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

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|---|---------------------------------|-------------------------------|--|
| | | 315346 | B. WING _ | | | 10/22/2019 | |
| NAME OF PROVIDER OR SUPPLIER N J VETERANS MEM HOME PARAMUS | | | | STREET ADDRESS, CITY, STATE, ZIP C 1 VETERANS DRIVE PARAMUS, NJ 07652 | ODE | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| F 000 | 000 INITIAL COMMENTS | | F 0 | 00 | | | |
| | Survey Date: 10/22/ | 19 | | | | | |
| | Census: 328 | | | | | | |
| | Sample Size: 38 F 812 Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) | | F 8 | 12 | | 11/21/19 | |
| | §483.60(i) Food safe The facility must - | ty requirements. | | | | | |
| | state or local authorit (i) This may include f from local producers and local laws or reg (ii) This provision doe facilities from using p gardens, subject to c safe growing and foo (iii) This provision do | red satisfactory by federal, ies. ood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable | | | | | |
| | serve food in accorda | prepare, distribute and ance with professional ervice safety. T is not met as evidenced | | | | | |
| | Based on observation documentation provide | on, interview and review of ded by the facility, it was | | Corrective Action: | alamante ::- | | |
| | | acility failed to properly store ipment service to prevent podborne illness. | | The steam table heating Kitchens 1, 2 & 3 were cleadescaled. The food in the reach in reschiolation. | aned and | | |
| | This deficient practic following: | e was evidenced by the | | Kitchen 1 was relocated. E inspected the reach in refrig | ngineering | | |
| | DIDECTORIO OD DDOL (DED. | CURRULER REPRESENTATIVE'S SIGNATUR | - | TITLE | | (V6) DATE | |

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

(X6) DATE

10/29/2019 **Electronically Signed**

Facility ID: NJ60228

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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| | | 315346 | B. WING | | | 0/22/2019 | |
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| NAME OF PROVIDER OR SUPPLIER | | | | | | | |
| N J VETE | RANS MEM HOME PARA | MUS | | 1 VETERANS DRIVE | | | |
| | | | <u>_</u> | PARAMUS, NJ 07652 | | | |
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| F 812 | Continued From pag | e 1 | F 81 | | | | |
| | On 10/10/19 at 9:32 AM, in the presence of the Food Service Director (FSD) the surveyor observed the following: 1. In Kitchen One: -Inside the steam table 5 of 5 of the heating elements were soiled with a layer of white/yellow film. The FSD stated that they are cleaned and descaled daily, and they should all be clean. -The reach in refrigerator was 44 degrees | | | Kitchen 1, to validate proper fu - The carafe in the snack prep rewashed via the dish machine and then stored upside down. - The 52 trays were put throug machine and dried prior to stace. - The wet plates in the plate we the dish rooms of Kitchens 1 are rewashed, via the dish machine completely and placed back in warmers. - The food in the walk-in produce refrigerator in Kitchen 1 was re | area was e, was dried th the dish sking. armers in nd 2 were e, dried the plate | | |
| | Fahrenheit (F). The | FSD stated it should have r less and that the food | | Engineering inspected the walk produce refrigerator to validate functioning. The doors of all four convections | c-in proper | | |
| | carafe, in circulation upright and with water FSD stated that it should be stored upside down. | ea there was a coffee for use, that was stored er pooled at the bottom. The build have been dried and | | in Kitchen 1 were cleaned. - The food in the reach in freez Kitchen 2 was discarded and the was locked and taken out of second to the reach in freezer of Kitched de-iced and is out of service. | zer in ne freezer ervice. | | |
| | use, with water between they should be dried | f 52 trays, in circulation for een them. The FSD stated prior to stacking. the plate warmer, there was in circulation for use, with | | Potential to Affect: - Has the potential to affect all staff, visitors and volunteers whether the facility. | | | |
| | · · | The FSD stated they mpletely dried before | | Systemic Change: - The Food Service staff was into ensure: steam table heating are kept clean and descaled, | | | |
| | F. The FSD stated it | refrigerator was 46 degrees should have been 41 d that the food would be | | temperatures of all walk in and refrigerators and walk in and re freezers are within acceptable carafes are dry and stored ups trays and plates are thoroughly | each in range, ide down, | | |
| | -The glass doors on | 4 of 4 convection ovens were | | to stacking, and the glass door | | | |

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| | | 315346 | B. WING | | | 10/22/2019 | |
| NAME OF PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP COL | DE I | 10/22/2010 | |
| TO THE STATE OF THE PARTY OF TH | | | | 1 VETERANS DRIVE | | | |
| N J VETER | RANS MEM HOME PARA | MUS | | PARAMUS, NJ 07652 | | | |
| (X4) ID PREFIX | | | ID PREFIX | PROVIDER'S PLAN OF CO | N SHOULD BE | (X5) COMPLETION DATE | |
| IAG | | | TAG | CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | | |
| F 812 | Continued From page 2 | | F 81 | 2 | | | |
| | soiled with dried dripp | oings of a brown grease-like | | convection ovens are clean a | and free from | | |
| | substance and food of | lebris. The FSD stated they | | grease drippings and/or food | debris. | | |
| | should be cleaned we | eekly on Sundays. However, | | - Policies were developed to | address the | | |
| | | they were last cleaned as | | following: Cleaning Frequence | | | |
| | they do not have a si | | | Accountability of the Steam 1 | • | | |
| | completion. | | | ensure the steam tables will | | | |
| | | | | and descaled using de-limer | at the end of | | |
| | 2. In Kitchen Two: | | | each day. Cleaning Frequen | | | |
| | | | | Accountability of Convection | | | |
| | -Inside the steam table 5 of 5 of the heating | | | ensure the interior and exteri | or of | | |
| | elements were soiled with a layer of white/yellow | | | convection ovens are cleane | d daily. | | |
| | film. The FSD stated that they are cleaned and | | | - The Food Storage policy w | | | |
| | | ney should all be clean. | | and revised to include storag | | | |
| | , | • | | foods. This will ensure that fo | | | |
| | -The reach in freezer | was 15 degrees F and the | | the freezer will be maintained | d at a | | |
| | ice cream that was in | | | temperature to ensure the pr | oduct is | | |
| | temperature reading | screen, on the outside of the | | frozen solid, during the lengtl | | | |
| | unit, was blinking an | error message. The FSD | | in the freezer. | | | |
| | stated that something | y was wrong with the unit, | | - The Freezer and Refrigera | tor | | |
| | the food would be mo | oved, and the unit would be | | temperature logs were review | ved and | | |
| taken out of service until it could be serviced. | | | revised to include the time te | mperature | | | |
| | | | | was taken and the initials of | staff | | |
| | -In the dish room, in t | he plate warmer, there was | | recording the temperature tw | rice daily. | | |
| | a stack of 50 plates, i | n circulation for use, with | | | | | |
| | water between them. | The FSD stated they should | | Monitoring: | | | |
| | have been completely dried before stacking into | | | An audit tool was developed | to include the | | |
| | the warmer. | | | following: | | | |
| | | | | - Cleanliness of steam table | heating | | |
| | 3. In Kitchen Three: | | | elements | | | |
| | | | | - Reach in and walk in refrig | erator and | | |
| | -Inside the steam tab | le 5 of 5 of the heating | | freezer temperatures | | | |
| | | with a layer of white/yellow | | - Coffee carafe storage | | | |
| | film. The FSD stated | that they are cleaned and | | - Stacked trays and plates for | or dryness | | |
| | descaled daily, and they should all be clean. | | | - Oven door cleanliness | - | | |
| | | had a large amount of ice | | - Audits will be completed by | | | |
| | | e inside. The FSD stated | | Service Supervisor/designee | | | |
| | that it should not have been built up like that and | | | weeks, weekly x 3 months and then | | | |
| | the unit would be de-iced right away. | | | monthly x 8 months. Trends | will be | | |

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| F 812 | revealed, under #2 the temperature will be mediate. F." A review of the facility Pots and Pans reveated following: "washed ite racks to dry and show water before stacking. In an interview on 10 Executive Officer state have a policy in placed accountability for stease. | y's policy for Food Storage e following: "Refrigerator naintained at 35-40 degrees y's policy titled, Washing led under #9 and #10 the ems should be placed on all be completely dried from y or putting them away." 116/19 at 1:32 PM, the Chief led that the facility did not | F8 | 12 | reported monthly to the QAPI committee for further action planning as needed. | ee | | |