

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:  <b>315008</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/12/2019</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>18 W LAUREL ROAD STRATFORD, NJ 08084</b>			
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F 000	INITIAL COMMENTS			F 000			
	STANDARD SURVEY 12/12/2019						
	CENSUS: 102						
	SAMPLE SIZE: 21						
F 584 SS=B	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)			F 584			1/2/20
	<p>§483.10(i) Safe Environment.</p> <p>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.</p> <p>The facility must provide-</p> <p>§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.</p> <p>(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.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p>						

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

TITLE

(X6) DATE

Electronically Signed

12/24/2019

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 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 3 nursing units and in the Main Dining Room, and was evidenced by the following:</p> <p>On 12/9/19 starting at 9:53 AM, the surveyor observed the following on the [REDACTED] Terrace nursing unit:</p> <ol style="list-style-type: none"> <li>1. There was an accumulation of dust/dirt between the vending machine and the wall in the lounge across from resident room [REDACTED]. There was a build-up of dust/dirt in the corners and at the floor/wall junctures around the room. There was a dried tan substance on the wall, chair rail, and on the wall-mounted "emergency care for choking" sign.</li> <li>2. There was a build-up of dust/dirt in the corners and at the floor/wall junctures in resident rooms [REDACTED].</li> <li>3. There was a build-up of dust/dirt in the corners and at the floor/wall junctures in the resident room bathrooms in room [REDACTED] and shared bathrooms for resident rooms [REDACTED] and [REDACTED].</li> <li>4. In the shower room next to the nurses' station,</li> </ol>	F 584	<ol style="list-style-type: none"> <li>1. The dust/dirt between the vending machine and the wall in the lounge area (across from resident room [REDACTED]) has been cleaned. The floor/wall junctures around the room, chair rail and the wall-mounted emergency care sign in the lounge has been cleaned. The floor/wall junctures in resident rooms [REDACTED] and [REDACTED] have been cleaned. The floor/wall junctures in resident room bathrooms in rooms [REDACTED], and shared bathrooms for resident rooms [REDACTED] and [REDACTED] have been cleaned. The floor/wall junctures in the hallway between rooms [REDACTED] has been cleaned. The section behind the ice chest and crash cart on [REDACTED] was cleaned. The corners and floor/wall junctures in the unit day room have been cleaned. The tiles on the wall and the floor in the shower stall in the Shower room on [REDACTED] Terrace have been cleaned and new faucets have been ordered. The floor/wall junctures and the lower half of the walls in the Main dining room have been cleaned. The mobile blood pressure machine base has been cleaned, as well.</li> </ol>		

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F 584	<p>Continued From page 2</p> <p>there was a large amount of an unknown, dark brown substance on the tiles running down from 2 faucets that were mounted approximately halfway up the wall in the shower stall by the doorway. The brown material was in the grout between the tiles, on the tiles, and the tile floor below. When interviewed on 12/9/19 at 10:07 AM, a unit nurse said they only used the other shower stall in the room.</p> <p>5. When interviewed on 12/9/19 at 10:24 AM, an alert and oriented resident who did not want to be identified, said the room was not clean.</p> <p>6. There was a mobile Blood Pressure machine in the hallway by resident room [REDACTED]. The base just above the wheels was visibly not clean.</p> <p>On 12/9/19 at 10:55 AM the surveyor observed the following on the [REDACTED] nursing unit:</p> <p>1. There was a build-up of dirt at the floor/wall junctures in the hallway for resident rooms [REDACTED] to [REDACTED]. The emergency crash cart and cart with the ice chest and cups were located in this hallway. The section of the corridor behind where the emergency crash cart and ice chest cart were stored was visibly soiled with debris and loose hair at the floor/wall juncture.</p> <p>2. There was a build-up of dust/dirt in the corners and at the floor/wall junctures in resident rooms [REDACTED] and [REDACTED] and in the bathroom shared by resident rooms [REDACTED] and [REDACTED]. In resident room [REDACTED] there was a giant cobweb in an area behind the room door and next to one resident's free standing clothes closet.</p> <p>3. There were two residents in one of the rooms the surveyor had entered. When interviewed at that time, one of the residents said: "if I were doing the cleaning, I would do a better job." A</p>	F 584	<p>2. All residents and areas have the potential to be affected by this deficient practice.</p> <p>3. Floor/wall junctures for all rooms have been added to the daily cleaning schedule. All housekeeping staff have been re-in serviced on proper cleaning methods and job responsibilities. The housekeeping director/ADON will conduct weekly audits x 4 weeks, then monthly audits x 3 months to ensure a clean, dignified, and homelike environment for all residents. Housekeeping satisfaction surveys will be conducted with randomly selected residents, who are willing and able to participate and give feedback. These surveys will be conducted weekly x 4, then monthly x 3.</p> <p>4. Audit findings will be shared with the QA committee monthly x 4 months. Committee members will advise based on audit results.</p>		

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F 584	<p>Continued From page 3</p> <p>resident in another room said, "they used to keep the rooms cleaner."</p> <p>4. There was a build-up of dirt in the corners and floor wall junctures in the unit day room.</p> <p>On 12/10/19 at 8:25 AM, the surveyor observed there was a build-up of dust/dirt in the corners and at the floor/wall junctures in the main dining room. There were dried spills of an unknown source on the lower half of the walls in a few areas around the room.</p> <p>When interviewed on 12/9/19 at 11:20 AM, the Housekeeping Director (HD) said there was one housekeeper for each unit. The HD said the housekeepers do the same routine, which is high and low dusting, emptying the trash, sweeping and wet mopping the floors and are supposed to get to every room on the unit daily. When asked, the HD said there was no policy, but they had a cleaning schedule that was provided to the surveyor. The surveyor reviewed the schedule (undated) and titled "North/East/Front," which noted what the housekeepers should be doing at times throughout the day, such as "9:30-10:30 Start cleaning rooms", "10:30-10:45 15 minute break" etc. The surveyor reviewed this with the Administrator and Director during an afternoon meeting on 12/11/19.</p> <p>During a follow-up meeting on 12/12/19 at 8:58 AM, the Administrator gave the surveyor a copy of the "Daily Resident Room Cleaning" policy/procedure that was undated. The information on the form was consistent with the procedure the HD had told the surveyor during the interview on 12/9/19 at 11:20 AM.</p> <p>NJAC 8:39-31.4(a)</p>	F 584			

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F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</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: Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous food and maintain kitchen sanitation safely and consistently to prevent the potential for foodborne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/5/19 from 11:53 AM to 12:58 PM the surveyor, accompanied by the Director of Dietary (DOD), observed the following in the kitchen:</p> <p>1. In the walk-in freezer on an upper shelf, a bag of frozen chicken nuggets was removed from its original container. The chicken nuggets had no</p>	F 812	<p>1. The bag of frozen chicken nuggets, frozen chicken tenderloins, frozen hash brown patties, frozen bag of prepared Lo-Mein noodles, and the bag of frozen waffles were discarded. The exposed coffee filters, Styrofoam trays and plastic knives were discarded. The dented can was removed and placed in the designated dented can area. The Italian Ice in the pantry freezer, the unidentifiable food in the Tupperware container, and pineapple tidbits in the pantry refrigerator were discarded. The exposed plastic forks, and exposed cookies were discarded.</p>	1/2/20	

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F 812	<p>Continued From page 5</p> <p>dates. On an adjacent shelf, a plastic bag of frozen chicken tenderloins was opened and exposed. During an interview, the DOD stated, "There are no dates and the chicken tenderloins have been exposed. I'm throwing them in the trash."</p> <p>2. On an upper rear shelf in the walk-in freezer, a plastic bag contained frozen hash brown patties. The bag had no dates and was opened, exposing the contents to the air. The DOD threw the hash browns into the trash. On a rear middle shelf, a frozen bag of Prepared Lo-Mein noodles was removed from its original box and had no dates. The DOD stated, "That's probably been in here for a month. It should have been dated." The DOD threw the Lo Mein noodles in the trash.</p> <p>3. On an upper shelf in the reach-in freezer, an opened bag of frozen waffles was removed from its original container. The waffles had no dates. The waffles were thrown in the trash by the DOD.</p> <p>4. On the top shelf of a multi-tiered rack in the dry storage room, the surveyor observed an opened box of large coffee filters. The filters were exposed. On the same shelf, a stack of Styrofoam trays used to serve meals was opened and exposed. In the interview, the DOD stated: "they're exposed, and they should be covered to prevent contamination."</p> <p>5. In the dry storage room on a middle shelf, a box of plastic knives utilized for "staff use" per the DOD, was opened and the knives were exposed. On a middle shelf, a can of Three Bean Salad had a significant dent on the upper seam. The DOD removed the can to the designated dented can area. The DOD stated, "That could cause</p>	F 812	<p>2. All residents, and dry good items, dented cans, and food in freezers and refrigerators have the potential to be affected by these deficient practices.</p> <p>3. All dietary staff will be re-in serviced on proper hand washing and glove usage, proper labeling and dating of food items, repackaging of food items, proper repackaging of dry good items, and the dented can policy and designated dented can area.</p> <p>Nursing staff will be re-in serviced on proper labeling and dating of items in the pantry refrigerators, as well as proper repackaging of dry good items in the unit pantries.</p> <p>Registered Dietician/ Food Service Director will conduct audits in the kitchen weekly x 4 weeks, then monthly x 3 months to ensure proper hand washing and glove usage, proper labeling, dating and packaging of food items in freezers and refrigerators, proper packaging of dry good items, and proper placement of dented cans.</p> <p>ADON/RD will conduct audits in the unit pantries weekly x 4 weeks, then monthly x 3 months to ensure proper labeling and dating of food items in refrigerators and freezers, and proper packaging of dry good items.</p> <p>4. Results will be presented monthly x 4 months to the QA committee, and further recommendation will be given if necessary.</p>		

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F 812	<p>Continued From page 6 botulism."</p> <p>On 12/10/19 from 11:27 AM to 11:43 AM, the surveyor, accompanied by the DOD and Dietary Aide (DA), observed the following in the kitchen:</p> <p>1. The surveyor observed the DA perform tray line food temperatures before the lunch meal service. The DA took temperatures of various foods utilizing a digital thermometer. The DA used alcohol wipes between obtaining food temperatures to sanitize the thermometer. The DA did not wear disposable gloves during the temperature taking process. Upon completion of food temperature taking, the surveyor observed the DA don a pair of disposable gloves. The DA did not perform handwashing before donning the disposable gloves. In the interview, the DOD stated "absolutely" when questioned whether staff should perform handwashing before donning gloves.</p> <p>On 12/10/19 from 12:55 PM to 1:09 PM the surveyor, accompanied by the Licensed Practical Nurse (LPN) and Assistant Director of Nursing (ADON), observed the following in the pantry on the [REDACTED] nursing unit:</p> <p>1. In the pantry refrigerator, the surveyor found a plastic container of "Lindy's Homemade Italian Ice" in the freezer section. The Italian ice had no name or date and was soft to the touch (not frozen). The ADON threw the item in the trash. (The freezer section was an open compartment within the refrigerator, a dormitory room style refrigerator/freezer. The temperature of the small refrigerator was acceptable.)</p> <p>2. A plastic Tupperware type container with</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>unidentifiable food content was in the pantry refrigerator and was dated 12/6. Also, two individual, plastic, single-serve containers of Pineapple tidbits had no names or dates.</p> <p>3. The surveyor observed an opened cardboard box of plastic forks on top of the medication refrigerator that was exposed.</p> <p>4. A bag of Lemon Snaps (cookies) in a plastic bin and on a counter was opened and exposed. During the interview, the ADON stated, "I am going to remove the food to the trash. The forks should be closed so that contamination will not occur. I'm removing it immediately."</p> <p>The surveyor reviewed the facility policy titled "Labeling and Dating Policy", dated June 2019. The policy revealed the following:</p> <p>"Any food or beverages received into the kitchen must contain a clear received date."</p> <p>"All opened item must be labeled with an open and discard date."</p> <p>"All loose items or items not in boxes must be labeled and dated individually."</p> <p>"All individual bags of opened items must be placed (sic) a clear Ziploc bag, labeled and dated."</p> <p>The surveyor reviewed the facility policy titled "Storing Utensils, Tableware, And Equipment Policy", dated December 2019. The policy revealed the following:</p> <p>"Once utensils, tableware &amp; equipment are clean</p>	F 812			



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F 812	<p>Continued From page 8 &amp; sanitary, store them so they stay that way."</p> <p>"Store tableware and utensils at least six inches off the floor. Keep them covered or otherwise protected from dirt and condensation."</p> <p>The surveyor reviewed the facility policy titled "Dry Goods And Storage Policy, date August 2019. The policy revealed the following:</p> <p>"When using paper products any open items need to be placed in a zip lock bag (if the container is not completely used). Ex.-Cup lids, portion cups and desert bowl lids."</p> <p>"All dented cans should be placed in the proper area to the left on the bottom shelf, where the dented can sign is hanging. Dispose of the cans upon approval (sic)."</p> <p>"All boxes are to be closed and covered in the best possible way to prevent contamination."</p> <p>The surveyor reviewed the facility policy titled "Hand Washing &amp; Glove Usage Policy", dated October 2019. The procedure included the following under the section "Gloves are not a substitute for hand hygiene: If your task requires gloves, perform hand washing prior to putting on the gloves."</p> <p>The surveyor reviewed the facility policy titled "Laurel Manor Healthcare And Rehabilitation Center, Subject: Safe Storage Of Patient/Employee Food", no review date. The policy had the following Purpose: "To provide for the proper and safe storage of patient and employee food." The policy revealed the following under the Policy section:</p>	F 812			

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F 812	Continued From page 9  "All food must be properly labeled, covered and MUST include the following: a. Resident name b. Date (date item placed in the refrigerator)"  "Housekeeping will discard any item after 72 hours or 3 days. If there is no date, the item will be discarded immediately. No Exceptions."  NJAC 8:39-17.2 (g)	F 812			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §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, 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	F 880		1/2/20	

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NAME OF PROVIDER OR SUPPLIER  <b>LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>18 W LAUREL ROAD STRATFORD, NJ 08084</b>		
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F 880	<p>Continued From page 10</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>IPCP and update their program, as necessary. 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 emergency crash carts in a clean and sanitary manner. The deficiency was cited at a level E as the deficient practice was identified on 3 of 3 nursing units of the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/9/19 at 10:08 AM, the surveyor observed the emergency crash cart next to the shower room that was adjacent to the nurses' station on the [REDACTED] unit. The top shelf held a [REDACTED] and the top [REDACTED] that came up through the top shelf from below. The top shelf had dust that came off on the surveyor's finger. The bottom shelf was dusty and had loose hair. This shelf contained an uncovered, orange CPR board and a bagged "Adult Manual Pulmonary Resuscitator." The middle of the cart had 2 gray bins that contained supplies. The top bin included a [REDACTED] [REDACTED] all packaged. The lower bin contained five bottles of sterile water, more [REDACTED], and a stethoscope. The inside bases of both bins had dust that came off on the surveyor's finger.</p> <p>On 12/9/19 at 10:23 AM, the surveyor observed the emergency crash cart next to the nurses' station on the [REDACTED] nursing unit. The top shelf held a [REDACTED] and the [REDACTED] that came up through the top shelf from below. There was a heavy</p>	F 880	<ol style="list-style-type: none"> <li>1. All 3 crash carts were cleaned</li> <li>2. All residents, and all 3 crash carts have the potential to be affected by this deficient practice.</li> <li>3. New covers for the crash carts, as well as a new top for the broken one have been ordered. The bi-weekly cleaning schedule for crash carts will be followed. The ADON/Housekeeping Director will conduct a monthly audit x 12 months to inspect the cleanliness and condition of the crash cart covers as well the top and shelves of the crash carts.</li> <li>4. ADON/Housekeeping Director will share audit findings with the QA committee monthly x 12, who will advise based on audit results</li> </ol>		

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F 880	<p>Continued From page 12</p> <p>accumulation of dust in the corner of the top shelf behind the [REDACTED]. A red mesh cover over the [REDACTED] was dropping fine red particles that were lying on the top shelf by the [REDACTED]. The top shelf was cracked along the entire back edge. The two gray bins in the middle of the cart contained supplies. The top bin contained [REDACTED] and [REDACTED] (all packaged). The other bin included a [REDACTED], a stethoscope, an unopened tube of [REDACTED], a box of disposable gloves, and three small bottles of sterile water. The inside bases of both gray bins had dust that came off on the surveyor's finger. The bottom shelf had dust that came off on the surveyor's finger. The bottom shelf held a bagged "Adult Manual Pulmonary Resuscitator."</p> <p>The carts contained a logbook that staff initialed daily, that the cart had been checked for contents. The logbook had nothing about the cleanliness of the carts. When interviewed on 12/9/19 at 10:36 AM, the Unit Manager from the Upper Willows nursing unit stated: "we get housekeeping to clean the cart periodically." When interviewed on 12/9/19 at 11:20 AM, the Housekeeping Director (HD) confirmed that housekeeping would clean the emergency crash carts but stated there was no schedule for them to be cleaned.</p> <p>On 12/9/19 at 10:47 AM, the surveyor left [REDACTED] and went to the [REDACTED] unit and observed the emergency crash cart in the hallway next to the nurses' desk. The top shelf with the [REDACTED] and [REDACTED] had dust, which came off on the surveyor's finger. The top gray bin contained [REDACTED], an unopened tube of [REDACTED],</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>and four small bottles of sterile water. The other gray bin contained a [REDACTED], and a box of disposable gloves. The inside bases of both bins had dust that came off on the surveyor's finger. The bottom shelf had dust that came off on the surveyor's finger. The bottom shelf held the bagged "Adult Manual Pulmonary Resuscitator."</p> <p>On 12/9/19 at 11:24 AM, the surveyor showed the Director of Nursing (DON) the emergency cart on the [REDACTED] nursing unit. The DON acknowledged the dusty cart. The surveyor told the DON that the other two emergency carts were in the same condition.</p> <p>On 12/11/19 at 9:10 AM, the Administrator gave the surveyor an undated cleaning policy titled "Crash, Treatment, and Med Carts." The policy included, "All carts will be cleaned bi-weekly and as needed." During a meeting with the Administrator and DON on 12/11/19 at 1:00 PM, the surveyor asked what the original date of the policy was. The Administrator stated he would find out. During a follow-up meeting with the surveyors on 12/12/19 at 9 AM, the Administrator gave the surveyor another copy of the "Crash, Treatment, and Med Carts" cleaning policy. The second copy of the policy was dated 12/10/19.</p> <p>NJAC 8:39-31.4(a)</p>	F 880			