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	315445	A. BUILDING ______ B. WING ______	07/30/2019

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ARBOR AT LAUREL CIRCLE, THE	**100 MONROE STREET BRIDGEWATER, NJ 08807**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS STANDARD SURVEY CENSUS: 49 SAMPLE SIZE: 28 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 803 SS=D	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 ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be	F 803		9/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE: | (X6) DATE: 08/12/2019

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 803	Continued From page 1 construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure the resident received food in accordance to his/her preferences and texture tolerance. This deficient practice was identified for Resident #145, 1 of 5 reviewed for nutrition and was evidenced by the following: According to the "Face Sheet," Resident #145 was admitted to the facility with diagnoses including but not limited to [redacted] A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [redacted] reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [redacted]. The MDS further revealed the resident required setup and supervision with eating. A review of Resident #145's Electronic Medical Record (EMR) revealed an active oral diet order, dated 7/11/19, for mechanical soft diet (foods altered in some way so they are easy to chew and swallow) with thin liquids. A review of Resident #145's ongoing Care Plan (CP) reflected a "Problem" for the potential of nutritional risk related to [redacted] The CP also reflected the intervention of	F 803	1. The lunch meal tray for Resident #145 was immediately replaced with a tray containing foods with a ground consistency to ensure the resident received food in accordance to his/her preferences and texture tolerance. 2. All other residents with physician orders for modified/altered diets were audited to ensure they received food in accordance to his/her preferences and texture tolerance. 3. The Altered Diet Distribution Policy was modified to provide enhanced guidance to staff. Additionally, meal tickets for residents requiring altered diets will be labeled with a red sticker for greater awareness during delivery to ensure all residents receive food in accordance to his/her preferences and texture tolerance. All Nursing & Dining Services staff will be re-educated by the Dining Services Manager or designee on facility's Altered Diet Distribution Policy and Procedure to ensure all residents receive food in accordance to his/her preferences and texture tolerance. 4. The Dinging Services Manager will conduct random altered diet test tray audits twice a week for three months to	

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F 803	Continued From page 2 "diet as ordered: regular, mechanical soft, thin liquids." On 7/24/19 at 12:33 PM, the surveyor observed Resident #145's lunch meal tray. The resident's meal consisted of cut-up pieces of chicken breast on the plate. When interviewed, Resident #145 stated the chicken breast pieces were hard to chew. The surveyor observed the resident chew slowly and drink liquids after swallowing. The resident then expressed that he/she could not eat anymore of the cut-up chicken breast and requested mashed potatoes with gravy. The surveyor also reviewed Resident 145's meal ticket which indicated the resident was to receive "ground grilled chicken breast." On 7/24/19 at 12:40 PM, the surveyor interviewed the Food Service Director (FSD) in the presence of the Assistant Director of Nursing (ADON). The FSD stated the meal provided to Resident #145 was chopped consistency and not the ground consistency documented on the resident's meal ticket. At that time, the FSD confirmed the resident was supposed to receive ground grilled chicken breast. On 7/25/19 at 9:53 AM, the surveyor interviewed the Speech Language Pathologist (SLP) for Resident #145. The SLP stated the resident was weak upon admission and did better with a mechanical soft diet. The SLP stated that she trialed Resident #145 with regular consistency foods and the resident took long to chew the food. The SLP further stated the resident would then give up and not want to eat anymore. The SLP stated the mechanical soft consistency diet was initiated more for chewing and that the resident ate more of the meal.	F 803	ensure all residents received food in accordance to his/her preferences and texture tolerance. Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.	

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F 803	Continued From page 3 On 7/26/19 at 11:49 AM, the surveyor interviewed the General Manager (GM) for the dietary department. The GM stated its was dietary's responsibility for accuracy with the meal trays. The GM was unable to provide further information as to why Resident #145 received the chopped consistency instead of the physician ordered mechanical soft diet. The GM further stated the cook may have misunderstood. NJAC 8:39-17.4(a)(2)	F 803		
F 812 SS=D	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 review of other facility documentation, it was determined	F 812	1. The thermometer utilized to test trays was sanitized with alcohol and the test	9/1/19

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F 812 Continued From page 4

that the facility failed to a.) prepare and distribute potentially hazardous foods in a manner to prevent the development of food borne illness and b.) maintain equipment in a manner to prevent microbial growth and cross contamination.

This deficient practice was evidenced by the following:

On 7/24/19 at 11:46 AM, the surveyor observed the lunch meal tray preparation in a kitchen pantry area adjacent to the [redacted]-floor dining room and the following was observed:

The cook inserted a thermometer into a food item and then used an alcohol wipe to clean off the thermometer. After the cook wiped off the thermometer with the alcohol wipe, the thermometer remained visibly soiled with food residue on it. The cook then used a large blue cloth to wipe off the remaining food debris. The surveyor interviewed the cook regarding the use of the blue cloth to clean off the thermometer. The cook stated that she was not sure if she should use the blue cloth and maybe the thermometer should have been air dried.

At 11:55 AM, without the benefit of performing hand hygiene after taking the food temperatures and writing the temperatures down, the cook donned (put on) gloves and prepared resident meal plates as followed: The cook recorded the food temperatures in a book and then began scooping food onto plates. The plates were then placed on the resident meal trays, which were located on a table behind the cook.

The cook continued with meal preparation and in

F 812

tray was discarded to ensure the facility a) prepares and distributes potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination.

The cook observed with incorrect hand hygiene was re-educated on the facility's Hand Washing/Hygiene Policy to ensure he a) prepared and distributed potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination

The visibly grooved and discolored cutting board was immediately removed and replaced to ensure the facility a) prepares and distributes potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination.

2. All residents have the potential to be affected by the deficient practices.

All other cutting boards were inspected for grooves or discoloration to ensure the facility a) prepares and distributes potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination

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F 812	Continued From page 5 the presence of the Health Care Dietary Manager (HCM) and surveyor, she exited the pantry area and retrieved a pan of egg salad that was located on the top of a cart outside of the pantry area. The cook did not wash her hands or change her gloves after exiting the pantry to retrieve and open the container of egg salad. She then prepared and cut an egg salad sandwich on top of a visibly grooved and discolored cutting board that was attached to the steam table. At 12:00 PM, the cook removed a container of tuna salad from a reach-in refrigerator, located inside the pantry area. The cook uncovered the tuna salad, scooped out tuna salad and prepared a sandwich on the visibly grooved and discolored cutting board The cook did not wash her hands or change her gloves. The surveyor interviewed the HCM about the grooves observed on the cutting board. The HCM acknowledged that the grooves on the cutting board can have food stuck in them and she will look into replacing the boards. At 12:03 PM, the cook removed sliced ham of out of the reach in refrigerator, located inside the pantry area, and proceeded to make a ham sandwich on the visibly grooved and discolored cutting board. The cook did not wash her hands and change her gloves. The surveyor interviewed the HCM regarding hand washing. The HCM stated that the cook's hands should have been washed before making all of the sandwiches. At 12:22 PM, the surveyor, in the presence of the HCM, observed the food cart leave the pantry for tray distribution on the east wing. The HCM stated the nurse aide will pass the trays to the residents and the following was observed:	F 812	3. All Dining Services staff responsible for food preparation and temperature testing will be re-educated by the Dining Services Manager or designee on facility's Thermometer Washing Policy and Procedure to ensure the facility a) prepares and distributes potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination. All Nursing & Dining Services staff will be re-educated by the Dining Services Manager or designee on facility's Hand Washing/Hygiene Policy and Procedure to ensure he a) prepared and distributed potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination 4. The Dining Services Manager or designee will conduct random observations at two meals per week for three months of tray preparation & delivery to ensure the facility a) prepares and distributes potentially hazardous foods in a manner to prevent the development of food borne illness and b) to maintain equipment in a manner to prevent microbial growth and cross contamination. Results of the audits will be submitted to Quality Assurance and Performance	

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F 812	Continued From page 6	F 812	Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing	

At 12:31 PM, in the presence of the HCM, the surveyor observed a Certified Nursing Assistant (CNA) distribute resident meal trays to residents in their rooms. The CNA moved the food cart over in the hallway and then moved a mechanical resident lift out of the way of the food cart. The CNA proceeded to move the mechanical resident lift to the resident bathing room which required a coded entry. The CNA then exited the resident bathing room and immediately proceeded to remove a food tray from the food cart and delivered the tray to an unsampled resident in the resident's room and opened food items for the resident. The HCM was present during the observation and stated that he should have washed his hands upon leaving the bathing room and prior to distributing resident meal trays. The Assistant Director of Nursing was interviewed and stated the CNA should have washed his hands prior to distributing the tray to the resident.

On 7/30/19 at 9:01 AM, the surveyor interviewed the General Manager for Dining Services (GMD) regarding a procedure for cutting board maintenance. He stated there was no specific policy for maintenance of the cutting board.

On 7/30/19 at 9:15 AM, the Administrator, in the presence of the survey team, provided a Food Safety "Walk the Talk" "Topic of the Month: Handwashing" document, dated 4/2002, used for groups or "one-on-one" training. The document revealed "When to Wash Hands: ... before putting on gloves, after handling raw meat, poultry, seafood and produce, before working with ready-to-eat foods, before handling different types of food, after handling dirty equipment, after handling trash or other contaminated objects.

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F 812	Continued From page 7	F 812		

A review of the Food Safety "Walk the Talk" "Topic of the Month: Using Gloves" document, dated 4/2002, used for groups or "one-on-one" training revealed that gloves are required to be worn "when handling ready-to-eat foods without utensils. Examples: making sandwiches..."

A review of the facility's "Handwashing/Hand Hygiene" policy, with the revision date of August 2014, revealed that all associates shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other associates, residents and visitor. The policy further reflected that hand hygiene should be used after contact with objects, such as medical equipment, and before and after eating or handling food.

NJAC 8:29 17.2(g)

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F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		9/1/19

§483.80 Infection Control
The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying,

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F 880	Continued From page 8	F 880		

reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the

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F 880	Continued From page 9 corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to follow appropriate hand hygiene to minimize the potential of infection transmission. This deficient practice was evidenced by the following: During the medication pass on 7/26/19 at 8:42 AM, the surveyor observed Registered Nurse (RN #1) administer medications to the first resident. The surveyor observed RN #1 wipe the resident's mouth area with a tissue, without wearing gloves. Afterwards, RN #1 washed her hands for 10 seconds of friction away from the stream of water. RN #1 then proceeded to the medication cart where she prepared the resident's medications. Upon return to the resident's room, RN #1 washed her hands with five seconds of friction away from the stream of water. RN #1 administered the resident's medications and then washed her hands for six seconds of friction away from the stream of water. On 7/26/19 at 8:50 AM, the surveyor observed RN #1 administer medication to a second	F 880	1. RN #1 who was observed administering medications with incorrect hand hygiene was re-educated in the facility's Hand Washing/Hygiene Policy and Procedure to help prevent the development and transmission of communicable diseases and infections. 2. A hand hygiene competency assessment was completed for the remaining facility licensed nurses administering medications to help prevent the development and transmission of communicable diseases and infections. 3. Re-education on the Handwashing/Hand Hygiene Policy and Procedure began the week of July 29th and continued through the week of August 5th until all licensed nurses were re-educated to help prevent the development and transmission of communicable diseases and infections. 4. The Director or Nursing or designee will continue to conduct random observations of proper hand washing technique of, at a	

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F 880	Continued From page 10 resident via the [redacted] .) The surveyor observed RN #1 remove her gloves and wash her hands with three seconds of friction away from the stream of water. On 7/26/19 at 9:07 AM, the surveyor interviewed RN #1 regarding the facility's policy for hand hygiene. RN #1 stated that she uses the hand sanitizer every two residents during the medication pass. RN #1 further stated the facility practice is to wash your hands for 2 minutes. When interviewed on 7/26/19 at 1:20 PM, the Assistant Director of Nursing (ADON) stated that hand washing should be performed when hands are visibly soiled and after removing gloves. The ADON further stated friction should be applied for 20 seconds away from the stream of water. The surveyor reviewed the facility's "Handwashing/Hand Hygiene" policy with the revision date of August 2014. The policy reflected that hands should be lathered with soap and to create friction to all surfaces for a minimum of 20 seconds away from the stream of water. The policy also reflected that alcohol-based hand rub should be used before and after direct contact with residents; before preparing or handling medications; after contact with a resident's intact skin... . NJAC 8:39 - 19.4(a)(1)(2)	F 880	minimum, two Health Center associates per week for three months. Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.	

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H 000	Initials Comments The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable to All Licensed Facilities for this Standard survey.	H 000		
H3470	8:43E-10.11(c)(2) Other Rprtng Rqrmnts Unrltd to Pt Sfty Act Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility. This REQUIREMENT is not met as evidenced by: Based on documentation review and interview on 7/29/19, in the presence of facility management, it was determined that the facility failed to report power outages to the Department of Health (DOH) in accordance with the Reportable Events Protocol. This deficient practice was evidenced by the following: A review of the facility's emergency generator log for the previous 12 months revealed that there was missing time for 10 weeks, indicating that the generator had run automatically due to a power outage as follows: 1.) 7/31/18 to 8/10/18 = missing 0.5 hours 2.) 8/22/18 to 8/31/18 = missing 0.3 hours 3.) 9/5/18 to 9/11/18 = missing 0.4 hours	H3470	1. The Director of Facilities was educated on reportable events protocol related to generator testing. 2. The facility ensured all other required notifications related to the reportable events protocol are being followed. 3. All maintenance and facilities staff will be re-educated by the Director of Facilities or designee on the Reportable Events Protocol issued by the NJ State Department of Health. 4. The Director or Facilities or designee will continue to conduct monthly audit of proper reporting protocols 1x/mo for three months.	9/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/12/19

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	62215	A. BUILDING: ______ B. WING ______	07/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR AT LAUREL CIRCLE, THE	100 MONROE STREET BRIDGEWATER, NJ 08807

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H3470	Continued From page 1 4.) 11/27/18 to 12/5/18 = missing 0.4 hours 5.) 12/25/18 to 1/3/19 = missing 0.7 hours 6.) 1/29/19 to 2/6/19 = missing 0.5 hours 7.) 2/21/19 to 2/26/19 = missing 0.6 hours 8.) 3/27/19 to 4/5/19 = missing 0.5 hours 9.) 5/30/19 to 6/5/19 = missing 0.8 hours 10.) 6/25/19 to 7/8/19 = missing 0.8 hours In an interview at 11:15 AM, the Licensed Nursing Home Administrator stated that there was no documentation that these power outages were reported to DOH.	H3470	Results of the audits will be submitted to Quality Assurance and Performance Improvement committee monthly. The committee will review findings and make recommendations as appropriate. At the conclusion of three months, a determination will be made of the need for further auditing.	