

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2020
NAME OF PROVIDER OR SUPPLIER VOORHEES CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD VOORHEES, NJ 08043		
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F 000	INITIAL COMMENTS STANDARD SURVEY 1/10/2020 CENSUS:171 SAMPLE: 33	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		1/27/20	

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

TITLE

(X6) DATE

Electronically Signed

01/27/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain a clean and sanitary environment. This deficient practice was identified for 2 of 5 nursing units (Units [REDACTED] and [REDACTED]) and was evidenced by the following:</p> <p>On 1/2/2020 at 10:07 AM, an alert and oriented resident told the surveyor that his/her room had cobwebs hanging above the bed. The surveyor and the resident went to the resident's room, room [REDACTED], where the surveyor observed cobwebs hanging from the ceiling above both beds in the room and the bathroom. While in the room, the resident's roommate walked in, and both residents began talking about the cobwebs. In addition, there was damage to the headboard of the window bed.</p> <p>After that observation the surveyor toured more rooms on the [REDACTED] unit and observed the following:</p> <p>1. On 1/3/2020 at 10:58 AM, cobwebs were hanging from the ceiling above the window and in the corner above the door bed in resident room [REDACTED]. There was ceiling damage above the head</p>	F 584	<p>Housekeeping and maintenance was performed to resolve the following conditions:</p> <p>High dusting was performed to resolve the dust accumulation and cobwebs identified in rooms [REDACTED] bathroom, [REDACTED] bathroom, [REDACTED] bathroom, the Shower Room, [REDACTED], the shared bathroom of [REDACTED], shared bathroom of [REDACTED] as well as the HVAC units in rooms [REDACTED]. Maintenance replaced the damaged headboard identified in room [REDACTED], window bed. The ceiling/ceiling vents and walls were cleaned in rooms [REDACTED] and the ceiling in [REDACTED] 30 was cleaned, repaired and repainted as well. The window shade was cleaned in room [REDACTED]. The loose wallpaper and border was repaired in rooms [REDACTED] bathroom, [REDACTED]. Corners and edges of floor/wall junctures of room [REDACTED] were cleaned. In room [REDACTED], the 4 drawer dresser was repaired to be more home-like. Room [REDACTED] wallpaper was repaired. Ceiling was inspected,</p>	

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F 584	<p>Continued From page 2</p> <p>of the window bed that included a black substance (appearance of mold). There were also splatters of dried brown substance on the ceiling above the door bed.</p> <p>2. On 1/3/2020 at 11:07 AM, cobwebs were hanging from the ceiling in the corner above the door bed, the window bed and in the bathroom in resident room [REDACTED]. There was loose wallpaper from the border at the top of the wall behind both beds and the mid-wall border in the bathroom. There was a build-up of dust in the ceiling vent in the bathroom.</p> <p>After that observation the surveyor toured more rooms on the [REDACTED] unit and observed the following:</p> <p>On 1/3/2020 at 11:14 AM, the 4-drawer dresser was missing the bottom two drawers in resident room [REDACTED].</p> <p>On 1/3/2020 at 11:17 AM, cobwebs were observed hanging from the ceiling in the corners above both beds in resident room [REDACTED]. There was a loose wallpaper border at the ceiling above the window bed. There was a dried substance splattered on the ceiling above the window bed.</p> <p>On 1/3/2020 at 11:22 AM, cobwebs were observed hanging from the ceiling above the door bed in resident room [REDACTED]. When interviewed at that time, a resident in the room said the housekeeper had just cleaned the room. The resident said the housekeeper swept the floor, emptied the trash, cleaned the bathroom, and mopped the floor. When asked if the staff ever did a deep cleaning where the furniture was cleaned, the resident replied, "No." There was a</p>	F 584	<p>cleaned, spackled and repainted in room [REDACTED]. In the shower room, the damaged tile was repaired and the toilet paper rod was replaced and a new roll of toilet paper was installed.</p> <p>All resident areas are at risk for this practice.</p> <p>Education was provided to housekeeping staff on proper cleaning procedures. Competencies were performed to ensure understanding on January 22, 2019. Education was provided to staff on process for initiating maintenance requests on January 9, 2020. 10 rooms will be audited by the Maintenance Director and/or Center Executive Director each week for 3 months to ensure a clean, safe and homelike environment.</p> <p>Results of audits will be reported and monitored for compliance during the monthly QAPI Committee Meeting for a 3 month period.</p>		

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F 584	<p>Continued From page 3</p> <p>build-up of dust in the ceiling vent in the bathroom.</p> <p>On 1/3/2020 at 11:27 AM, there was tile damage observed in the "Showers" room near the nurse's station. There was a build-up of dust in the ceiling vent in the bathroom of the "Showers" room. There was no rod for the toilet paper in the adjoining bathroom. A roll of toilet paper was sitting on the toilet tank. When interviewed at that time, the Unit Manager said this room was used for resident showers.</p> <p>On 1/3/2020 at 11:41 AM, cobwebs were also observed hanging from the ceiling in resident room [REDACTED]. There was wall damage with discoloration in the corner of the ceiling by the window. There was a dried substance splattered on the wall by the window and the window shade. When interviewed at that time, a resident in the room said the housekeeping staff sweeps and mops the floor.</p> <p>On 1/3/2020 at 11:56 AM, there was a build-up of dust in the ceiling vent in the bathroom in resident room [REDACTED]. The mid-wall wallpaper border in the bathroom was observed loose.</p> <p>On 1/3/2020 at 11:58 AM, there was a build-up of dirt in the corners and at the floor/wall junctures in resident room [REDACTED]. There was a build-up of dust in the ceiling vent in the bathroom. There was loose wallpaper observed in the bathroom. There was a dried substance splattered on several areas of the wall and ceiling in the room.</p> <p>On 1/3/2020 at 12:03 PM, there was a build-up of dust in the bathroom ceiling vent in resident room [REDACTED]. There was loose wallpaper in the bathroom.</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>On 1/3/2020 at 12:06 PM, there was a build-up of dirt in the corners and at the floor/wall junctures in resident room [REDACTED].</p> <p>On 1/3/2020 at 12:07 PM, there was a build-up of dust in the ceiling vent in the bathroom in resident room [REDACTED]. There was loose wallpaper in the bathroom.</p> <p>On 1/3/2020 at 12:09 PM, there was a build-up of dirt observed in the corners and at the floor/wall junctures in the bathroom and the room in resident room [REDACTED]. There was loose wallpaper in the bathroom. There was a build-up of dust in the ceiling vent in the bathroom.</p> <p>On 1/3/2020 at 12:11 PM, cobwebs were observed hanging from the ceiling above the window bed in resident room [REDACTED]. There was a build-up of dirt in the corners and at the floor/wall junctures in the room and the bathroom. There was a build-up of dust in the bathroom ceiling vent. There was loose wallpaper in the bathroom.</p> <p>On 1/3/2020 at 12:14 PM, there was a build-up of dirt in the corners and at the floor/wall junctures in resident room [REDACTED]. There was a build-up of dust in the bathroom ceiling vent. There was loose wallpaper in the bathroom.</p> <p>The surveyor observed the following on the [REDACTED] unit:</p> <p>On 1/3/2020 at 12:32 PM, there was a heavy build-up of dust in the bathroom ceiling vent in resident room [REDACTED].</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>On 1/3/2020 at 12:32 PM, there was a heavy accumulation of dirt/dust that came off on the surveyor's finger on the front of the Heating/Ventilation/Air Conditioner (HVAC) unit in resident room [REDACTED].</p> <p>On 1/3/2020 at 12:34 PM, there was a build-up of dust in the bathroom ceiling vent in resident room [REDACTED]. There was an accumulation of dirt/dust that came off on the surveyor's finger on the front of the HVAC unit in resident room [REDACTED].</p> <p>On 1/3/2020 at 12:42 PM, there was an accumulation of dirt/dust that came off on the surveyor's finger on the front of the HVAC unit in resident room [REDACTED]. When interviewed at that time, the resident said he/she has never seen anyone clean it.</p> <p>On 1/3/2020 at 12:43 PM, there was an accumulation of dirt/dust that came off on the surveyor's finger on the front of the HVAC unit in resident room [REDACTED]. There was a build-up of dust in the bathroom ceiling vent.</p> <p>On 1/3/2020 at 12:46 PM, there was an accumulation of dirt/dust that came off on the surveyor's finger on the front of the HVAC unit in resident room [REDACTED]. There was a build-up of dust in the bathroom ceiling vent.</p> <p>On 1/3/2020 at 12:47 PM, there was an accumulation of dirt/dust that came off on the surveyor's finger on the front of the HVAC unit in resident room [REDACTED]. There was a build-up of dust in the bathroom ceiling vent in the bathroom shared by resident rooms [REDACTED].</p> <p>On 1/3/2020 at 12:49 PM, there was a build-up</p>	F 584			

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F 584	<p>Continued From page 6</p> <p>dust in bathroom ceiling vent in the bathroom shared by resident rooms [REDACTED].</p> <p>When interviewed on 1/3/2020 at 1:13 PM, the Housekeeping Manager (HM) said they do deep cleaning in resident rooms, and each room in the building gets done once a month. When asked about the procedure, the HM further said the housekeeping staff, "take the patient out, they don't bring anything out of the room. They strip the beds, wipe down the beds, they dust and wipe everything down. It's regular cleaning but much more involved than daily cleaning." When asked about the HVAC units, the HM said housekeeping cleans the HVAC units. The HM said, "the whole thing is wiped down daily."</p> <p>On 1/6/2020 at 11:10 AM, the surveyor asked the HM for a procedure that the housekeepers would follow when deep cleaning the resident rooms. At 11:15 AM, the surveyor interviewed a housekeeper about deep cleaning the resident rooms. When asked what she did, the housekeeper said, "I move everything and clean the floor, I wipe down the railing (bed), I dust the lights, I clean the bathroom." At 11:20 AM the surveyor interviewed another housekeeper who said, "I move the furniture, I mop the floor, I clean the bed frame with the wet mop, and I dust. It usually takes about a half-hour." When asked how she dusted, the housekeeper said, "I have a duster" and showed the surveyor a long-handled duster on the housekeeper's cart. When asked how she cleaned the bed frame, the housekeeper said: "I'll show you." The housekeeper took the floor mop out of the water in the mop bucket on the housekeeper's cart and wrung out the wet mop with the press handle of the mop bucket. The housekeeper then wiped the bedframe below</p>	F 584			

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F 584	Continued From page 7 the mattress with the damp mop that was also used to mop the floors. At 11:40 AM, the HM provided the surveyor with a "Deep Clean Checkoff List." When reviewed, the form included "Let resident know we will be in their room for 30 minutes, and if they could leave for that time, it would be greatly appreciated. You must move the bed, dresser, and any large objects so you can clean behind it. This room must be sanitized, dusted, and dirt free when you are done." The form noted what to clean but did not say how to do the cleaning. When interviewed on 1/8/2020 at 10:04 AM, the surveyor asked the HM how the housekeeping staff were supposed to clean the bed frames. The HM said, "they dust it, spray it with a disinfectant, let it sit for ten minutes, then wipe it down with a wet rag."	F 584			
F 803 SS=D	NJAC 8:39-31.4 (a,f) Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and	F 803		1/27/20	

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F 803	<p>Continued From page 8</p> <p>ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of facility menus, it was determined that the facility failed to ensure that staff were following the menu and failed to obtain approval of menu substitutions in accordance with facility policy.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/6/2020, from 12:16 PM to 12:52 PM, the surveyor observed the lunch meal in the [redacted] unit dining/activity room. The surveyor observed that one resident had received a turkey and cheese sandwich on wheat bread, potato salad, and gelatin cubes without whipped topping and another resident had received a turkey and cheese sandwich on wheat bread, potato salad, and vanilla pudding. This resident's meal ticket noted that the resident should have received, "chocolate" pudding. When interviewed at that time, the resident stated: "I prefer to have chocolate pudding."</p> <p>On 1/6/2020 at 12:40 PM the survey team</p>	F 803	<p>On January 6, 2020 the Registered Dietician and Floating Food Service Director completed the "Food and Nutrition Services Menu Substitution Log" detailing the turkey and cheese sandwich substitution for the turkey club, as well as, the elimination of the whip topping on the gelatin cubes. Per policy, on January 27, 2020 the Registered Dietician provided education to the Food Service Director and the Cook that the reason given for the substitution was not acceptable and better planning for food preparation was needed to remain in compliance with regulation and policy.</p> <p>All residents who have chosen a menu item that has been substituted may be at risk of this practice.</p> <p>The Registered Dietician, the Floating Food Service Director, and Food Service Staff have been educated regarding the policy titled "Food and Nutrition Services</p>		

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F 803	<p>Continued From page 9</p> <p>requested lunch test trays that included: a regular tray that consisted of a turkey and cheese sandwich on wheat bread, potato salad, lettuce and tomato and gelatin cubes without whipped topping; and a regular tray that consisted of regular texture shrimp scampi, seasoned green beans, garlic bread, and gelatin cubes without whipped topping.</p> <p>On 1/6/2020 at 1:00 PM, the surveyors reviewed the facility's lunch menu, which noted that residents were to receive a turkey "club" sandwich or shrimp scampi and gelatin cubs "with whipped topping" for dessert. When interviewed at that time, the Regional Floating Manager (RFM) and Cook stated that they had made a menu substitution to serve a turkey and cheese sandwich in place of the turkey club sandwich because the bacon for the turkey club "is too labor-intensive to make." The Cook and RFM did not provide a reason for not serving the whipped topping for the gelatin cubes. The Cook and RFM explained that "the dietitian has to approve the menu substitution, but we made the change last night, which was Sunday, and we didn't get a chance to have the dietitian approve it. She usually comes to the kitchen in the morning when she gets here to check-in and see if there are any menu changes."</p> <p>When interviewed on 1/6/2020 at 1:21 PM, the Registered Dietitian (RD) stated, "I was not aware that they made a diet change from turkey club to a turkey and cheese sandwich. If we were to make a menu change, I call my supervisor and get permission for the change. Once receiving permission, I would sign off on the menu change. I think that's what our policy says." The RD then told the surveyors that she would obtain a copy of</p>	F 803	<p>Menu Substitution Log," the requirement of preparing menu items in advance as necessary, as well as, acceptable reasons for substituting menu items. The Registered Dietician will review the completed log each visit, provide education as needed, and initial the log per policy. The Dietician and/or Administrator will audit the Log weekly for 3 months checking for timely completion and proof of education by the Registered Dietician on topics as needed.</p> <p>Results of the audits will be reviewed and reported on for compliance monthly QAPI for a period of 3 months.</p>		

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F 803	<p>Continued From page 10</p> <p>the menu change policy and procedure to ensure the menu change policy included.</p> <p>During a follow-up interview on 1/6/2020 at 1:48 PM, the RD stated, "They had it filled out that the menu change had occurred today, but I haven't gone to the kitchen today, so I didn't get to sign off on the menu change. The instructions are that the Food Service Director needs to initiate the menu change form and also put it in the substitution log. It sounds like they made the change last night. I usually come into work around 8 AM. I didn't stop in the kitchen this morning, so I didn't get to sign off on the menu change for lunch today." The facility was unable to provide a copy of the Menu Substitution Log for the lunch meal.</p> <p>The surveyor reviewed the facility's policy titled, "Food and Nutrition Services Menu Substitution Log" and dated 12/1/15 that was provided to the surveyor by the RD. Under the heading "Instructions" the policy revealed the following:</p> <ol style="list-style-type: none"> 1. "Enter the name of the facility and the name of the Director of Dining Services at the top of the page." 2. "When a menu substitution is made, the Director of Dining Services or designee records it on the Log." 3. "Enter the date and meal of the substitution." 4. "Record the original menu item and original portion size in the space provided." 5. "Record the substitute item and portion size." 	F 803			

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F 803	Continued From page 11 6. "Identify the reason for the substitution." 7. "Director of Dining Services or designee initials substitution." 8. "Dietitian reviews the Log each visit, dates and initials log. Dietitian provides education as needed."	F 803			
F 812 SS=F	NJAC 8:39-17.4 (a)(3) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation safely and consistently to prevent	F 812		1/27/20	
			The cook replaced the hairnet/hair guard properly on her braided hair. On January 9, 2020 the Dietary Aides and the cook were educated on wearing a beard/hair		

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F 812	<p>Continued From page 12</p> <p>foodborne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/2/2020 from 8:38 AM to 9:28 AM the surveyor, accompanied by the Food Service Director (FSD) and Cook, observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. On entrance to the Dry Storage area, the surveyor observed a Dietary Aide (DA) in the room with a long beard. The DA was not wearing a beard guard, and the beard was exposed. When interviewed at that time, the FSD stated: "beard guards are to be worn for anyone wearing a beard." 2. There was a can of jellied cranberry sauce that had a dent on the upper seam. At that time, the FSD stated, "that should be in the designated dented can area to be returned. Whoever sees that is responsible for putting that in the designated can area to be returned for credit." 3. There was an opened bag of elbow noodles wrapped in plastic wrap that had no dates. At that time, the FSD stated, "that should be dated with an opened and a use-by date." The FSD threw the elbow noodles in the trash. 4. There was a cardboard box that contained two individual open packages of taco shells. The taco shells were wrapped in plastic wrap. The two packages had no dates. The FSD stated, "I'm gonna get rid of that and throw it away." The FSD threw the taco shells in the trash. 	F 812	<p>guards properly and at all times while on duty. The Food Service Director placed the can of jellied cranberry sauce in the designated area to be returned. They undated and labelled elbow noodles, taco shells, spaghetti noodles, were discarded. The uncovered coffee filters, wooden handled knives, and uncooked macaroni and cheese labelled with a use by date of 11/25/19 were disposed of as well. The sheet pan covered with dirty parchment paper and the sheet pan below were rewashed and sanitized and the soiled cart used to deliver test trays was returned to the Food Service Department and cleaned. The soiled container in the kitchenette in the [REDACTED] Unit Pantry was removed and discarded. On January 9, 2020, staff was educated regarding responsibility to complete the "Food and Nutrition Refrigerator/Freezer Log." The opened, undated, unlabeled and expired bag of Herr's Sourdough Pretzels, Skippy Natural Creamy Peanut Butter, Bentzel's Rod Pretzels, three chocolate and vanilla cream cookies, 13 pieces of broken pretzel rods, 10 peanuts, container of both Chocolate and Rainbow Sprinkles and Jar of Nature's House Creamy Peanut Butter were discarded. Roller type hot dog cooker was removed from the chemical storage room.</p> <p>All residents may be at risk for this practice.</p> <p>Dietary staff have been educated on the following policies Personal Hygiene, Warewashing, Food and Nutrition</p>		

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F 812	Continued From page 13 5. There was a cardboard box that contained large coffee filters. The coffee filters were uncovered and exposed. In the interview, the FSD stated, "They should be stored wrapped up and not exposed." 6. There were three individual, opened bags of spaghetti noodles that were wrapped in plastic wrap, and had no dates. The FSD threw the spaghetti noodles in the trash. In the interview, the FSD stated, "They should have use-by dates." 7. In the walk-in freezer, there was a hotel pan that contained "uncooked" macaroni and cheese. The pan was labeled "use by" 11/25. At that time, the FSD stated: "It's not cooked. I guess it's no good because it has a use-by date of 11/25." The cook threw the mac and cheese in the trash. 8. In the baker's rack area, the surveyor observed two wooden-handled knives in the stainless steel knife storage rack that was attached to the wall. On interview, the cook stated: "I'm throwing them away right now. The wooden handles hold bacteria. Activities brought them in. They're trash now." 9. The cook and surveyor observed a stack of inverted, cleaned, and sanitized sheet pans on the lower rack of the hot rack drying/storage area. The surveyor lifted up a random sheet pan in the stack and observed it to be covered with dirty parchment paper and unidentifiable food debris. The pan resting below also had unidentifiable food debris on the top. The cook stated: "that must have been put there by accident." The cook removed all sheet trays and placed them in the dirty dish area to be rewashed and sanitized.	F 812	Services <input type="checkbox"/> Use By <input type="checkbox"/> Dating Guidelines, Food: Safe Handling for Foods from Visitors, and Dry Storage. This education took place on January 9, 2020. The Registered Dietician will complete weekly sanitation audits for one month then monthly audits following. The sanitation audits will include ensuring compliance of the following: labeling, dating, hair/beard guard, uncovered food, cleanliness of appliances and expired products. Results of the audits will be reviewed and reported on for compliance monthly QAPI for a period of 3 months		

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F 812	<p>Continued From page 14</p> <p>On 1/6/2020 at 12:40 PM, the surveyors called the kitchen to request lunch test trays. At approximately 1:00 PM, the Cook and Regional Floating Manager (RFM) delivered the test trays on a three-tiered mobile cart to the facility's conference room. The surveyors observed that the cart was visibly soiled with what appeared to be old food particles and was wet with a watery substance all over the cart. Black debris of unknown origin came off on the surveyor's finger when rubbed. The surveyor went to the Administrator and requested her to come to the conference room to inspect the food cart. On observation of the soiled cart, the Administrator stated: "Oh, let me get that out of here." The Administrator then removed the cart from the conference room.</p> <p>On 1/7/2020 from 10:02 AM to 10:05 AM the surveyor, accompanied by the District Manager (DM), observed the following in the kitchen:</p> <p>1. The surveyor found the cook in the food production area, preparing macaroni and cheese for the lunch meal. The cook had a long braid of hair that extended to her midback area. The cook's hairnet only covered the lower third of the braid, leaving the upper two-thirds of the braid exposed. The DM was walking toward the food service office and instructed the cook to ensure that her entire hair was covered. The cook proceeded to apply a hairnet that covered the entire exposed braid.</p> <p>On 1/7/2020 from 12:20 PM to 12:34 PM the surveyor, accompanied by the Licensed Practical Nurse (LPN), observed the following in the [REDACTED] Unit Pantry:</p>	F 812			

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F 812	<p>Continued From page 15</p> <p>1. In an upper cabinet above the kitchenette counter, a clear plastic Tupperware type container with a lid contained unidentified food debris and a fork. The container had no label for name or date. On interview, the LPN stated, "That looks so dirty, that does not belong there. The staff does utilize this refrigerator for personal food storage, and we label it with name and date. That container does not belong up there; it should have been taken home. I will check with the staff to see who it belongs too. If nobody claims it, I will throw it away."</p> <p>On 1/8/2020 from 11:02 AM to 11:30 AM the surveyor, accompanied by the Recreation Director (RD) and the Unit Manager/Registered Nurse (UM/RN) observed the following in the [REDACTED] Unit pantry:</p> <p>1. The surveyor reviewed the January 2020 "Food And Nutrition Services Refrigerator/Freezer Temperature Log," provided to the surveyor by the RD. The surveyor reviewed the log and observed that the facility failed to record internal temperatures for the refrigerator and freezer for the following dates: 1/3, 1/4, and 1/5/2020. When interviewed about those responsible for maintaining the temperature log for the refrigerator and freezer, the RD stated: "It is supposed to be a shared job between recreation staff and nursing." The RD further said, "I guess the staff member who was responsible for recording the temperatures on those dates was not aware that they should record the temperatures. I will in-service the staff on the responsibilities again."</p> <p>2. In an upper cabinet, the surveyor observed a bag of Herr's Sourdough Pretzels. The bag was</p>	F 812			

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F 812	<p>Continued From page 16</p> <p>opened, exposing the contents to air. There was an opened plastic jar of Skippy Natural Creamy Peanut Butter that had a "Best if used by" date of "MAR2819." There was a bag of "Bentzel's Rod Pretzels" inside of a small plastic bucket. The bag was opened, expose the contents to air. At the bottom of the bucket, the surveyor observed three chocolate and vanilla cream cookies, 13 pieces of broken pretzel rods, and 10 peanuts. In an adjacent cabinet, there was an opened plastic container of "Sprinkles Chocolate Flavored" that was opened and had no dates. There was a small plastic container of "Rainbow Sprinkles" that was opened and had no dates. A small jar of Nature's House Creamy Peanut Butter was opened. The peanut Butter had a manufacturer's "Best By" date of "16/NOV/2019." The surveyor interviewed the UM/RN at that time, who stated, "Activities is responsible for monitoring the pantry. They are responsible for dating and labeling and ensuring that opened snacks are stored in a sealed container after opening." The RN/UM threw all outdated and opened food products in the trash in the presence of the surveyor.</p> <p>On 1/9/2020 from 10:01 AM to 10:43 AM the surveyor, accompanied by the FSD, DM and the RFM, observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. On entrance to the kitchen, the surveyor found a DA in the food production area with a long beard. The DA did not have a beard guard, and the beard was exposed. On interview, the FSD stated, "If they have lengthy facial hair, a beard guard is required." 2. In the chemical storage room (kitchen only chemical storage) there was a roller type hot dog cooker that was next to cleaning chemicals that 	F 812			

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F 812	<p>Continued From page 17</p> <p>included "Ecolab Solid Brilliance" rinse additive, "█████ Lime Away Multipurpose Lime Scale Remover, █████ Grease" strip plus for removal of baked-on grease, and "█████ Solitaire" concentrated solid detergent for manual dishwashing. On interview, the FSD stated, "food and food production equipment should be stored separately from chemicals." The FSD removed the hot dog cooker from the chemical storage room.</p> <p>The surveyor reviewed the facility policy titled "HCSG G-Division Food and Nutrition Services and Procedures" policy title "2.2 Personal Hygiene", revised 06/15/18. The policy revealed the following under the Process heading of the policy:</p> <p>7. "Hair restraints such as hats, hair coverings, or nets are worn to effectively keep hair from contacting exposed food. Facial hair coverings are used to cover all facial hair."</p> <p>The surveyor reviewed the Healthcare Services Group. Inc. and its subsidiaries HCSG Policy 022 policy titled "Warewashing," revised 9/2017. The policy revealed the following under the policy heading Policy Statement: "All dishware, service ware, and utensils will be cleaned and sanitized after each use." The policy also revealed the following under the Procedures section:</p> <p>1. "The Dining Services staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine, and proper handling of sanitized dishware."</p> <p>4. "All dishware will be air-dried and properly</p>	F 812			

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F 812	<p>Continued From page 18 stored."</p> <p>The surveyor reviewed the facility policy titled "Food And Nutrition Services 'Use By' Dating Guidelines," revised 12/01/15. The policy revealed the following:</p> <p>"The manufacturer's expiration date, when available, is the "use by" for unopened items."</p> <p>"Day of preparation or opening is considered Day 1 in the 'use by' date."</p> <p>"Guidelines assume that food is properly stored, covered, and handled."</p> <p>"Guidelines apply, regardless of storage location (e.g., kitchen, pantries, etc.)."</p> <p>The surveyor reviewed the Healthcare Services Group, Inc. and its subsidiaries HCSG Policy 031 policy titled "Food: Safe Handling for Foods from Visitors," revised 7/2019. The policy revealed the following under the Procedures section:</p> <p>5. Refrigerator/freezers for storage of foods brought in by visitors will be properly maintained and :</p> <p>"Have temperature monitored daily for refrigeration less than or equal to 41F and freezer less than or equal to 0 F."</p> <p>"Daily monitoring for refrigerated storage duration and discard of any food items that have been stored for greater than or equal to 7 days. (Storage of frozen foods and shelf-stable items may be retained for 30 days)."</p>	F 812			

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F 812	<p>Continued From page 19</p> <p>"Cleaned weekly."</p> <p>The surveyor reviewed the HCSG G - Division Food and Nutrition Services Policies and Procedures policy titled "5.6 Dry Storage", revision date 06/15/18. The policy revealed the following under the Process heading:</p> <p>2. Food Storage:</p> <p>"2.3 Food stock is dated on the day of receipt. Items that are removed from the original box are individually dated."</p> <p>"2.4 Dented cans that are deemed unusable are separated from stock and clearly marked for return."</p> <p>"2.6 Open packages are stored in closed containers, tightly secured with ties or in food quality storage bags and includes the 'use by' date. No single-use containers are used for storage (empty cans, jars, or plastic containers)."</p> <p>3. Supply Storage:</p> <p>"3.1 Disposable products intended for foodservice are stored in a sanitary manner using covered, closed, sanitary containers or enclosed food quality plastic bags."</p> <p>"3.2 Extra dishes, glassware, silverware, and service ware are stored clean, off the floor, and safely to avoid accidents."</p> <p>4. Chemical Storage:</p> <p>"4.1 Storage area for chemicals is separated from food, disposable products, and clean utensils</p>	F 812			

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F 812	Continued From page 20 intended for foodservice use." NJAC 8:39-17.2(g)	F 812			