFR Part 46, Protection of Human Subjects, incorporated herein by reference, as amended and supplemented.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00129557</p> <p>Based on interview and record review it was determined the facility failed to ensure that the Registered Nurse (RN) made appropriate delegation of medications administered by the facility's Certified Medication Aide's (CMA's) for 1 of 8 residents reviewed for medication administration, Resident #7. Appropriate delegation of medication administration under N.J.A.C. 13:37-6.2 requires the facility RN to properly supervise ancillary nursing personnel to whom such delegation is made. This deficient practice was evidenced by the following:</p> <p>On 11/12/19 the surveyor reviewed the medical record of Resident #7, who had diagnoses which included <u>end stage renal disease</u> and a history of</p>	A 940		

New Jersey Department of Health

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A 940	<p>Continued From page 68</p> <p><b>bilateral (both) lower extremity cellulitis, for which the resident required wound treatment to both legs and feet.</b></p> <p>The surveyor reviewed the Medication Administration Record's (MARs), (a document used to record who administered a medication, when it was administered and by whom) for <b>November 2019</b> and observed the following current Physician's orders, which were effective since 9/17/19, for medications and treatments to both of Resident #7's feet and legs: <b>"H-Chlor 12 0.125% Solution APPLY TO BILATERAL LOWER EXTREMITIES (LEGS AND FEET). COVER WITH DRY DRESSING EVERY OTHER DAY DX: WOUND CARE..."</b> and <b>"PROVIDONE-IODINE 10% SOLUTION APPLY TOPICALLY TO BETWEEN TOES &amp; APPLY 4X4 BETWEEN EACH WEB SPACES FOLLOWED BY KLING DAILY DX: WOUND CARE..."</b></p> <p>Further review of the MAR, and other facility documents, revealed that the CMAs authorized to provide treatments were not in-serviced on the possible side effects and the reporting instructions related to the treatments. Th documented evidence that the CMAs were in-serviced or received instructions on any side effects.</p> <p>Further review of the November 2019 MAR revealed that on 11/1/19, 11/7/19 and 11/10/19, CMAs signed the MARs which indicated that they provided the treatments to Resident #7.</p> <p>The surveyor interviewed the RN and asked if the CMAs received training and supervision regarding the treatment of Resident #7's <b>wound to both feet and legs.</b> The RN stated that she</p>	A 940		
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A 940	<p>Continued From page 69</p> <p>provided instructions to the nursing staff by way of a note and that she had not provided direct supervision to the CMAs.</p> <p>The RN provided the surveyor with a copy of an undated note which documented the following: "ATTENTION: NURSING STAFF Nursing progress note for wound care: [Resident #7] Wound care administered as ordered: Wound cleansed with soap and water to remove dry skin [sic] Urea cream applied to legs and feet [sic]Betadine applied between toes and webspace, kling applied. Site covered with dressing and socks. While resident is sitting in bed heels were offloaded with pillow. Document how the wound looks (reddened, eschar, slough) if there was any drainage or odor."</p> <p>The surveyor observed that the above note, written and provided by the RN, did not reflect the current Physician's orders for the treatment to Resident #7's wounds based on the current MAR for November 2019.</p> <p>Reference N.J.A.C 13:67-6.2 (a)(b) which stipulates, "Delegation of selected nursing tasks (a)The registered professional nurse may delegate selected nursing tasks in the implementation of the nursing regimen to...ancillary nursing personnel...(b) In delegating selected nursing tasks..., the registered professional nurse shall be responsible for exercising that degree of judgement and knowledge reasonably expected to assure that a proper delegation has been made. A registered professional nurse may not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education...."</p>	A 940		

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A1433	<p>8:36-22.2 Comprehensive Personal Care Homes</p> <p>Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22. Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to comply with regulatory standard N.J.A.C. 8:36-17.3(b)(4) by failing to ensure that all poisonous and toxic materials were secured, which placed residents with memory impairment at risk for harm. The facility also failed to comply with the regulatory standard N.J.A.C. 8:36-17.7 by failing to keep the building free from fire hazards, which placed all residents at risk for harm. This deficient practice was evidenced by the following:</p> <p>1. On 11/7/19 at 10:30 a.m., the surveyor observed a sign on a door in the locked unit for residents with memory impairment. The sign read, "Please keep laundry room locked at all times." The surveyor opened the unlocked and unattended door and entered the room and observed a bottle of a blue substance hanging on the wall labeled, "Enzyme Laundry Detergent." The bottle was observed to be opened at the top with a label that read, "For institutional and industrial use only/keep out of reach of children." The label on the back of the bottle read, "...May be harmful if swallowed." Refer to N.J.A.C. 8:36-17.3(b)(4) which</p>	A1433		
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New Jersey Department of Health

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A1433	<p>Continued From page 71</p> <p>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..."</p> <p>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.</p> <p>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."</p> <p>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 residents of the locked unit.</p>	A1433		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15C000 <span style="float: right;">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/13/2021 <span style="float: right;">Y3</span>
NAME OF FACILITY IVY STONE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>A0310</u>	Correction	ID Prefix <u>A0311</u>	Correction	ID Prefix <u>A0745</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-3.4(a)(2)</u>	Completed	Reg. # <u>8:36-7.2(f)</u>	Completed
LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>
ID Prefix <u>A0765</u>	Correction	ID Prefix <u>A0891</u>	Correction	ID Prefix <u>A0901</u>	Correction
Reg. # <u>8:36-7.4(c)(1)</u>	Completed	Reg. # <u>8:36-10.5(a)</u>	Completed	Reg. # <u>8:36-10.5(c)(4)</u>	Completed
LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>
ID Prefix <u>A0903</u>	Correction	ID Prefix <u>A0940</u>	Correction	ID Prefix <u>A1433</u>	Correction
Reg. # <u>8:36-10.5(c)(5)</u>	Completed	Reg. # <u>8:36-11.5(b)(2)(i-iv) (1-3),(v-vi)</u>	Completed	Reg. # <u>8:36-22.2</u>	Completed
LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>	LSC _____	<u>05/13/2021</u>
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/12/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		