

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

PRINTED: 10/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER ACTORS FUND HOME, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 175 WEST HUDSON AVE ENGLEWOOD, NJ 07631		
(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 A Federal Comparative survey was conducted on 11/29/2021 - 12/03/2021 Census: 80 Sample Size: 19 The facility was found to not be in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.	F 732			

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

TITLE

(X6) DATE

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 732	<p>Continued From page 1</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and interviews it was determined that, the facility failed to post the nurse staffing information on a daily basis at the beginning of each shift. Specifically, the data including: The Facility name, current date, the total number and actual hours worked by the following categories of licensed and un licensed nursing staff directly responsible for resident care by shift: Registered nurses, Licensed Practical Nurses, Certified Nurse Aides, the current Census was not posted in a clear and readable format, in a prominent place within the facility readily accessible to the residents and the visitors.</p> <p>This deficient practice was evidenced by the following:</p> <p>The Federal Surveyors did not find the nurse staffing information posted anywhere in the facility on 11/29/2021 and 11/30/2021.</p> <p>On 11/30/2021 at 12:32 PM the Facility's [REDACTED] was interviewed who stated, she was working for the facility for more than [REDACTED]</p>	F 732			

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F 732	Continued From page 2 NJ Ex Order 20 and she was unaware that the Nurse Staffing Information was needed to be posted and was a regulation. She further stated that, the daily staffing information was kept in a binder at every nurses' station. The U.S. FOIA (b) further stated that the facility did not have any policy reference to the nurse staffing posting. On 11/30/2021 at 12:37 PM, U.S. FOIA (b) (6) (RN #1) was interviewed who stated, the nurse Staffing was not posted anywhere in the Facility. She further stated that she did not know that the staffing was supposed to be posted for the residents and the public information. On 12/01/2021 at 12:50 PM, U.S. FOIA (b) (6) (RN #2) was interviewed who stated, she was not aware that the Nurse staffing information should be posted with Facility name, current date and resident census.	F 732			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761			

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F 761	<p>Continued From page 3</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that medications were properly stored and disposed of in two of the four medication storage areas reviewed.</p> <p>These deficient practices were evidenced by the following:</p> <p>On 12/01/2021 at 12:13 PM, in the presence of U.S. FOIA (b) (6) (RN#3), the surveyor inspected the over-the-counter medication cabinet located inside the medication storage room in the NJ Ex Order 26. 4B1 unit and identified the following:</p> <ul style="list-style-type: none"> - One bottle of Acidophilus with Pectin capsule, 100 capsules with an expiration date of 09/2021. - Acetaminophen Suppository 650 milligram (mg.), 08 suppositories with an expiration date of 10/2021. - Bisacodyl Suppository 10 mg., 12 suppositories with an expiration date of 11/30/2021. - Cephacol Extra Strength Lozenges (tablet), 16 lozenges with an expiration date of 03/2021. - One unidentified loose pill on the floor of the medication room. 	F 761			

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F 761	<p>Continued From page 4</p> <p>At that time, RN #3 confirmed the findings and stated that the medications should have been discarded and removed from the medication room.</p> <p>On 12/01/2021 at 12:40 PM, in the presence of U.S. FOIA (b) (6) #3 (LPN#3), the surveyor inspected the medication cart in the NJ Ex Order 26. 4B1 unit and identified the following:</p> <ul style="list-style-type: none"> - Eight loose medications (unable to be identified), including capsules and tablets, were noted on the base of the second drawer. - The drawer where liquid medication bottles were stored had a heavy dried liquid substance on the bottom of the drawer. - White powder-like substances were noted around the inside corner of the second and third medication drawers. <p>At that time, LPN#3 confirmed the above findings and stated that the medication cart, including the drawers, should have been cleaned and maintained. The LPN#3 could not provide further information on the loose medications in the drawer.</p> <p>On 12/03/2021 at 08:45 AM, the U.S. FOIA (b) (6) were notified of the above findings. The U.S. FOIA (b) (6) confirmed the findings and stated that the expired medications should have been removed from the medication storage area and discarded, and the medications cart should have been kept clean.</p> <p>A review of the facility's policy titled " Storage of Medication," with a revision date of March 23, 2021, revealed that medications are stored</p>	F 761		

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F 761	Continued From page 5 safely, properly, following the manufacturer's recommendations. Outdated, contaminated, or deteriorated medications and those soiled or without secure closures are immediately removed from the inventory, disposed of according to procedures for medication disposal. Medication storage areas are kept clean. The Policy further revealed that all expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining. The medication will be destroyed in the usual manner.	F 761			
F 812 SS=F	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, interview, and record review, it was determined that the facility failed to:	F 812			

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F 812	<p>Continued From page 6</p> <p>a) store potentially hazardous foods in a manner to prevent food borne illness, b) maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and the potential for the development of a food borne illness, and c) ensure that the dish machine was operating at the required final rinse temperature to ensure proper sanitation to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/29/2021 at 10:20 AM during the kitchen inspection in the presence of two federal surveyors accompanied by the U.S. FOIA (b) (6) the following observations were made:</p> <p>A staff was observed operating the dish machine. Water was observed pooled on the floor underneath the machine. A large white towel soaked with water from the pooling water was observed on the floor. Staff acknowledged the towel was placed there to absorb some of the leaking water. According to the staff the dish machine had been leaking for about a week. The drain near the dish machine had a heavy buildup of visible debris and multiple mop strings.</p> <p>Staff was observed running dishes through the dish machine. Observation of the gauges on the machine revealed that the final rinse temperature registered 160 degrees. Factory imprint on the machine stated "Final Rinse 180 degrees." Staff also stated the Final Rinse should register 180 Degrees. The dish machine operator waited a few minutes and ran another rack of dishes through the machine and the gauge registered</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>165 degrees. This was repeated two more times totaling four attempts and the final rinse temperature failed each time to reach 180 degrees.</p> <p>The U.S. FOIA (b) (6) reported to the kitchen and another rack was ran through the machine in his presence and final rinse temperature failed to reach 180 degrees.</p> <p>The U.S. FOIA (b) (6) acknowledged the dish machine was not operating properly and as a result dishes were not being sanitized properly to prevent food borne illness. He stated the facility would immediately resort to paper for lunch services and that he would call Ecolab (the service provider) to service the machine.</p> <p>Review of the dish machine logs reviewed on 11/29/2021 at the time it was discovered the final rinse gauge did not reach the required Final Rinse temperature of 180 degrees revealed Final Rinse temperatures recorded as follows: 11/19/2021-11/29/2021 Breakfast 180 degrees all initialed by the same staff. For days 11/19/2021-11/28/2021 there were no recorded temperatures for lunch or dinner.</p> <p>Review of facility policy revealed, "Final Rinse temperature for the dish machine should be 180 degrees Fahrenheit. "If the temperature is not at the appropriate degree the machine cannot be used until serviced and back in compliance."</p> <p>On 11/29/2021, Lunch meal observations confirmed that all residents were being served on paper products.</p> <p>On 11/29/2021 at 2:32 PM Ecolab dish machine</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>diagnostic at the time of service revealed: "Issue Found" "replaced hose to rinse tank to vacuum breaker". Final Rinse temperature reaching 180 degrees.</p> <p>Other concerns identified during investigation of the kitchen included the following:</p> <ol style="list-style-type: none"> 1. Hood over dish machine unclean and when rubbed a dark colored residue was easily removed. 2. Ceiling tiles in pot drying area soiled 3. Heavy build-up of dust and other debris on floor behind ice machine and floor tiles had rough unsmooth areas not conducive for proper cleaning. 4. Floor drains throughout the kitchen observed with debris and mop strings that would impede proper drainage and create the potential for standing water. 5. Several frying pans and 18 large baking sheets all observed with heavy coating of burnt on grease and very dark surfaces on their sides and inner lip surface with the potential to contaminate foods cooked in them. 6. Lower wall heating unit leading into dry storage area missing a portion of metal cover. 7. Cooking surfaces on range cooktop had heavy dried substances. 8. Three cutting boards with multiple grooves and nicks. <p>Review of the kitchen's cleaning schedule entitled "Cleaning Assignments - Weekly" documented weekly dates for the month of November, week one 11/1/21, week two 11/8/21, week three 11/15/21, and week four 11/22, and picked up again at week one 11/29/21. All dates had check marks indicating the last date weekly cleaning</p>	F 812			

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F 812	<p>Continued From page 9 had been completed. The weekly cleaning assignment included hoods, walls in dish machine area, floors, sheet pans, pots and pans, etc.</p> <p>Observations of the walk-in refrigerator revealed the following: Boxes in walk-in refrigerator stored not allowing for 18 inches from ceiling requirement. Several boxes containing food products touched the top of the ceiling creating a potential for contamination from ceiling condensation.</p> <p>Thawed chicken that did not include a thaw date and use by date. Cranberry sauce and lettuce salad were undated.</p> <p>Container of chocolate pudding dated 11/24/21 exceeding facility three-day policy.</p> <p>Tuna salad undated.</p> <p>Opened container of heavy cream no use by date or date opened.</p> <p>Opened Ricotta cheese no use by date or date opened.</p>	F 812			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315377	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/13/2022	Y3
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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 F0732	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	12/06/2021	LSC	12/06/2021	LSC	12/06/2021
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		