

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2022
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT THE CUPOLA	STREET ADDRESS, CITY, STATE, ZIP CODE W 100 RIDGEWOOD AVENUE PARAMUS, NJ 07652
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 162</p> <p>Sample size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 01/28/2022. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1303	<p>8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services</p> <p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <p>7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:</p> <p>i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;</p>	A1303		

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

TITLE

(X6) DATE

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A1303	<p>Continued From page 1</p> <p>ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;</p> <p>iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and</p> <p>iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and facility policy review it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of COVID-19, as well as other communicable diseases and infections. Specifically, the facility failed to ensure the high-temperature dishwashing machine in the facility's kitchen, which had no backup disinfecting chemical, was at the manufacturer's recommended rinse temperature to ensure effective sanitation of utensils and dishes. This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p>	A1303		

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A1303	<p>Continued From page 2</p> <p>Findings included:</p> <p>1. On 01/28/22 at 11:15 a.m., the surveyor observed that the Dietary Supervisor (DS) operated the high-temperature dishwasher and ran it through three continuous cycles. The temperature gauges on the dishwashing machine and on a digital thermometer, which was placed on a tray and went through the washing compartment of the machine, displayed a rinse temperature of 175 degrees Fahrenheit (F) after three continuous cycles. The temperature failed to rise to the manufacturer's recommended rinse temperature of 180 degrees F. The dishwashing machine had no backup sanitizer to compensate for the inadequate rinse cycle temperatures.</p> <p>During surveyor interview with the DS on 01/28/2021 at 1:23 p.m., the DS confirmed that kitchen staff had cooked and served meals with utensils and dishes that came out of the dishwasher. He stated that, by failing to ensure that the rinse cycle temperature rose to the manufacturer's recommended temperature, and by not having a backup sanitizer as a countermeasure when the dishwashing machine failed to reach the recommended temperature, the facility failed to ensure that food preparation and serving utensils and dishes were properly sanitized. The facility failed to ensure residents' meals were prepared under sanitary conditions.</p> <p>During surveyor interview with the Administrator and the Director of Wellness (DW) on 01/28/2022 at 3:14 PM, the DW stated that she was part of the quality assessment committee and conducted training with dietary staff, in collaboration with the DS, on infection control and prevention practices. The DW stated that she provided in-services with staff on a weekly and as-needed basis, and</p>	A1303		

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A1303	<p>Continued From page 3</p> <p>agreed on the importance of proper sanitation of dishes.</p> <p>The facility's "Dishwashing Machine Use" policy, last edited on 02/25/2020, revealed, "2. Dishwashing machines that use hot water to sanitize must maintain the manufacturer temperature guidelines. 3. Dishwashing machine hot water sanitation rinse temperatures may not be more than 194 [degrees Fahrenheit], and follow the manufacturer guidelines."</p>	A1303		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 5a000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/29/2022 Y3
NAME OF FACILITY CARE ONE AT THE CUPOLA	STREET ADDRESS, CITY, STATE, ZIP CODE W 100 RIDGEWOOD AVENUE PARAMUS, NJ 07652	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A1303	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.3(a)(7)(i-iv)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/25/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/28/2022	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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