

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08A009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MULLICA GARDENS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 MULLICA HILL ROAD MULLICA HILL, NJ 08062</b>		
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A 000	Initial Comments  Initial Comments: Census: 48 Sample Size: 6  TYPE OF SURVEY: Standard Survey of 80 residential units  The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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.	A 000		
A 901	8:36-10.5(c)(4) Dining Services  (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:  4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;	A 901		

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

TITLE

(X6) DATE

10/14/21

New Jersey Department of Health

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A 901	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of policies and procedures, it was determined that the facility failed to post menus in the food preparation area of the kitchen that included portion sizes for all meals. This had the potential to affect all residents who received meals from the kitchen.</p> <p>Findings included:</p> <p>1. On 09/27/2021 at 10:03 AM, during a tour of the kitchen, the surveyor identified that the current menu listed the meals for the day. The menu for lunch on 09/27/2021 called for baked ham, red bliss potatoes, and steamed cabbage or a ham hoagie with chips. The soup of the day was chicken noodle. There were no portion sizes identified on the menus.</p> <p>During an interview on 09/27/2021 at 10:13 AM, the cook informed the surveyor that they had never seen portion sizes on the menus. The cook reported to the surveyor that they were trained to prepare 4 ounces (oz) per person, per item, per meal. The cook continued by recalling that the cooks were responsible for preparing the meals and the caregivers in the dining room were responsible for plating and serving the food. The cook clarified that per item was 4 oz (ounces) of a protein, 4 oz of a vegetable, and 4 oz of a starch.</p> <p>On 09/27/2021 at 12:46 PM, the surveyor observed that the activities director (AD) was serving lunch to residents in the dining room. AT 12:48 PM, the AD explained to the surveyor that when the kitchen brought the food to the steam table, they also brought serving scoops. The AD further explained that they were trained to fill the</p>	A 901		

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A 901	<p>Continued From page 2</p> <p>scoops to the top and "to the best of their knowledge" they thought each scoop was a 4 oz scoop. The AD did not know what the portion size was for the ham hoagie or for the sliced baked ham. The AD continued to explain to the surveyor that they knew which residents liked a larger portion, so they would give those residents at least two slices of ham, if that was what the resident's preference.</p> <p>The surveyor interviewed approximately 12 random residents eating lunch in the dining room on 09/27/2021 from 12:53 PM to 12:57 PM. The residents unanimously reported that the food was good, was served at proper temperatures, and the portion sizes were satisfying.</p> <p>On 09/27/2021 at 12:57 PM, the Food Service Director (FSD) informed the surveyor that she only ordered 4 oz scoops and trained the staff to only put out 4 oz scoops as per the dietician's recommendations. The FSD continued to report that they did not know the portion size of the ham hoagie and revealed that they had never tracked the portion size of any type of sandwich. The FSD informed the surveyor that when a food order was placed, the FSD ordered meats and fish by 4 oz portion sizes. The FSD confirmed that currently none of the menus contained portion sizes.</p> <p>On 09/28/2021 at 4:00 PM, the surveyor interviewed the contracted registered dietician (RD) via telephone. The RD explained being unaware of the regulation requiring portion sizes being placed on the menu. The RD confirmed having never having done that in the past. The RD mentioned her concern regarding the caregivers who served the food and that the RD did not know how much training the caregivers received regarding portion sizes. The RD continued to explain that the kitchen staff were</p>	A 901		

New Jersey Department of Health

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A 901	Continued From page 3  trained to prepare enough food based on the New Jersey dietary manual. The RD continued to elaborate that there was supposed to be 4 oz of a vegetable, 1 cup (8 oz) for a casserole, 6 oz for soup, and meat would be 2 oz or 3 oz. As for the menu items on 09/27/2021, the RD explained there should have been a minimum of 3 oz of protein (either 2 oz ham and 1 oz cheese or 3 oz of ham) and the RD's expectation was that the cook would have weighed out the meat prior to assembling the sandwiches. The RD stated that the sliced baked ham should have been a minimum of 2 oz per slice, depending how thick it was cut. The RD stated, "My understanding of assisted living was they (the residents) were supposed to get what they wanted, because it's supposed to be like home. So, it is not always about the portion size that was on the menu."  A review of the facility's policy, titled, "Dining Services," undated, revealed, "Meals shall be planned, prepared, and served in accordance with but not limited to, the following: Current menus with portion sizes and any changes in menus shall be posted in the food preparation area and/or the serving areas."	A 901		
A 940	8:36-11.5(b)(2)(i-iv)(1-3),(v-vi) Pharmaceutical Services  (b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.  2. If an appropriate delegation is made, and in accordance with the facility's policies and procedures and all applicable State and Federal laws and regulations, the certified	A 940		

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A 940	<p>Continued From page 4</p> <p>medication aide may:</p> <p>i. Administer medications through the routes of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical, and by the percutaneous endoscopic gastrostomy (PEG) tube route of administration;</p> <p>ii. Administer any prescription or OTC medications as described in (b)1 above;</p> <p>iii. Administer regularly scheduled medications, including prescription, OTC, and Schedule II-V medications;</p> <p>iv. Administer "prn" or as-needed prescription, OTC and Schedule II-V medications except that residents receiving the following medications shall be assessed by the registered professional nurse at least once every seven days:</p> <p>1. Residents receiving prn Schedule II narcotic analgesics;</p> <p>2. Residents receiving Schedule III-IV narcotic analgesics; and</p> <p>3. Residents receiving Schedule III-IV central nervous system agents;</p> <p>v. Administer medications that have been dispensed by a pharmacy, in accordance with N.J.S.A. 45:14 et seq., N.J.S.A. 24:21 et seq., N.J.A.C. 13:39, and the requirements of this chapter; or</p> <p>vi. Administer experimental and/or research medications in accordance with 45 CFR Part 46, Protection of Human Subjects,</p>	A 940		

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A 940	<p>Continued From page 5</p> <p>incorporated herein by reference, as amended and supplemented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined the facility failed to ensure the Registered Nurse (RN) completed competency training for medication pass delegation for two of four certified medication aide (CMAs) reviewed, CMA #11 and #14, to ensure competency of such delegation of medication pass to the CMA's. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. On 9/28/2021, the surveyor completed the review of CMA records. CMA #11 had a hire date of [REDACTED]. Competency records indicated medication pass training was conducted on 08/14/2020, 11/13/2020, 02/05/2021, and 05/21/2021. This schedule was not in accordance with the facility's policy of weekly med pass observations for the first 4 weeks, monthly for month 2 and 3 and quarterly observations thereafter.</p> <p>During an interview on 09/28/2021 at 12:30 PM, the surveyor asked the Director of Wellness if CMA #11 received appropriate competency training when hired, and she replied, "No." The DOW stated CMA #11 was also missing the most recent quarterly competency training.</p> <p>2. According to the Director of Wellness (DOW), CMA #14 had a hire date of [REDACTED]. On</p>	A 940		

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A 940	<p>Continued From page 6</p> <p>09/28/2021 at 1:30 PM, the DOW stated no competency training could be found for CMA #14. The DOW stated CMA #14's name was not listed in the CMA competency binder. Weekly competency checks for a newly hired CMA were expected to be found for CMA #14 in accordance with facility policy.</p> <p>On 09/28/21 at 2:00 PM, the surveyor asked the Administrator (ADM) to provide the CMA schedule for the past two weeks. The schedule was reviewed and CMA #11 and CMA #14 were both listed on the schedule. The ADM acknowledged CMA competency training had not been completed in accordance with the facility policy.</p> <p>A review of the facility's policy, titled, "Certified Med [Medication] Pass Observation Policy and Procedure," initiated 11/13/2014, indicated, "Policy: To ensure Medication Pass Observations are properly observed and documented by the registered nurse [RN]. Procedure: New Certified Medication Aide employees:</p> <ol style="list-style-type: none"> <li>1. Program RN will be responsible for initial medication observation.</li> <li>2. Program RN will be responsible for the first four week observation period as well as the second and third month observation. <ol style="list-style-type: none"> <li>a. Quarterly Medication Observation form will be used. (see attached)</li> </ol> </li> </ol> <p>Certified Medication Aide Evaluation</p> <ol style="list-style-type: none"> <li>1. Program Nurse, Pharmacy consultant, or program Pharmacy will conduct a medication pass observation at least [sic.] quarterly and periodically when deemed necessary by the program nurse. <ol style="list-style-type: none"> <li>a. Medication Observation form will be used. (See attached)</li> <li>b. All documentation will be kept in the</li> </ol> </li> </ol>	A 940		

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A 940	Continued From page 7  Medication Pass Manual."	A 940			