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

PRINTED: 11/12/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION (X	(X3) DATE SURVI	
		315146	B. WING		05/1	4/2021
NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY			8	TREET ADDRESS, CITY, STATE, ZIP CODE 65 STONE STREET RAHWAY, NJ 07065		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENT	TS .	F 000			
	STANDARD SURV	/EY: 5/14/21				
	CENSUS: 18					
	SAMPLE SIZE: 8+	2				
F 812 SS=F	determine compliar Requirements for L Deficiencies were of Food Procurement,	Store/Prepare/Serve-Sanitary	F 812			5/19/21
	§483.60(i) Food sat The facility must -	fety requirements.				
	approved or consid state or local autho (i) This may include from local producer and local laws or re (ii) This provision defacilities from using gardens, subject to safe growing and for (iii) This provision of	food items obtained directly s, subject to applicable State				
	serve food in accor standards for food s This REQUIREMEN by: Based on observat documentation prov	e, prepare, distribute and dance with professional service safety.  NT is not met as evidenced cion, interview and review of vided by the facility, it was a facility failed to maintain		1)The standing mixer, robo-coupe, very and electronic exterminator trap were cleaned and sanitized immediately. States and sanitized immediately.	е	
ABORATORY	L Z DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	   TITLE		(X6) DATE

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

**Electronically Signed** 

05/20/2021

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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		315146	B. WING		05/14/2021	
NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY			8	STREET ADDRESS, CITY, STATE, ZIP CODE 865 STONE STREET RAHWAY, NJ 07065	,	
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F 812	Continued From particles of the same wall, exterminator trap wall texture of the same wall, exterminator trap wall texture of the stated "we a it should not have to the stated "we a it should not have to the stated "we a it should not have to the stated "texture of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall, exterminator trap was not wiped dried of the same wall was not wall	age 1 itation practices and properly a safe and sanitary vent the development of food deficient practice was evidenced by the following:  48 AM, during the initial tour of resence of the Director of nental Services (DFES) and Manager (FSM), the surveyor ving:  40 on a table next to the alti-colored substance splash 5M stated that the substance a the robo-coupe as the station on well." The wall behind the upe table had areas of multiple substance on the wall. The towel to wipe the wall, nothing per towel. The FSM stated that done a better job cleaning." there was an electronic vith multiple areas of substance on the exterior. The re responsible for the exterior; the splash marks on it."	F 812	was in-serviced on proper use and cleaning of equipment.  The standing mixer next to the tab the robo-coupe, the arm containing mixing bowl, and the guard above mixing bowl were cleaned and sar immediately.  Serving trays and pans were clear sanitized immediately. Staff was in-serviced on the proper procedul dry and store trays and pans proper prevent wet-nesting.  Opened bags of Mesclun mixed saclassic salad, and carrots were distand/or checked and labeled proper Staff was in-serviced to label and copened items the moment they are opened.  Refrigerator ceilings, walls, and flowere cleaned immediately. Staff was in-serviced on cleaning procedure walk-in refrigerators and freezers. Serving trays and pans were clear sanitized immediately. Staff was in-serviced on the proper procedured dry and store trays and pans proper prevent wet-nesting.  Refrigerator ceilings, walls, and flowere cleaned immediately. Staff was in-serviced on the proper procedured dry and store trays and pans proper prevent wet-nesting.	le with g the the itized and re to air erly to alad, carded rly. date er ors vas s for aed and re to air erly to ors vas	
robo-coupe table had multi-colored dried substance splash marks on the outside of it. The arm in which the outside of the mixing bowl rests in, had a black substance and brown debris on it. The FSM used his finger to wipe the arm, the brown debris came off but the black substance did not. The guard located above the mixing bowl had a white substance on it. The FSM stated that it should have been dissembled and cleaned to make sure that there was no				in-serviced on cleaning procedure walk-in refrigerators and freezers. The observed employee was in-se immediately on wearing hair restration Hair restraint policies were reviewed the entire staff.  The observed employee was in-se immediately regarding proper Han Washing techniques specifically the Washing must take place for at least	rviced iints. ed with rviced d at Hand	

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		315146	B. WING			05/1	14/2021
NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY				8	TREET ADDRESS, CITY, STATE, ZIP CODE 65 STONE STREET AAHWAY, NJ 07065		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	cross-contaminatio  3. There were sever pans nested on top rack. The surveyor the silver trays and observed between the trays should har proper drying becaus bacteria.  4. In walk-in fridge copened Mesclun muclassic salad mix and carrots that did not DFES was unable the either bag. The DFI have contained and heavy build up of but the ceiling above the ceiling should be keed dust does not fall in the trays should before stacking and the foliation of black and grayis above the fans. The should be kept clean that the tray. The cofacial hair that was	ral silver serving trays and of each other on the drying asked the FSM to separate pans. There was moisture them. The FSM stated that we been separated to allow use water can sit and harbor.  # 1, there was a bag of ix salad, an opened bag of an opened bag of shredded have an opened date. The olocate an opened date on ES stated that they all should opened date. There was a lack and grayish material on e fans. The FSM stated the ept clean so that mold and to the food.  storage rack had multiple ays that had moisture between ES separated them. He stated do be completely air dried it placing on the storage rack.  #4, there was a heavy build up the material on the ceiling in so that mold and dust does	F 8	312	seconds. The Hand Washing policiprocedure was reviewed with the estaff.  Scoops were immediately removed food storage bins. The bins were cand sanitized immediately. A new lasystem was ordered to eliminate the potential for scoopers to be stored the bin.  The observed employee was in-ser immediately on wearing hair restrait Hair restraint policies were reviewed the entire staff.  2) All residents have the potential to affected by the findings in the kitches.  3) The following items will be monited aily by supervisors as part of their opening and closing checklist: The cleanliness of the mixers, robo-counce walls, electronic exterminator, all past the mixers, drying procedures of trapans, appropriate dates and labeling opened food items, cleanliness of verigerators and freezers, staff add to hair restraint policies, scoopers to stored outside of dry food bins. Hawashing techniques will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors. The items on the ope and closing checklist will be monitor supervisors, ensure proper drypans and trays, proper labeling and of opened foods, proper placement food scoopers, adherence to hair	ritire  I from cleaned oin he inside viced nts. d with o be en. cored ag of walk-in herence being nd ed by ning red d ator. Honitor ment ying of I dating	

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		315146	B. WING			05/1	14/2021
NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY				86	TREET ADDRESS, CITY, STATE, ZIP CODE 65 STONE STREET AHWAY, NJ 07065		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	stated that he sho that his facial hair contaminate it.  8. A cook perform the water, wet his for 2 seconds, rins and then with a ne off. The surveyor hands again. He thands, applied sorinsed his hand, donew paper towel that stated, "the cook in technique to stop food."  9. In the dry storage storage bins, the fone was rice. Inside scoop resting directly bin, there was a bound rice. The FSM states to avoid contains to avoid contains to avoid contains to avoid contains to cover their leading to the pressing into little bangs were not contains to cover their leading to the pression of	ed hand washing. He turned on hands, applied soap, lathered sed his hand, dried his hands aw paper towel turn the water asked the cook to wash his urned on the water, wet his ap, lathered for 7 seconds, ried his hands and then with a urn the water off. The FSM needs proper hand washing contaminates from getting in ge room, there were two FSM stated one was flour and de the flour bin there was a blue ctly on the flour. Inside the rice lue scoop resting directly on the ted that the scoops should be and not be stored inside the amination.  Worker (FSW) poured salad cups wore a hair net but her ontained within the hair net. The hey "always should wear a hair nair so hair doesn't get into and the FSM confirmed that the were not contained in the hair	F8	312	restraints, and proper hand washin monthly Food Safety Audits. Resulthe monthly audits will be reported Quality Assurance Committee quar and as needed. Any negative finding be reported to the Administrator as occur. Daily monitoring and month audits will take place for two quarter we will re-evaluate with the Quality Assurance Committee.	ts of to the terly ngs will they ly	
	schedule with pers Cleaning: All equip	cility's undated "Daily Cleaning son and time", revealed Daily coment on Patient service					

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		315146	B. WING _		05	/14/2021
NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY				STREET ADDRESS, CITY, STATE, ZIP COE 865 STONE STREET RAHWAY, NJ 07065		71-112021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 812	of Ovens, Plate wa and all tables. Slic are to be done by Cook 3pm to 7 pm Slicer, back wall or Tabletop models), Robo coupe. Stockroom clerk: of shelving, soda equation to be placed in hold cleaned, clean stowednesday-walk is should be done by DAILY.  A review of the fact "Dishes and Silver Cleaning and Sani #6 Allow to air dry."  A review of the fact Procedure "Kitche Policy", revealed Fin production/prepalife.  A review of the fact "Receiving and Stodated 5/11/21, reversible dated 5/11/21, reversible dat	armers, Steam table, Steamers, er, Mini Robo-coupe, kettles cook using equipment last. In shift: Detail cleans daily the of station, Mixers (standing & shelves underneath, and Large cleaning stockroom, all slipment, flour/rice bins, Scoops ders, walk-ins maintained and ckroom floor. Tues-walk in #1, in #3, Friday-walk in #4. This of the end of each meal period clility's Policy and Procedure ware", dated 1/01, revealed tizing-Washing Pots and Pans, Do not dry with a towel.  It will be a possible of the food data of the end of each meal period in Food dating guidelines: All food aration will have a 72-hour shelf could be standards/Guidelines: end outside of the food in thes: Items that are clearly need to be labeled with name	F 81	2		

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NAME OF PROVIDER OR SUPPLIER  CARE CONNECTION RAHWAY				STREET ADDRESS, CITY, STATE, ZIP CODE  865 STONE STREET  RAHWAY, NJ 07065				
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F 812	Guards and Caps to and beards need to when preparing foo Hand Washing Pro	be worn at all times. Hair be covered and restrained d. cedures: # 3 Lather hands and at least 20 seconds.	F 8:	12				

	POST-C	CERTIFIC	CATION	REVISIT F	REPORT		
PROVIDER / SUPPLIER / IDENTIFICATION NUMBE	R A. Building	ISTRUCTION					OF REVISIT
315146	Y1 B. Wing					Y2 6/2/20	)21 <sub>Y3</sub>
NAME OF FACILITY	NA L WA/AN/			FREET ADDRESS, C	CITY, STATE, ZIP CO	DDE	
CARE CONNECTION F	RAHWAY			S5 STONE STREET AHWAY, NJ 07065			
			110	417771,140 07 000			
This report is completed program, to show those corrected and the date s provision number and the survey report form).	deficiencies previously such corrective action v	reported on the vas accomplish	ne CMS-2567, S ned. Each defici	tatement of Deficiency should be ful	encies and Plan of ly identified using	Correction, that either the regula	t have been ation or LSC
ITEM	DATE	ITEM		DATE	ITEM		DATE
Y4	Y5	Y4		Y5	Y4		Y5
ID Prefix F0812	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. #		Completed	Reg. #		Completed
LSC	05/19/2021	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE	OF SURVEYOR		DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY	COMPLETED ON			RRECTED DEFICIEN ENCIES (CMS-2567)		U.T.VO	ES □ NO

5/14/2021

YES NO