

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

PRINTED: 10/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARCELLA CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2305 RANOCAS ROAD BURLINGTON, NJ 08016</b>		
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F 000	INITIAL COMMENTS  STANDARD SURVEY  CENSUS: 139  SAMPLE: 28	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to	F 761		10/24/19	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed					10/02/2019

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

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F 761	<p>Continued From page 1</p> <p>remove expired medications from the medication storage room. This was identified for 1 of 3 medication rooms observed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/13/19 at 9:29 AM, the surveyor inspected the central supply medication room on [REDACTED] with the Central Supply Manager (CSM). The surveyor observed stock medications on a utility cart in the corner and observed medications stored on the top and bottom shelf of the cart. The CSM and surveyor identified the following expired medications on the central supply room medication cart: [REDACTED] that expired on [REDACTED], three bottles of [REDACTED] that expired 4/2019, [REDACTED] that expired on 7/2019, and [REDACTED] that expired on 4/2019. The surveyor interviewed the CSM who stated, "I regularly check to make sure there are no expired medications in the supply room or that go out to the floor."</p> <p>On 9/13/19 at 9:45 AM, on a return visit to the central supply medication room, the surveyor, in the presence of the CSM identified additional expired medications: [REDACTED] that expired in 4/2016, and [REDACTED] that expired in 3/2019. The surveyor interviewed the CSM about the additional expired medications. The CSM stated, "I've been doing this for 22 years and I make sure no medications are expired or that no expired medications go out</p>	F 761	<p>found to be expired immediately.</p> <p>2. All residents who receive their medication from the center have the potential to be affected. An audit was completed to ensure that no other expired medications were in the Central Supply room or units' medication rooms; no other expired medication was found. The Director of Nursing educated and reviewed the company policy for "Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles" with the Central Supply Manager.</p> <p>3. The Central Supply Manager will complete a monthly audit for 6 months to ensure that no expired medication is stored in the Central Supply Room or units' medication rooms. The Director of Nursing and/or Assistant Director of Nursing will complete random monthly audits to ensure that no expired medications are stored in the Central Supply room or units' medication rooms for 6 months then quarterly.</p> <p>4. The results of the monthly audit will be reported to the Director of Nursing and/or Assistant Director of Nursing monthly, who will audit and monitor for trending and compliance. The results of the audits will be reported by the Director of Nursing and/or Assistant Director of Nursing at the monthly QAPI meetings for 6 months then quarterly there on after. Additional actions will be taken as appropriate.</p>	

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F 761	Continued From page 2 to the floor." The surveyor questioned the CSM if anyone else had access to the central supply medication room and he stated, "The supervisors have the code to the central supply medication room. If I'm not here, the supervisor would have to get the medication from my office."  On 9/17/19 at 8:41 AM, the surveyor reviewed the policy "5.3 Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles", which indicated "4. Facility should ensure that medications and biologicals that: (2) have been retained longer than recommended by manufacturer or supplier guidelines; are stored separate from other medications until destroyed or returned to the pharmacy or supplier." The surveyor found the expired medications integrated on the same cart as the unexpired medications.	F 761			
F 812 SS=E	NJAC 8:39 - 29.4 (g) 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	F 812		10/24/19	

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F 812	<p>Continued From page 3</p> <p>from consuming foods not procured by the facility.</p> <p>§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:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to handle potentially hazardous food and maintain kitchen sanitation in a safe and consistent manner to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/11/19 from 8:35 AM to 9:36 AM, the surveyor, accompanied by the Cook and Dining Room Director (DRD), observed the following in the kitchen:</p> <p>1. Upon entry to the kitchen the surveyor observed a Food Service Worker (FSW) working on the breakfast tray-line. The FSW had a lengthy mustache/goatee. The FSW had no beard guard and the mustache/goatee was exposed. The FSW's hair was in a dreadlock style and had a hairnet that only partially covered his hair, leaving the front third of the hair exposed.</p> <p>2. The surveyor observed the cook perform handwashing at the designated handwashing sink after removing her disposable gloves. The cook proceeded to wet her hands and then apply soap. The cook performed vigorous handwashing for three seconds and then placed her hands under the running water and rinsed her hands. The cook then proceeded to grab a hand towel, dried her hands, and threw the hand towel into the trash</p>	F 812	<p>1. Direct in-service on "Staff Attire" policy was provided to the identified Food Service Workers.</p> <ul style="list-style-type: none"> <li>- The identified employee was provided direct in-service on proper handwashing.</li> <li>- The dented can was removed from the shelf and placed into dented can bin. The container of coconut shavings was discarded.</li> <li>- The expired French dressing from the walk-in refrigerator was discarded.</li> <li>- The DRD was provided with a direct in-service on proper handwashing technique and infection control.</li> <li>- The expired browning and seasoning sauce was discarded.</li> <li>- The expired roasted garlic was discarded.</li> <li>- The uncovered plates are bowls were removed and rewashed.</li> </ul> <p>2. All residents who eat and drink by mouth, receiving food and drinks from the center's kitchen have the potential to be affected. An audit was completed of the following policies to ensure no other deficient practices are present; no other deficient practices were found.</p> <ul style="list-style-type: none"> <li>- Staff Attire – HCSG Policy 024</li> <li>- Receiving – HCSG Policy 017</li> <li>- Warewashing – HCSG Policy 022</li> <li>- Handwashing Procedure for Dining</li> </ul>		

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F 812	<p>Continued From page 4 can.</p> <p>3. On a lower shelf in the Dry Storage area a can of Fancy Sliced Beets had a noticeable dent on the side seam of the can. The cook removed the can to the designated dented can bin. On a middle shelf a sealed plastic container contained coconut shavings. The container was labeled "7-7" and had an additional date of "8-7". The cook stated, "that should be thrown away, it was supposed to be used by 8-7." The cook threw the coconut in the garbage.</p> <p>4. In the Walk-In Refrigerator on a middle shelf an opened plastic gallon container of Ventura French Dressing had an open date of 7-23. When interviewed by the surveyor, the cook stated, "they are good for 30 days after opening. That is expired and is going in the trash." The cook threw the dressing into the trash.</p> <p>5. The surveyor observed the DRD perform handwashing upon entry to the kitchen. The DRD applied soap to her hands then proceeded to wash her hands vigorously for 13 seconds under the running water, effectively removing the soap from her hands. The DRD then proceeded to turn off the faucet with her bare hand and grabbed a hand towel to dry her hands. The DRD then threw the hand towel in the trash next to the sink.</p> <p>6. On a shelf in the cooks prep area, an opened bottle of Browning and Seasoning Sauce was labeled open on 7/20 and had a use by date of 8/20. The DRD stated, "The manufacturer's date is one year but I use 30 days as my policy. This should have been thrown away. I know it's still good but I'm gonna have to toss it." The DRD threw the bottle of Seasoning and Browning</p>	F 812	<p>Services</p> <p>3. The District Manager will in-service all Dietary employees on the following policies: - Staff Attire – HCSG Policy 024 - Receiving – HCSG Policy 017 - Warewashing – HCSG Policy 022 - Handwashing Procedure for Dining Services - In-service &amp; Policy Training v1 The Dining Room Director and/or Dietitian will audit daily to ensure the center's kitchen is in compliance with the policies listed above for 4 weeks then weekly for 3 months. Monthly audit will be completed by District Manager for 4 months then quarterly.</p> <p>4. The results of the audits will be reported to Administrator and District Manager for trending and compliance. The Dining Room Director and/or Dietitian will report results of the audits to the QAPI committee monthly for 4 months then quarterly. Additional actions will be taken as appropriate.</p>		

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F 812	<p>Continued From page 5</p> <p>Sauce in the trash.</p> <p>On 9/16/19 from 9:33 AM to 10:33 AM, the surveyor, accompanied by the DRD and District Manager (DM), observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>1. Upon entry to the kitchen, the surveyor observed a FSW in the dishroom. The FSW was observed to have a goatee type beard on his chin. The FSW had no beard guard and the goatee type beard was exposed. In addition, the FSW's hair braids extended past his shoulders in the back. The FSW's hairnet did not cover the lower 1/3 of the FSW's braids which were exposed.</li> <li>2. In the Cooks Fridge, a third pan contained fresh roasted garlic and was covered with plastic wrap. The plastic wrap was dated 9/9 and had a use by date of 9/14. When interviewed, the DRD stated, "That's expired on the fourteenth, its trash." The DRD threw the roasted garlic in the trash.</li> </ol> <p>On 9/8/19 from 9:30 AM to 9:34 AM, the surveyor, accompanied by the DM, observed the following in the Main Dining Room:</p> <ol style="list-style-type: none"> <li>1. The surveyor observed a wheeled cart adjacent to the kitchen door in the dining room. The cart contained 11 stacks of cleaned and sanitized bowls and dessert plates. The plates and bowls were not inverted or covered and were exposed. The plates and bowls were utilized to serve resident meals. When interviewed, the DM stated, "Those should be stacked inverted. I will have them rewashed and sanitized and we will stack them in the inverted position to protect from</li> </ol>	F 812			

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F 812	<p>Continued From page 6 contamination."</p> <p>The surveyor reviewed the Healthcare Services Group, Inc. and its subsidiaries policy titled "Staff Attire", HCSG Policy 024, Revised 9/2017. The policy stated the following under the "Procedures" section:</p> <p>1. "All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained."</p> <p>The surveyor reviewed the Healthcare Services Group, Inc. and its subsidiaries policy titled "Receiving", HCSG Policy 017, Revised 9/2017. The policy stated the following under the "Procedures" section:</p> <p>4. "All canned goods will be appropriately inspected for dents, rust or bulges. Damaged cans will be segregated and clearly identified for return to vendor or disposal, as appropriate."</p> <p>5. "All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation."</p> <p>6. "All food items will be stored in a manner that ensures appropriate and timely utilization based on the principles of "first in - first out" (FIFO) inventory management."</p> <p>The surveyor reviewed the Healthcare Services Group, Inc. and its subsidiaries policy titled "Warewashing", HCSG Policy 022, revised 9/2017. The policy stated the following under the "Procedures" section:</p> <p>4. "All dishware will be air dried and properly stored."</p>	F 812			

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F 812	Continued From page 7  The surveyor reviewed the Healthcare Services group "Handwashing Procedure For Dining Services", Inservice & Policy Training v1. The procedure revealed the following:  "The hand washing procedure is as follows:"  1. Wet hands 2. Apply soap thoroughly. Get under nails and between fingers. 3. If necessary, use a brush to remove resistant particles. 4. With a rotating frictional motion, rub hands for at least 20 seconds. Wash at least 3 to 4 inches above the wrist. 5. To wash fingers and spaces between them, interlace and rub up and down. 6. Rinse well. 7. Dry thoroughly. Be sure not to use the paper towel to wipe down surfaces or turn water off before drying your hands. 8. Turn water off with a paper towel. Make certain the sink is clean before exiting.  NJAC 8:39-17.2(g)	F 812			