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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315149	A. BUILDING ______ B. WING ______	C 12/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING MANOR	**794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052**

(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 Complaint #: NJ150708 Census: 98 Sample Size: 5 The facility is not in compliance with the requirement of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 12/28/2021 - 12/29/2021	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make	F 561		1/20/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE 01/21/2022

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 561	Continued From page 1 choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff and resident interviews, it was determined the facility failed to honor the food preferences for one (Resident #1) of three residents who were reviewed for food palatability. Findings included: The facility [redacted] Resident #1 with [redacted] A review of Resident #1 [redacted] [redacted] data Set [redacted], dated [redacted], indicated Resident #1's [redacted] indicated the resident was [redacted]. Resident #1 was independent with all activities of daily living. However, Resident #1 needed [redacted] [redacted] [redacted] The review of Resident #1's care plan, dated	F 561	F561 1. Resident #1 dietary card was reviewed and a menu consisting of likes vs. dislikes was completed with the Resident #1. 2. All residents have the potential to be affected by the deficient practice of failing to honor the food preferences of residents. 3. The Food Service Director (FSD) will provide an in-service to dietary staff related to the process of resident meal tray line service in order to ensure accuracy of resident diets. Additional in-service will consist of individually reviewing therapeutic diets, special instructions, and specific dietary concerns. In-service will also be directed toward the Activities Department regarding informing the Dietary Department of any changes related to resident preferences in order to update	

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F 561	Continued From page 2 [redacted] indicated that Resident #1 had a history of [redacted]. Interventions included to encourage healthy food choices, assess dietary preferences, educate family and resident on dietary restrictions, and honor resident's preferences. Resident #1 was also at [redacted] [redacted] diagnoses [redacted] A review of Resident #1's meal tray card revealed dislikes of mashed potatoes, broccoli, coffee, tea, carrots, and turkey. In addition, the tray card indicated for Resident #1 to receive [redacted] [redacted] with lunch. Observation of Resident #1's meal tray was conducted on [redacted] at 12:56 PM. The meal tray included baked chicken, mashed potatoes with gravy, and zucchini. During an interview with Resident #1 on 12/28/2021 at 1:01 PM, the resident indicated they consistently received meal trays with food from the "dislikes" list. Resident #1 indicated that they received mashed potatoes on a weekly basis, despite mashed potatoes being on the dislike list. Resident #1 indicated that dietary staff never honored the resident's dislikes. During an interview with the Cook on 12/28/2021 at 2:56 PM, the Cook indicated that she did not follow Resident #1's dislikes from the menu on that day. During an interview with the Food Service Director (FSD) on 12/28/2021 at 3:00 PM, the FSD stated the expectation was that the employee on the tray line that was calling the residents' meal tray cards should review the	F 561	the resident's meal card. 4. The FSD or designee will monitor 5 resident meal cards and trays prior to each meal delivery for the next month to ensure the correct meal with preferences are delivered to the resident. All findings will be reviewed at the next quarterly QA meeting. 5. Date of completion January 20, 2022.	

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F 561	Continued From page 3 residents' tray card to verify that allergies and dislikes were not included on the meal tray. New Jersey Administrative Code 8:39-17.4(a)1	F 561		

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315149		1/24/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING MANOR	794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0561 Reg. # 483.10(f)(1)-(3)(8) LSC	Correction Completed 01/20/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 12/29/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			