

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

PRINTED: 10/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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F 000	INITIAL COMMENTS Survey Date: 12/3/21 Census: 93 Sample: 19+3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of medical records, it was determined that the facility failed to follow a physician order for a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) change consistent with professional standards of clinical practice. This deficient practice was identified for 1 of 23 resident reviewed, Resident #139 and was evidenced by the following: Reference: New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a registered professional	F 658	The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard. 1. How will the corrective action be accomplished for the resident(s) affected by the deficient practice: Resident #139 had the NJ Ex Order 26.4(b)(1) changed on 12/1/2021.	1/3/22	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2021

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 658	<p>Continued From page 1</p> <p>nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference New Jersey Statutes, Title 45, Chapter11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a licensed practical nurse is defined as performing task and responsibilities within the framework of case finding, reinforcing the patient family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>A review of the facility's Admission Record indicated that Resident #139 was admitted to the facility in [REDACTED] NJ Ex Order 26.4(b)(1), with diagnoses which included but were not limited to [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] and [REDACTED] NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool, dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed that Resident #139 scored a [REDACTED] NJ Ex Order 26.4(b)(1) /15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident had [REDACTED] NJ Ex Order 26.4(b)(1). Further review revealed that the</p>	F 658	<p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents with PICC line dressings have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>All nursing staff will be in-serviced on proper central venous catheter dressing changes and associated documentation.</p> <p>Weekly audits of PICC line dressings and associated documentation will be conducted by the DON or designee to ensure that dressings are changed every 5-7 days and when wet, soiled, or not intact.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Results of the weekly audits will be reported to the QAPI committee monthly for a period of three (3) months. The Director of Nursing or designee will monitor.</p>		

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F 658	<p>Continued From page 2</p> <p>resident received [NJ Ex Order 26.4(b)(1)] medication.</p> <p>A review of the physician order sheets (POS) dated [NJ Ex Order 26.4(b)(1)] revealed an order dated [NJ Ex Order 26.4(b)(1)] to change the [NJ Ex Order 26.4(b)(1)] one time a week. Further review revealed an order dated [NJ Ex Order 26.4(b)(1)] to monitor and observe the [NJ Ex Order 26.4(b)(1)] every shift, before and after medication administration, and during dressing change three times a daily.</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] Treatment Administration Sheet (TAR) revealed an order dated [NJ Ex Order 26.4(b)(1)] which included to change the [NJ Ex Order 26.4(b)(1)] sing one time a week. The entry was last signed by a nurse on [NJ Ex Order 26.4(b)(1)] as being performed. Further review of the TAR revealed an order dated [NJ Ex Order 26.4b1] to monitor an observe the [NJ Ex Order 26.4(b)(1)] every shift, before and after administration of medication and during [NJ Ex Order 26.4b1] that was signed every shift by nurses as being performed.</p> <p>On 11/29/21 at 09:23 AM, during the tour of the unit, the surveyor observed Resident #139 in bed with a [NJ Ex Order 26.4(b)(1)] in the [NJ Ex Order 26.4(b)(1)] with a clear transparent [NJ Ex Order 26.4(b)(1)] dated [NJ Ex Order 26.4(b)(1)]. The resident stated the [NJ Ex Order 26.4(b)(1)] was done in the hospital and not at the facility.</p> <p>On 11/30/2021 at 11:03 AM, the surveyor observed Resident #139 seated in a wheelchair in his/her room. The resident's [NJ Ex Order 26.4(b)(1)] was dated [NJ Ex Order 26.4(b)(1)]. When interviewed the resident stated that the [NJ Ex Order 26.4(b)(1)] was used for [NJ Ex Order 26.4(b)(1)] medication administration that he/she received every day.</p> <p>During an interview with the surveyor on</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>12/01/2021 at 09:50 AM, the U.S. FOIA (b) (6)) stated that she thought NJ Ex Order 26.4(b)(1) were changed every three days. At that time, the U.S. FOIA (b) (6) showed the surveyor Resident #139's physician order which indicated to change the resident's NJ Ex Order 26.4(b)(1) weekly. The surveyor brought the U.S. FOIA (b) (6) into Resident #139's room. The U.S. FOIA (b) (6) observed Resident #139's NJ Ex Order 26.4(b)(1) that was dated NJ Ex Order 26.4(b)(1) and she stated that she did not know why it was not changed.</p> <p>During an interview with the surveyor on 12/01/2021 at 10:00 AM, the U.S. FOIA (b) (6) assigned to Resident #139 stated she was in-serviced at the facility on NJ Ex Order 26.4(b)(1) changes and learned how to change NJ Ex Order 26.4(b)(1). She stated NJ Ex Order 26.4(b)(1) were changed by an U.S. FOIA (b) (6) weekly on the 3-11 shift.</p> <p>During an interview with the surveyor on 12/01/2021 at 10:15 AM, the NJ Ex Order 26.4(b)(1) stated that she did not know when NJ Ex Order 26.4(b)(1) were changed and was not aware of the policy.</p> <p>During a follow up interview with the surveyor on 12/01/2021 at 12:06 PM, the NJ Ex Order 26.4(b)(1) stated the NJ Ex Order 26.4(b)(1) was supposed to be changed on NJ Ex Order 26.4(b)(1). She stated all of the nurses who signed the TAR each shift, should have seen and checked the date on the NJ Ex Order 26.4(b)(1).</p> <p>During a meeting with the surveyor on 12/01/2021 at 12:51 PM, the U.S. FOIA (b) (6) was informed of the findings.</p> <p>A review of the policy labeled "Central Venous Catheter Dressing Changes" dated 02/06/2020,</p>	F 658			

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F 658	Continued From page 4 revealed the dressing should be changed at least every 5-7 days and when wet, soiled or not intact.	F 658			
F 812 SS=F	NJAC 8:39-27.1(a) 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, interviews, and review of facility documentation it was determined that the facility failed to a.) properly label, date and store potentially hazardous foods and dry foods in a manner that is intended to prevent the spread of food borne illnesses and b.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross contamination. This deficient practice was observed and	F 812	The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard. 1. How the corrective action will be	1/3/22	

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F 812	<p>Continued From page 5 evidenced by the following:</p> <p>On 11/29/21 at 07:53 AM the surveyor toured the kitchen in the presence of the U.S. FOIA (b) (6) and observed the following:</p> <ol style="list-style-type: none"> 1. The foot pedal trash can at handwashing sink #2 was not lined with a trash bag and both trash and food debris were observed in the can. 2. In the main refrigerator was one rolling metal food prep cart with a tray of individually wrapped plates of pie with no labels and no dates. The U.S. FOIA (b) (6) identified them as apple pie and acknowledged they should have a label and date. 3. In the same refrigerator, on the third shelf of a five tiered metal shelf, there was one opened 5 pound block of American cheese wrapped in clear plastic wrap with no opened or use by date. The U.S. FOIA (b) (6) acknowledged it had no opened date and stated she thought it should be dated. The U.S. FOIA (b) (6) removed the cheese from the refrigerator and set it on a metal table in the kitchen. 4. On the same shelf there was one sealed 1.5 pound package of swiss cheese with a dime sized area of a green substance. The U.S. FOIA (b) (6) acknowledged the green substance and identified it as "mold." She removed the cheese from the refrigerator and set it on a metal table in the kitchen. 5. On the same shelf was one opened, unsealed 5 pound bag of mozzarella cheese with the contents exposed to air with no opened or use by date. The U.S. FOIA (b) (6) stated she was unsure if it was properly stored and she threw it in the garbage. 	F 812	<p>accomplished:</p> <p>All foot pedal trash cans at the hand washing sinks were cleaned to remove all trash and food debris. All foot pedal trash cans at the hand washing sinks will be lined with trash bags.</p> <p>In main refrigerator, plates of apple pie, 5 pounds of block American cheese, 1.5 pound package of Swiss cheese with a dime sized area of green substance identified as mold, an opened unsealed 5 pound bag of mozzarella cheese, and metal half pan containing green beans covered with clear plastic wrap were immediately removed and discarded.</p> <p>In the walk-in freezer, 2 sealed packages each containing 5 light tan patties, a tied clear bag containing breadsticks, one tied clear bag of light tan oval patties, one tied clear bag of light brown rectangular pieces of meat, one untied open clear plastic bag of white stuffed pasta, and 3 six pound pork loins with no label, date, or use by dates were immediately removed and discarded.</p> <p>The meat slicer was immediately disassembled, cleaned, sanitized and air-dried then re-assembled to remove brown debris on the base of the slicer.</p> <p>The globe mixer was immediately disassembled to clean and sanitize to remove debris in the bowl and on the mixer.</p>		

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F 812	<p>Continued From page 6</p> <p>6. In the same refrigerator on a rolling metal food prep cart there was a metal half pan which contained green beans covered with clear plastic wrap with no label or use by date. The ^{U.S. FQ} stated the green beans were made yesterday and only smiled when asked if it should be dated.</p> <p>During an interview at that time, the ^{U.S. FQ} stated it was important to label and date food items so that the residents are not served food that had bacteria or was expired.</p> <p>7. In the walk-in freezer were two sealed packages each containing 5 light tan meat patties which the ^{U.S. FQ} identified as turkey patties. There were no labels and no use by dates.</p> <p>8. There was one tied clear bag containing white oblong shaped pieces of bread, which the ^{U.S. FQ} identified as breadsticks, with no label and no opened or use by dates.</p> <p>9. There was one tied clear bag of light tan oval patties, which the ^{U.S. FQ} could not identify, with no label and no opened or use by dates.</p> <p>10. There was one tied clear bag of light brown rectangular pieces of meat, which the ^{U.S. FQ} could not identify, with no label and no opened or use by dates.</p> <p>11. There was one untied clear plastic bag of white stuffed pasta which was open and exposed to air with no label and no opened or use by dates. The ^{U.S. FQ} identified the pasta as manicotti and acknowledged the bag should be sealed and dated. The ^{U.S. FQ} further stated that labeling and dating the food was the responsibility of the staff member who stocked the food.</p>	F 812	<p>The can opener was immediately disassembled, cleaned and sanitized to remove reddish brown debris.</p> <p>In prep freezer #4, four pink meat patties wrapped in clear plastic, a large clear unsealed bag of light brown round objects, a large tied top clear bag of bread slices, an unsealed twisted brown bag of French fries, an unsealed clear bag of light brown pieces of meat wrapped in clear plastic wrap, an opened unsealed bag of light brown pieces of meat, an opened clear bag of oval tan patties wrapped in plastic wrap, an unsealed tied top clear bag of yellow wedges all with no label, a large clear sealed bag of light brown meat with white frost, and an open unsealed clear bag of tan breaded rings were immediately removed and discarded.</p> <p>The styrofoam bowl was immediately removed from a large covered container marked food thickener.</p> <p>The unused top convection oven was immediately cleaned and sanitized to remove brown sticky substance on both left and right inner doors including black and gray debris inside on the bottom of oven.</p> <p>The four half bain marie pans wet nested, two quarter pans wet nested, and two steam table pans wet nested were immediately removed and brought to the dishwashing area to be washed, sanitized, and dried completely.</p>		

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F 812	Continued From page 7 12. The meat slicer was covered with a dark garbage bag. The [U.S. R] removed the bag and there was brown debris on the base of the slicer. The [U.S. R] acknowledged the debris should not be there and stated that once the slicer was used it was cleaned and covered with a bag. 13. The Globe mixer was covered with a dark garbage bag. The [U.S. R] removed the bag and there was debris in the bowl and on the mixer. The [U.S. R] acknowledged the debris. 14. There was reddish brown debris on the can opener and reddish brown debris on the base. The [U.S. R] acknowledged the debris. 15. In the prep freezer #4 there were four pink meat patties wrapped in clear plastic wrap with no label and no opened or use by dates. The [U.S. R] identified them as hamburgers and was unable to state how old they were. 16. There was one large clear unsealed bag of light brown round objects, which the [U.S. R] identified as pancakes, with no label and no opened or use by dates. The [U.S. R] states she was unsure when they were opened. 17. There was one large, tied top, clear bag of bread slices, which the [U.S. R] identified as French toast, with no label and no opened or use by dates. 18. There was one unsealed twisted brown bag of French fries with no opened or use by date. 19. There was one unsealed clear bag of light brown pieces of meat wrapped in clear plastic	F 812	In the dry store room an open bag of croutons wrapped with clear plastic wrap, an open bag of linguine wrapped with clear plastic wrap, and a large open bag of penne pasta were immediately removed and discarded. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the deficient practice. 3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur: All dining staff will be in-serviced on the following: proper use of trash bags in foot pedal trash cans at hand washing sinks; careful and secure wrapping, labeling, and dating all open plates, packages, pans, and other food products in refrigerators, freezers, and dry storage areas; proper use and storage of scoops for bulk food (such as sugar, flour, and thickener); and proper cleaning and sanitizing of kitchen surfaces, cooking equipment (such as slicers, mixers, can openers, and ovens), dishware, and other cookware. Audits of trash bags in foot pedal trash cans at hand washing sinks, secure wrapping, labeling, and dating of open plates, packages, pans, and other food		

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F 812	<p>Continued From page 8</p> <p>wrap, which the [U.S. FOIA] identified as chicken tenders, with no label and no opened or use by dates.</p> <p>20. There was one opened unsealed bag of light brown pieces of meat, which the [U.S. FOIA] identified as chicken tenders, with no label and no opened or use by dates.</p> <p>21. There was one opened clear bag of oval tan patties wrapped in clear plastic wrap, which the [U.S. FOIA] identified as hash browns, with no label and no opened or use by dates.</p> <p>22. There was one unsealed, tied top, clear bag of yellow wedges with no label and no opened or use by dates.</p> <p>23. There was one large clear sealed bag of light brown meat with white frost, which the [U.S. FOIA] identified as chicken tenders, with no label and no use by date.</p> <p>24. There was one open unsealed clear bag of tan breaded rings, which the [U.S. FOIA] identified as onion rings, with no label and no opened or use by dates.</p> <p>During an interview at that time, the [U.S. FOIA] acknowledged all of the unlabeled and undated food would be thrown away.</p> <p>At 08:37 AM the [U.S. FOIA (b) (6)] replaced the [U.S. FOIA] on the tour of the kitchen with the surveyor.</p> <p>25. On a shelf under the food prep area there was a large covered container marked food thickener with a styrofoam bowl resting on the thickener in the container. The [U.S. FOIA] stated it was</p>	F 812	<p>products in refrigerators, freezers, and dry storage areas, proper use and storage of scoops for bulk food (such as sugar, flour, and thickener), proper cleaning and sanitizing of kitchen surfaces, cooking equipment (such as slicers, mixers, can openers, and ovens), dishware, and other cookware will be conducted by the Director of Dining Services or designee on a daily basis for 30 days and then weekly for six (6) months.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Results of the audits will be reported to the QAPI committee monthly for a period of six (6) months. The Director of Dining Services or designee will monitor.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
(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 812	<p>Continued From page 9 used as a scoop and removed the bowl.</p> <p>In the presence of the [U.S. FOIA] the surveyor revisited the refrigerator, freezer, prep refrigerator and freezer, the meat slicer, Globe mixer and can opener to review and discuss findings from earlier in the tour.</p> <p>26. In the refrigerator, the [U.S. FOIA] acknowledged the apple pie tray should have had labels and stated the pies should have been discarded on Saturday.</p> <p>27. The [U.S. FOIA] observed the green substance on the swiss cheese, she stated it would be discarded and stated it could have a pin hole that allowed air to get into package.</p> <p>28. The [U.S. FOIA] acknowledged the American cheese should have an open and use by date.</p> <p>29. The [U.S. FOIA] acknowledged the pan of green beans had no date and stated were from Thursday and that they would be discarded.</p> <p>30. In the freezer were three six pound pork loins with no dates. The [U.S. FOIA] stated she did not know when they came in.</p> <p>During an interview with the surveyor at 08:48 AM, the [U.S. FOIA] stated that once the food items are received they should be labeled and dated. She further stated they should be marked when they are opened and when they should be used by.</p> <p>31. In the cooking area on the unused top convection oven there was a brown sticky substance on both the left and right inner doors. There was black and gray debris inside on the</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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F 812	<p>Continued From page 10</p> <p>bottom of the oven. The [REDACTED] was unable to identify the substance and debris and stated the ovens are cleaned weekly.</p> <p>32. The foot pedal trash can at handwashing sink #3 was not lined with a trash bag and both trash and food debris were observed in the can. The [REDACTED] acknowledged the debris and stated there should be a bag in the can.</p> <p>33. On a metal rack in the clean pot/pan area were four half bain marie pans wet nested, two quarter pans wet nested and two steam table pans wet nested. The [REDACTED] acknowledged they should not be wet and removed the pans to the dishwashing area.</p> <p>34. In the dry storage room was one opened bag of croutons wrapped with clear plastic wrap with no opened or use by date.</p> <p>35. There was one opened bag of linguine wrapped with clear plastic wrap with no opened or use by date.</p> <p>36. There was one large opened bag of penne pasta with no opened or use by date. The [REDACTED] stated that when food items were opened that they should be dated.</p> <p>A review of the facility's policy, "General Food Preparation and Handling," with a revision date of 5/23/18, revealed Procedure: 1.a. The kitchen surfaces and equipment will be cleaned and sanitized as appropriate. Food Preparation 3.k. The can opener will be cleaned and sanitized daily and/or as needed. Food Service 4.d. Leftovers must be dated, labeled, covered, cooled and stored properly in a refrigerator.</p>	F 812			

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F 812	<p>Continued From page 11</p> <p>Equipment 5.a. All food service equipment should be cleaned, sanitized, air-dried, and reassembled after each use.</p> <p>A review of the facility's policy, "Food Safety and Sanitation," with a revision date of 5/30/2018, revealed 4. Food Storage a. All time and temperature control for safety (TCS) foods (including leftovers) should be labeled, covered, and dated when stored. When a food package is opened, the food item should be marked to indicate the open date. This date is used to determine when to discard the food.</p> <p>A review of the facility's policy, "Food Storage," with a revision date of 5/24/19, revealed Policy: ...Food will be stored ...by methods designed to prevent contamination or cross contamination. Procedure: 5. Scoops must be provided for bulk foods (such as sugar, flour, and thickener). Scoops are not to be stored I food or ice containers, but are kept covered in a protected area near the containers. 6.b. Food should be dated as it is placed on the shelves. c. Food should be dated when the original container or packaging is opened. d. Date marking to indicate the date or day by which a ready-to-eat, time/temperature control for safety food should be used will be visible on all high-risk food. 9. Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded. 10. Refrigerated food storage d. Refrigerated foods will be dated and stored upon delivery. g. All foods should be covered, labeled and dated. 11. Frozen Foods: c. Frozen foods will be dated upon delivery. d. All foods should be covered, labeled and dated.</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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F 812	Continued From page 12 A review of the facility's policy, "Resource: Sanitation of Dishes/Manual Washing," with a revision date of 5/30/2018, revealed Policy: Dishes and cookware will be cleaned and sanitized after each meal. Procedure: 5. Sink 3: Sanitize 4. ...Check all dishes to be sure they are clean and dry prior to storing. NJAC 8:39-17.2(g)	F 812			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE POINT		STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
(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
S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. 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 THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 3 of 14-day shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated)	S 560	The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard. 1. How the corrective action will be accomplished: The Assistant Director of Nursing (ADON)	1/3/22

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

TITLE

(X6) DATE

Electronically Signed

12/22/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER VILLAGE POINT		STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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S 560	<p>Continued From page 1</p> <p>30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>During an interview with Surveyor #1 on 12/01/21 at 11:54 AM, Certified Nursing Assistant (CNA) #1 stated that there were three CNAs assigned to the Evergreen Unit and that she was assigned 9 residents. She also stated that when the unit was full at 30, the CNAs had 10 residents each.</p> <p>During an interview with Surveyor #1 on 12/01/21 at 11:57 AM, CNA #2 stated that there were three CNAs assigned to the Evergreen Unit and that she was assigned 9 residents.</p> <p>During an interview with Surveyor #1 on 12/01/21 at 11:59 AM, the Registered Nurse Supervisor stated that the census was 27 residents on the Evergreen Unit and that they had three CNAs that day. She stated the unit usually had between 3 and 4 CNAs.</p>	S 560	<p>and scheduler will review resident to staff ratios for compliance with mandatory staffing regulations.</p> <p>2. How the facility will identify other areas having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>When a staffing ratio inequity is identified, the facility will contact available staff to come work additional shifts, offer incentive pay to those volunteering to work additional shifts, and/or contact contracted staffing agencies to assist with the mandatory staffing levels.</p> <p>The facility will also continue its efforts to recruit staff by advertising job openings in various venues, ensuring competitive wages, offering sign-on bonuses to new hires, and offering referral bonuses to existing employees who refer someone who is then hired as a new employee.</p> <p>Daily audits of staffing levels in relation to minimum staffing requirements will be conducted by the Assistant Director of Nursing (ADON) or designee to ensure compliance with the new minimum staffing requirements for nursing homes.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2021
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S 560	<p>Continued From page 2</p> <p>The surveyor requested staffing for the weeks of 11/14/21 and 11/21/21.</p> <p>Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following:</p> <ul style="list-style-type: none"> - 11/16/21 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. - 11/19/21 had 11 CNAs for 95 residents on the day shift, required 12 CNAs. - 11/21/21 had 10 CNAs for 92 residents on the day shift, required 12 CNAs. <p>During an interview with Surveyor #2 on 12/02/21 at 11:19 AM, the staffing coordinator stated she was aware of the staffing ratios and that she met the ratios the majority of the time.</p> <p>During an interview with the surveyors on 12/02/21 at 12:50 PM, the Director of Health Services stated she was aware of the staffing ratios.</p>	S 560	<p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Results of the daily audits will be reported to the QAPI committee monthly for a period of three (3) months. The Assistant Director of Nursing (ADON) or designee will monitor.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315269	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/6/2022
NAME OF FACILITY VILLAGE POINT	STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831	

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 F0658	Correction	ID Prefix F0812	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. #	Completed
LSC	01/03/2022	LSC	01/03/2022	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/3/2021		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061219	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/6/2022
NAME OF FACILITY VILLAGE POINT	STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831	

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/03/2022	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 12/3/2021		<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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NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS	K 000			
K 291 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/02/2021 and Village Point was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18 NEW Health Care Occupancies.</p> <p>Village Point is a two story (2), Type I Fire Resistant building that was built in July 2018. The facility is divided into 6 smoke zones.</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation on 12/02/2021 and in the presence of facility management, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator in accordance with</p>	K 291	<p>The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard.</p>	12/20/21	

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

TITLE

(X6) DATE

Electronically Signed

12/21/2021

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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K 291	<p>Continued From page 1</p> <p>NFPA 101:2012 - 7.9, 19.2.9.1.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the building tour with the facility [US FOIA (b)(6)] at 11:35 AM, an inspection inside the Main Electrical room where the generators transfer switches were located was performed. The surveyor observed the Main Electrical room was not equipped with battery back-up emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the facility's [US FOIA (b)(6)] at the time of inspection.</p> <p>The [U.S. FOIA (b) (6)] was notified of the finding at the Life Safety Code exit conference at 1:27 PM.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>1. How the corrective action will be accomplished:</p> <p>A battery backup emergency light was installed above the emergency generator's transfer switches, independent of the building's electrical system and emergency generator.</p> <p>2. How the facility will identify other areas having the potential to be affected by the same deficient practice:</p> <p>All residents, staff, and visitors have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>The Maintenance Team has reviewed the requirements for emergency lighting in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. The battery backup emergency light above the emergency generator's transfer switches will be inspected on a monthly basis.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p>		

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K 291	Continued From page 2	K 291	The Director of Maintenance, or designee, for a period of six (6) months, will audit inspection of the battery backup emergency light above the emergency generator's transfer switches. Audit results will be reported to the QAPI Committee monthly. The Director of Maintenance or designee will monitor.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315269	Y1	MULTIPLE CONSTRUCTION A. Building 02 - VILLAGE POINT, 1ST/2ND FLOOR B. Wing	Y2	DATE OF REVISIT 1/6/2022	Y3
NAME OF FACILITY VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		

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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0291	12/20/2021	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 12/3/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			