

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35a010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2021
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NAME OF PROVIDER OR SUPPLIER WOODBURY MEWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREEN AVENUE WOODBURY, NJ 08096
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 53</p> <p>Sample Size: 6</p> <p>TYPE OF SURVEY: Standard Survey of 101 residential units</p> <p>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.</p>	A 000		
A 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <p>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</p>	A 517		

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

TITLE

(X6) DATE

10/08/21

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A 517	<p>Continued From page 1</p> <p>2. Emergency plans and procedures;</p> <p>3. The infection prevention and control program;</p> <p>4. Resident rights;</p> <p>5. Abuse and neglect;</p> <p>6. Pain management;</p> <p>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a review of employee files and interviews, it was determined that the facility failed to provide annual in-service education as follows: Assisted Living Concepts for 5 of 5 employee files reviewed (Licensed Practical Nurse [LPN] #1, LPN #2, Certified Nursing Assistant [CNA] #1, Certified Medication Aide [CMA])</p>	A 517		

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A 517	<p>Continued From page 2</p> <p>#1, and Cook #1), Resident Rights for 3 of 5 employee files reviewed (LPN #1, LPN #2, and CMA #1), Infection Control for 3 of 5 employee files reviewed (LPN #1, LPN #2, and CMA #1), Emergency Training for 4 of 5 employee files reviewed (LPN #1, LPN #2, CMA #1, and Cook #1), Alzheimer's Dementia for 2 of 5 employee files reviewed (Cook #1 and CMA #1), and Pain Management for 4 of 5 employee files reviewed (LPN #1, LPN #2, Cook #1, and CMA #1).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During a review of LPN #1's in-service education record, there was no documented evidence of annual training for Assisted Living Concepts, Resident Rights, Infection Control, Emergency Training, or Pain Management during the past twelve months reviewed from September 2020 through September 2021. 2. During a review of LPN #2's in-service education record, there was no documented evidence of annual training for Assisted Living Concepts, Resident Rights, Infection Control, Emergency Training, or Pain Management during the past twelve months reviewed from September 2020 through September 2021. 3. During a review of Certified Nursing Assistant (CNA) #1's in-service education record, there was no documented evidence of annual training for Assisted Living Concepts during the past twelve months reviewed from September 2020 through September 2021. 4. During a review of Certified Medication Aide 	A 517		

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A 517	<p>Continued From page 3</p> <p>(CMA) #1's in-service education record, there was no documented evidence of annual training for Assisted Living Concepts, Resident Rights, Infection Control, Emergency Training, Alzheimer's Dementia, or Pain Management during the past twelve months reviewed from September 2020 through September 2021.</p> <p>5. During a review of Cook #1's in-service education record there was no documented evidence of annual training for Assisted Living Concepts, Emergency Training, Alzheimer's dementia, or Pain Management during the past twelve months reviewed from September 2020 through September 2021.</p> <p>During an interview with the Executive Director on 09/14/2021 at 1:35 PM, she told the surveyor that staff could not do the online in-service training until the corporate office initiated the training in the computer system and this did not happen. Therefore, the annual in-services that were due did not get done. Her expectation would be that training was up to date. She stated she did not have a policy related to staff education.</p>	A 517		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, facility policy review, and New Jersey Administrative Code (NJAC) 8:24, it was determined that the facility failed to ensure the kitchen operations stored, prepared, distributed, and served food in accordance with professional standards. This had the potential to affect all residents .</p> <p>Findings included:</p> <p>INFECTION CONTROL</p> <p>Reference: New Jersey Sanitation Code, 8:24-2.4 Hygienic practices, indicated, (c) The following requirements shall apply to hair restraints: 1. Except as provided in (c)2 below, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens; and unwrapped single-service and single-use articles.</p> <p>1. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, the surveyor observed the Food Services Director (FSD) in the kitchen without wearing a hair restraint.</p> <p>On 09/13/2021 at 11:00 AM, the surveyor observed Cook #2 who was not wearing a hair or beard restraint. Cook #2 told the surveyor that he normally shaved his head and did not think to</p>	A 891		

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A 891	<p>Continued From page 5</p> <p>wear a hair net now that he had hair growth. Cook #2 indicated he never wore a beard guard even though he had a goatee.</p> <p>Reference: New Jersey Sanitation Code, 8:24-2.3 Personal cleanliness, indicated, (f) Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean hands and clean, exposed portions of arms; 5. After handling soiled equipment or utensils; 6. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination and to prevent cross contamination when changing tasks; 9. After engaging in other activities that contaminate the hands.</p> <p>2. Between 9:48 AM and 9:52 AM, during the initial tour on 09/13/2021, the surveyor observed Cook #1 wearing gloves. While wearing gloves, Cook #1 was observed doing the following: taking a dirty pan to the dirty dish area, picking up a spoon to stir food on the stovetop, taking his phone out of his pocket, putting his phone back in his pocket, picking up a clean pan, wiping his face, fixing his glasses, and adjusting his mask. Cook #1 was interviewed at 9:53 AM. He told the surveyor that he should have taken off his gloves and washed his hands immediately after he took the dirty pan to the dirty dish area. Cook #1 stated he thought he only needed to wash his hands for 10 seconds. Cook #1 stated he was trained by the facility to always wear gloves, not just when preparing ready-to-eat foods.</p> <p>A review of the facility's policy titled,</p>	A 891		

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A 891	<p>Continued From page 6</p> <p>"Handwashing," dated 10/16/2020, revealed, "2. Procedures:...a. the HACCP hand washing technique will be practiced at all opportunities. Anyone preparing, handling or serving food will wash their hands frequently. Gloves or alcohol based sanitizers will not be used in place of hand washing ...h. Wash all surfaces of both hands - for a minimum of 20 seconds while building up lather ...n. Wash hands: ...viii. After touching hair, face or body ...xiii. After handling soiled dishes, utensils or equipment.</p> <p>A review of the facility's policy titled "Glove Use," dated 02/2016, revealed, "A. Policy. It is the policy of Watermark Retirement Communities, Inc. and its affiliates to keep food safe by creating a barrier between hands and ready-to-eat food with proper glove use."</p> <p>FOOD STORAGE</p> <p>Reference: New Jersey Sanitation Code, 8:24-3.3 Protection from contamination after receiving, indicated, (k) During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not potentially hazardous ...</p> <p>3. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, the surveyor observed that the scoop to the ice machine was lying directly on the top of the ice machine. There was no protective scoop holder present.</p> <p>4. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, the surveyor observed the following:</p>	A 891		

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A 891	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Four opened packages of cornbread stuffing mix and two opened packages of croutons were located on the shelves below the preparation tables which were not labeled with the date they were opened. - A 5-gallon bucket of sugar, 5-gallon bucket of flour, and 5-gallon bucket of thickener located on the shelves below the preparation tables, was not labeled with the date it was opened. Three bottles of Smucker's Plate Scrapers were being stored on a shelf under the preparation table. All three bottles were labeled to "refrigerate after opening" and were expired. The bottle of strawberry expired in July 2020, the bottle of vanilla expired in January 2020, and the bottle of chocolate expired in August 2020 . On the same shelf, there were 2 opened containers of walnut ice cream topping that were labeled, "refrigerate after opening." - Items in the freezer were not properly sealed, labeled, dated when opened, or organized. The items appeared to be waffles, carrots, corn on the cob, pork roll, lasagna rolls, fish patties, tater tots, and mixed vegetables . - Items in the refrigerator were not dated when they were opened. Some of these items included salad dressing, sour cream, cottage cheese, ham, and a variety of hard cheeses. - Located on a shelf in the dry storage area were seven bottles of Vanilla Smucker's Plate Scrapers. Three of the seven bottles were expired. The expiration dates were January 2020, May 2020, and October 2020. - While observing the refrigerator at 9:40 AM,, 	A 891		

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A 891	<p>Continued From page 8</p> <p>the surveyor observed a bottle of Coke in the refrigerator. Cook #1 told the surveyor that it was his bottle and indicated, "I didn't know it didn't belong in the fridge with resident food."</p> <p>A review of the facility's policy titled, "Food Labeling Policy," dated 02/2016, revealed, "B. Procedure: All foods are to be properly labeled when received, throughout preparation, handling and service to identify the food and ensure it is used in a timely manner so quality does not decline and food safety is not compromised."</p> <p>A review of the facility's policy titled "Food Storage," dated 02/2016, revealed, "B. Procedures: ...b. Store food within recommended temperature zones; ...d. discard food that is past the manufacturer's expiration date; ...f. when transferring foods from original packaging to new containers, properly label and date the new container."</p> <p>Reference: New Jersey Sanitation Code 8:24-3.3 Protection from contamination after receiving, indicated, (q) Food storage requirements include the following: 1. Except as specified in (q)2 and 3 below, food shall be protected from contamination by storing the food: At least six inches above the floor.</p> <p>5. On the floor under the Robot Coupe were 3 boxes of vegetable oil, soup base, and open packages of assorted beans. These were all being stored directly on the floor.</p> <p>REFRIGERATOR TEMPS</p> <p>6. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, it was observed there were no temperature logs for the</p>	A 891		

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A 891	<p>Continued From page 9</p> <p>refrigerator and the freezer for the previous 20 days. The last log was on 08/24/2021.</p> <p>On 09/13/2021 at 3:00 PM, the surveyor observed the satellite kitchen on the memory care unit. The refrigerator temperature log sheet was blank and dated June 2021. In the refrigerator were four sticks of butter with an expiration date of 07/21/2021.</p> <p>On 09/13/2021 at 3:30 PM, the Executive Director (ED) observed the blank temperature log sheet and the expired butter in the Memory Care kitchen. She stated, "There's going to be a lot of micro-managing happening around here."</p> <p>On 09/13/2021 at 4:00 PM, the surveyor observed the refrigerator in the serving area just outside of the kitchen. There was no temperature log posted on the refrigerator. Dietary Aid (DA) #2 told the surveyor she had never observed one for that refrigerator.</p> <p>A review of the facility's policy titled, "COVID-19 Kitchen and Dining Room Procedures," dated 05/24/2021, revealed "B. Procedures: ...II. Executive Director Daily Kitchen Rounding Procedures: G. Check for and verify food and equipment temperatures logging. Note any temperatures recorded outside of requirements and corrective action taken."</p> <p>CLEANLINESS</p> <p>Reference: New Jersey Sanitation Code, 8:24-4.6 Cleaning of equipment & utensils, indicated, (c) Non food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p>	A 891		

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A 891	<p>Continued From page 10</p> <p>7. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, the surveyor observed the following:</p> <ul style="list-style-type: none"> - There were two 2-plug outlets that were located on the preparation table. Both outlet boxes were covered with food debris, dust, and grease. - The NJ Ex Order 25467 knobs were covered with caked-on food debris. - The spice shelf located above the preparation table with the NJ Ex Order 25467 had a layer of dust. - The red, brown, green, and blue cutting boards were scratched and full of gouges. - The extra-large mixing bowls stored over the preparation tables were stacked with moisture in between the bowls (wet nesting). <p>On 09/13/2021 at 10:13 AM, the surveyor observed a leak in the dry storage area. There was a wet area on the floor that measured approximately 8 inches by 14 inches. There were dried water areas around the edges.</p> <p>On 09/13/2021 at 10:00 AM, the surveyor observed Cook #1 placing food onto the steam table. The water in the steam table was brown in color. Cook #1 indicated he did not know the last time the water was changed, or if there was a schedule to change the water. The control dials for the steam table were sticky, caked with food debris, and hard to read.</p> <p>A review of the facility's policy titled "Cleaning Schedules," dated 03/29/2018, revealed, "B. Procedure: ...2. A cleaning schedule will be</p>	A 891		
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A 891	<p>Continued From page 11</p> <p>posted with cleaning assignments to specific and appropriate positions in the department ...10. Each completed cleaning assigned task must be initialed by a supervisor."</p> <p>UNPASTURIZED EGGS</p> <p>Reference: New Jersey Sanitation Code 8:24-3.3 Protection from contamination after receiving, indicated, (e) Pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods such as Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, tiramisu and egg-fortified beverages that are not cooked to safe cooking temperatures.</p> <p>8. During the initial tour of the kitchen on 09/13/2021 from 9:20 AM to 11:15 AM, the surveyor observed that inside the walk-in refrigerator was a box of shelled eggs. The eggs were not pasteurized. The FSD was present and stated that he knew of at least two to three residents that enjoyed eating runny eggs.</p> <p>WASTE</p> <p>Reference: New Jersey Sanitation Code 8:24-5.5 Refuse, recyclables, and returnables (m) Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered under the following circumstances: 2. With tight-fitting lids or doors if kept outside the retail food establishment.</p> <p>9. On 09/13/2021 at 10:10 AM, the 8-yard dumpster was observed with the lid open, two filled bags of garbage were located next to the dumpster, and the doors to the dumpster enclosure were open. The 4-yard dumpster was</p>	A 891		

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A 891	<p>Continued From page 12</p> <p>not in an enclosure and the lids were open. The FSD was present during these observations and acknowledged the dumpster lids being open, the enclosure being open, and the bags of garbage next to the dumpster on the ground. He stated that the lids should always be closed and garbage should be inside the dumpster and not next to it.</p> <p>RECIPES</p> <p>10. On 09/13/2021 at 9:55 AM, the surveyor observed Cook #1 cooking zucchini and red onions. When asked to see the recipe, Cook #1 pointed to his head and stated, "It's up here; I do not follow recipes."</p> <p>A review of the facility's policy titled "Standardized Recipes," dated 02/2016 revealed, "A. Policy: It is the policy of Watermark Retirement Communities, Inc. and its affiliates to use standardized recipes as the foundation for the menu planning, nutrient analysis and food purchasing, to maximize food quality; to ensure consistency in taste and appearance of menu items; to minimize food waste and cost; and to use as a training tool for food production associates."</p> <p>On 09/13/2021 at 10:05 AM, the surveyor interviewed the FSD who acknowledged that everything that was observed was out of compliance. He stated he had a lot to fix following the survey/inspection. He stated he knew better than to let things get so bad.</p> <p>A review of the facility's policy titled "Person in Charge (PIC)," dated 04/29/2019, revealed, "B. Procedure: V. Responsibilities of the PIC: ... c. Monitor employee activities to ensure compliance with food safety regulations, especially during</p>	A 891		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35a010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2021
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NAME OF PROVIDER OR SUPPLIER WOODBURY MEWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREEN AVENUE WOODBURY, NJ 08096
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 891	Continued From page 13 receiving, preparation, display and storage of high-risk foods." A review of the facility's policy titled, "COVID-19 Kitchen and Dining Room Procedures," dated 05/24/2021, revealed "B. Procedures: ...II. Executive Director Daily Kitchen Rounding Procedures: a. Choose random times each day for kitchen rounding, including all satellite kitchens ...d. Walk all areas of the kitchen, including prep, main cooking, service pick-up, dish room, cold and dry storage and loading dock if adjacent to the kitchen ...F. Immediately coach and correct associate performance not adhering to General Procedures.	A 891		
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; This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was	A 901		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER WOODBURY MEWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREEN AVENUE WOODBURY, NJ 08096
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A 901	<p>Continued From page 14</p> <p>determined that the facility failed to ensure the kitchen operations served meals using proper portion sizes.</p> <p>This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>On 09/14/2021 at 11:45 AM, the surveyor observed and interviewed Cook #1 while serving lunch which included pulled pork sandwiches. During the interview, Cook #1 told the surveyor that he served meals using the 4-4-4 method. He indicated he served 4 oz. of protein, 4 oz. of a starch, and 4 oz. of a vegetable. Cook #1 indicated, while pointing at the serving scoop, "I was told to use this one. I think it is a 4 oz." However, Cook #1 knew the scoop size for the pulled pork was a 2 oz. scoop as he indicated, "It is all that will fit on the bun." The scoop was observed and confirmed to be a 2 oz. scoop. Cook #1 revealed he was never provided with a menu that showed the proper serving sizes per meal.</p> <p>On 09/14/2021 at 12:00 PM, the Food Services Director (FSD) told the surveyor that he taught the cooks to use the 4-3-3 method. He indicated that meant the cooks were to serve 4 oz. of protein, 3 oz. of starch, and 3 oz. of a vegetable. When asked where he kept the menus with the portion sizes, he responded, "I have to print those off the computer. I haven't used that in so long that I'll have to call IT to get my password updated."</p> <p>The facility was unable to locate a policy that addressed portion sizes.</p>	A 901		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER WOODBURY MEWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREEN AVENUE WOODBURY, NJ 08096
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A1041	Continued From page 15	A1041		
A1041	<p>8:36-14.3(a) Emergency Services and Procedures</p> <p>(a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and policy and document review, it was determined that the facility failed to conduct monthly fire drills for 2 of 12 months reviewed and failed to ensure four drills occurred on the first shift and the third shift for 12 months reviewed. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>1. A review of the monthly fire drills revealed drills were conducted in September 2020, October 2020, November 2020, February 2021, March 2021, April 2021, May 2021, June 2021, July</p>	A1041		

New Jersey Department of Health

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A1041	<p>Continued From page 16</p> <p>2021, and August 2021. There were no drills conducted in December 2020 and January 2021.</p> <p>A review of the 10 fire drills conducted over the last 12 months revealed three drills were conducted on the first shift, and three drills were conducted on the third shift.</p> <p>During an interview with the Executive Director on 09/14/2021 at 1:32 PM, she told the surveyor that she was not sure why the drills were not conducted in December 2020 and January 2021 or why the first and third shifts did not participate in a fourth drill per shift during the last 12 months.</p> <p>A review of the facility policy, titled, "Life Safety Procedures Policy" dated 09/28/2016, read in part, "V. Watermark requires at a minimum the following policies and procedures be followed. i. General Fire/Life Safety Precautions. i. schedule announced and unannounced fire drills monthly per the local fire department."</p>	A1041		
A1091	<p>8:36-16.4 Physical Plant</p> <p>The width of passageways, aisles and corridors shall have a minimum of 44 inches of clear space.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, it was determined that the facility failed to maintain unobstructed means of egress at an emergency exit door for 1 of 5 emergency exit doors observed for the two days of survey. This had the</p>	A1091		

New Jersey Department of Health

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A1091	<p>Continued From page 17</p> <p>potential to affect all residents.</p> <p>Findings included:</p> <p>1. During an observation on 09/13/2021 at 9:53 AM with Maintenance Assistant #1, the emergency exit door on the first-floor hallway near Room 101 had a gray trash barrel filled with trash sitting in front of the exit door. The trash barrel measured 33 inches in height and 22 inches in width and obstructed the means of egress.</p> <p>During an interview with Maintenance Assistant #1 on 09/13/2021 at 9:54 AM, he told the surveyor that he was not sure why the trash barrel was stored in that location.</p> <p>During an observation on 09/14/2021 at 9:34 AM with the Executive Director, the emergency exit door on the first-floor hallway near Room 101 had a gray trash barrel with an empty, plastic trash bag inside sitting in front of the exit door. The trash barrel measured 33 inches in height and 22 inches in width and obstructed the means of egress.</p> <p>During an interview with the Executive Director on 09/14/2021 at 9:35 AM, she told the surveyor that absolutely nothing should be stored in front of an exit door at any time. The Executive Director stated the facility did not have a policy related to the storage of articles near a fire exit.</p>	A1091		

Tag #A517

1. How the corrective action is accomplished for those residents found to have been affected by the practice?

In-servicing was completed with all associates on the following annual education concepts of Assisted Living and care of residents with physical impairment, emergency plans and procedures, infection prevention and control program, residents right, abuse and neglect, pain management and care of residents with Alzheimer's and related dementia conditions.

2. How the facility shall identify other Residents having the potential to be affected by the same practice?

All residents have the potential to be affected.

3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?

A skills fair will be scheduled and completed to in-service all associates on an annual basis for concepts of Assisted Living and care of residents with physical impairment, emergency plans and procedures, infection prevention and control program, residents right, abuse and neglect, pain management and care of residents with Alzheimer's and related dementia conditions.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will work with Human Resources Director to schedule training on an annual basis and ensure all associates are compliant. Associate orientation already includes these trainings.

5. Completion date

September 30, 2021

TAG#891 Infection Control

1. How the corrective action is accomplished for those residents found to have been affected by the practice?

All dining associates were re-educated on Infection Control-Kitchen Policy, Glove use Policy and Handwashing Policy and signed off. All dining associates demonstrated proper handwashing technique. Hairnet and beard guards container was mounted outside the kitchen door to make sure hairnet and beard guards were applied prior to walking in kitchen. Daily hairnet and beard guard observation and documentation for those not following policy at every meal.

2. How the facility shall identify other Residents having the potential to be affected by the same practice?

All residents have the potential to be affected.

3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?

Dining Director or his designee will schedule monthly in-services on Glove use, Handwashing and Infection Control. Daily hairnet and beard guard checks will occur by Dining Director or his designee. Spontaneous handwashing demonstrations will occur weekly and daily observation of glove use by Dining Director or his designee.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will review with Dining Director weekly the results of the handwashing demonstrations, observations of glove use and the use of hairnets and beard guards.

TAG# A891 Food Storage

1. How the corrective action is accomplished for those residents found to have been affected by the practice?

All dining associates re-educated on Food Storage policy and Food Labeling policy. Protective scoop holder received and mounted to side of ice machine. All non-labeled and expired food was discarded. All dining associates made aware of associate food is not to be in refrigerators with resident's food. All food stored on the floor was immediately removed and discarded.

2. How the facility shall identify other Residents having the potential to be affected by the same practice?

All residents have the potential to be affected.

3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?

Dining Director or designee will round daily in kitchen to ensure all food is labeled and dated, that the ice scoop is in appropriate holder, there is no food stored on the floor and ensure there is no expired food in kitchen. This will be completed on a daily checklist.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will review with Dining Director weekly the results of the daily kitchen rounding. The Executive Director will make daily rounds in kitchen.

TAG# 891 Refrigerator Temperatures

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

All dining associates were re-educated on recording and documenting refrigerator temperatures daily. Temperatures were taken and recorded immediately.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

Dining Director or his designee will complete daily checks on the documentation of recorded temperatures and ensure the temperature is within required limits.

- 4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?**

The Executive Director or designee will review with Dining Director weekly the documentation of refrigerator temperatures. The Executive Director will spontaneously check that temperatures are being taken.

TAG# 891 Cleanliness

1. How the corrective action is accomplished for those residents found to have been affected by the practice?

All dining associates were re-educated on cleaning the kitchen and the schedule was posted. The kitchen was thoroughly cleaned and sanitized that day. The wet area in the storage room was a leaking case of water that was discarded and the area was thoroughly cleaned. The cooks were retrained on changing the steam table water daily. The steam tables were immediately emptied and cleaned and fresh water added. The cleaning schedule was posted in the kitchen for documentation of when the cleaning is completed and by who.

2. How the facility shall identify other Residents having the potential to be affected by the same practice?

All residents have the potential to be affected.

3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?

Dining Director or his designee will do daily cleaning rounds and document findings and address any issues immediately. Dining director will meet with the cooks weekly to review cleanliness of the kitchen.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will review with Dining Director weekly the results of the scheduled cleaning and issue that may have been found and how it was handled. The Executive Director will evaluate the cleanliness of the kitchen weekly.

TAG #891 Unpasteurized Eggs

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

The Dining Director and cooks were re-educated on the use of pasteurized eggs to reduce the risk of food borne illness compared to unpasteurized eggs. The unpasteurized eggs were discarded and replaced with pasteurized eggs.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

The Dining Director or designee will only order and prepare pasteurized eggs.

- 4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?**

The Executive Director or designee will check on a weekly basis that pasteurized eggs are present in the kitchen refrigerator.

TAG #891 Waste

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

The Dining Director re-educated all associates responsible for disposing of trash; dishwashers, housekeepers and security on the proper disposal of trash. The lids must be tightly closed on the dumpsters, doors to the dumpster enclosure must always be closed and no trash next to the dumpsters. The trash was picked up and disposed of properly and the lids and doors of the dumpsters were closed.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

The Dining Director or his designee will check the dumpster area twice per day to ensure the lids and doors are closed and there is no trash outside the dumpster.

- 4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?**

The Executive Director or designee will check on a daily basis.

TAG# 891 Recipes

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

The Dining Director re-educated the cooks on standardized recipe policy. The recipes were printed and placed in a binder in the dry area for all cooks to access.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

The Dining Director or designee will ensure all recipes are maintained and up to date.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will check to ensure recipe binder is maintained and up to date.

5. Completion date

September 30, 2021 for St. A-0891

TAG #901

1. How the corrective action is accomplished for those residents found to have been affected by the practice?

The Dining Director re-educated the cooks on proper portion sizes. Menus with portion size listed on menu printed and posted for cooks.

2. How the facility shall identify other Residents having the potential to be affected by the same practice?

All residents have the potential to be affected.

3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?

The Dining Director or designee will print menus with portion size weekly. The Dining Director and cooks will ensure accurate menu with portion sizes are posted in area that cooks can access weekly.

4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?

The Executive Director or designee will check on a weekly basis that posted menus with portion sizes are posted.

5. Completion date

September 14, 2021

TAG #1041

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

Fire drills are scheduled for day shift January, April, July and October. Fire drills are scheduled for evening shift February, May, August and November. Fire drills are scheduled for night shift March, June, September and December. The fire drills are conducted by Crocker Fire and Safety company.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

The Maintenance Director will ensure fire drills are scheduled with Crocker Fire and Safety monthly.

- 4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?**

The Executive Director or designee will check on a monthly basis that fire drills are conducted.

- 5. Completion date**

September 14, 2021

TAG #1091

- 1. How the corrective action is accomplished for those residents found to have been affected by the practice?**

The trash can was moved out of the area when brought to the Executive Directors attention. Associates were re-educated that nothing should obstruct fire exits.

- 2. How the facility shall identify other Residents having the potential to be affected by the same practice?**

All residents have the potential to be affected.

- 3. What measures shall be put into place or systemic changes to ensure that the practice shall not recur?**

The Maintenance Director and maintenance associates will make daily rounds to ensure fire exit doors are unobstructed.

- 4. How the facility shall monitor its corrective actions to ensure that the practice is being corrected and shall not recur?**

The Executive Director or designee will meet with Maintenance Director weekly to discuss daily rounds and findings.

- 5. Completion date**

September 14, 2021

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35a010	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/8/2021
NAME OF FACILITY WOODBURY MEWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREEN AVENUE WOODBURY, NJ 08096	

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 A0517	Correction	ID Prefix A0891	Correction	ID Prefix A0901	Correction
Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-10.5(c)(4)	Completed
LSC	09/30/2021	LSC	09/30/2021	LSC	09/14/2021
ID Prefix A1041	Correction	ID Prefix A1091	Correction	ID Prefix	Correction
Reg. # 8:36-14.3(a)	Completed	Reg. # 8:36-16.4	Completed	Reg. #	Completed
LSC	09/14/2021	LSC	09/14/2021	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 9/14/2021
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO