

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2023
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF SADDLE RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOROLINE ROAD SADDLE RIVER, NJ 07458
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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 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00163750</p> <p>CENSUS: 76</p> <p>SAMPLE SIZE: 3</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 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		

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

TITLE

(X6) DATE

07/27/23

New Jersey Department of Health

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00163750</p> <p>Based on observation, interview, and review of facility documents, it was determined that the facility failed to comply with the provisions of N.J.A.C. 8:24-3.3(c)(1)(viii), 8:24-4.2(b), 8:24-4.6(b), and 8:24-4.6(c), which placed the highly susceptible population/residents' health and safety at risk for foodborne illnesses. This deficient practice was evidenced by the following:</p> <p>Reference: Chapter 24, N.J.A.C. 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines".</p> <p>1. Reference: Chapter 24, N.J.A.C 8:24-3.3(c)(1) (viii), "Storing the food in packages, covered containers, or wrappings except:</p> <ol style="list-style-type: none"> 1. Whole, uncut, raw fruits and vegetables and nuts in the shell, that require peeling or hulling before consumption; 2. Primal cuts, quarters, or sides of raw meat or slab bacon that are hung on clean, sanitized hooks or placed on clean, sanitized racks; 3. Whole, uncut, processed meats such as country hams, and smoked or cured sausages that are placed on clean, sanitized racks; 4. Food being cooled; or 5. Shellstock ..." <p>On 5/3/2023 at 11:47 a.m., the surveyor independently conducted a tour of the facility's walk-in freezer and observed two unlabeled frozen pies, two trays of waffles, an unlabeled frozen prebaked pastry, which was later identified as peach cobbler and two unsealed bags of</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>bread, all open to air.</p> <p>At 12:02 p.m., the surveyor toured the facility's walk-in freezer with the facility's Food Service Director who stated the aforementioned items should have been covered and labeled.</p> <p>2. Reference: Chapter 24, N.J.A.C 8:24-4.6(b), "The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations."</p> <p>On 5/3/2023 at 11:22 a.m., during the surveyor tour of the facility's kitchen the surveyor observed the facility's braising pan which was covered with food particles and encrusted grease deposits. The surveyor requested the facility's Cook, Cook #1 to open the braising pan which revealed an old dried orange and brown food item, in which Cook #1 identified the item as an old carrot. Cook #1 stated the braising pan was not clean and threw the carrot in the trash can.</p> <p>At 11:34 a.m., the surveyor toured the facility's kitchen food prep area located to the right of the kitchen's food prep sink and observed seven medium sized baking sheets and four muffin baking pans with encrusted grease deposits and soil accumulations located inside a baker's sheet pan rack.</p> <p>At 11:35 a.m., during the surveyor continued tour of the facility's kitchen the surveyor observed grease deposits and soil accumulation to the facility's food scale and mixer.</p> <p>At 11:42 a.m., the surveyor interviewed Cook #1 who stated the facility's cooks and kitchen staff were responsible for cleaning the aforementioned cooking equipment after each use. Cook #1 also</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>confirmed the cooking equipment was not clean but should have been cleaned.</p> <p>At 11:48 a.m., the surveyor interviewed the facility's Food Service Director (FSD) who stated the cooking equipment should be clean and that he was in the process of implementing and enforcing the use of the facility's, "Daily Sanitation Checklist". The Daily Sanitation Checklist is a form used by the facility's kitchen staff in which the staff member is to transcribe their initial next to the daily cleaning task they had completed.</p> <p>The FSD was unable to provide the surveyor with completed Daily Sanitation Checklist to indicate that all listed items were being cleaned.</p> <p>3. Reference: Chapter 24, N.J.A.C 8:24-4.6(c), "Non food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food, residue, and other debris ..."</p> <p>On 5/3/2023 at 10:37 a.m., during the surveyor independent tour of the facility's kitchen, the surveyor observed dirt, food, residue, and other debris on the floor throughout the facility's kitchen including the dishwashing area, food preparation area, cooking area, and storage areas. The surveyor also noted dust and food particles on top of the facility's dishwasher machine.</p> <p>At 10:40 a.m., the surveyor interviewed the facility's Dishwasher who confirmed the dishwashing area floor, and the top of the dishwasher was not clean. The Dishwasher stated it was the responsibility of the kitchen staff to clean those areas.</p> <p>4. Reference: Chapter 24, N.J.A.C 8:24-4.1(i), "Multiuse kitchenware, such as frying pans,</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>griddles, sauce pans, cookie sheets, and waffle bakers that have a perfluorocarbon resin coating, shall be used with nonscoring or nonscratching utensils and cleaning aids."</p> <p>Reference: Chapter 24, N.J.A.C 8:24-4.2, "(a) Equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. (b) Multiuse food-contact surfaces shall be:</p> <ol style="list-style-type: none"> 1. Smooth; 2. Free of breaks, open seams, cracks, chips, pits, and similar imperfections;..." <p>On 5/3/2023 at 11:35 a.m., the surveyor toured the facility's kitchen food prep area located to the right of the kitchen's food prep sink and observed four copolymer cutting boards (one yellow, one green, and two red) with scoring and scratching to the surface. The cutting boards were stacked on top of one another and located inside a baker's sheet pan rack.</p> <p>The surveyor reviewed the facility's policy and procedure titled, "Kitchen Safety and Sanitation" which revealed,</p> <p>" Policy Statement: Proper precautions are followed in the kitchen to ensure a safe and sanitary production environment ...</p> <ol style="list-style-type: none"> 3. Equipment Safety <ol style="list-style-type: none"> a. The Dining Services Coordinator/Director (DSC/DSD) trains team members on the safe and proper use, maintenance and cleaning of all kitchen equipment. b. The DSC/DSD retains operating instructions for all kitchen equipment. Instructions are available to all team members. 	A 891		

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A 891	<p>Continued From page 5</p> <p>4. Kitchen Sanitation</p> <p>a. The DSC/DSD ensures the completion of Form 751 - Daily Cleaning Schedule, Form 752 - Weekly Cleaning Schedule, and the Satellite Kitchen Daily and Weekly Cleaning Schedule. The DSC/DSD retains completed cleaning schedules for a minimum of one (1) year, or in accordance with state regulations if a longer retention period is required.</p> <p>b. The DSC/DSD ensures the completion of regularly scheduled quarterly and annual cleaning and maintenance of equipment.</p> <p>c. Dishwashing machines, three-compartment sinks, and sanitizer buckets are operated at the temperature specified by the manufacturer's instructions or with the correct concentration of chemicals, depending on the type of equipment and the method of sanitation used. Chemical concentrations and temperatures are recorded on Form 405 - Pot and Pan Test Strip Log and Form 408 - Dish Machine Temperature Log in the main kitchen, and the Satellite Kitchen Sanitation Record in satellite locations. Equipment issues are reported to the DSC/DSD immediately for repair. The DSC/DSD retains completed forms for a minimum of one (1) year, or in accordance with state regulations if a longer retention period is required."</p> <p>The surveyor reviewed the facility's policy and procedure titled, "Food Storage, Preparation and Service " which revealed,</p> <p>"Policy Statement: Safe food handling practices are followed during the storage, preparation and service of food.</p> <p>Definitions:</p> <ul style="list-style-type: none"> o A food storage area includes walk-in and reach 	A 891		

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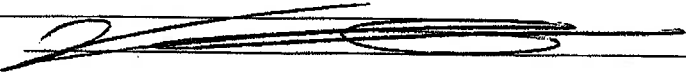
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A 891	<p>Continued From page 6</p> <p>in refrigerators and freezers, under counter refrigeration and freezer units, bistro and common area refrigeration and freezer units, and any dry storage units.</p> <p>Action Steps:</p> <p>1. General Food Handling ...</p> <p>d. All food items are labeled, dated and rotated to maintain a system of First In First Out (FIFO) ..."</p>	A 891		

Sunrise Senior Living Plan of Correction Template

Name of Community: Brighton Gardens Saddle River
Address: 5 Boroline Road Saddle River NJ 07458
License number: 05A002
Inspection date(s): 05/03/2023
Name and Title of Sunrise Representative Signing the Plan of Correction: NJ Ex Order 26.4b1 CALA Executive Director

Signature of Sunrise Representative: 
Date of Submission: 07/21/23

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A 891	Total completion of POC will be 07/31/23.	<p>A. With respect to the specific resident/situation cited:</p> <p>Community Executive Director and Dining Room Coordinator will complete or have completed the following:</p> <ul style="list-style-type: none"> • In service on proper sanitation for each station in the kitchen 05/10/23, 05/15/23, 05/16/23 this training will be on going. • In service on cleaning as you go to ensure clean work environment. 05/10/23, 05/15/23, 05/16/23 this training will be on going. • In service on proper cooling methods, wrapping and storing food properly. • In service on the importance of date and labeling all food items. Topic was part of sanitation training 05/10/23, 05/15/23, 05/16/23. • Dish area deep cleaned and daily sanitation check list followed. • Disposed of overly used pots, pans, waffle irons, cooking utensils. • Replaced pots, pans, waffle iron, cooking utensils with all new equipment. more to arrive week of 07/30/23 • The braising pan was deep cleaned, and the culinary team was in service on cleaning cooking equipment. • Food scale and all cooking, prep surfaces were deep cleaned. • Nonfood contact surfaces were wiped clean and made free of any dust or Debris.
	07/27/23	
	07/27/23	
	05/03/23	
	05/15/23	
	05/15/23	
	05/03/23	
	05/03/23	
	05/03/23	

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	06/05/23 06/05/23	<ul style="list-style-type: none"> • Replaced and repositioned kitchen first aid kit • Replaced all culinary signs pertaining to kitchen (I.e., hand washing signs, hair net signs, First aid signs, proper storing of food sign, time temperature danger zone signs) • Kitchen sheet trays baking trays all deep cleaned and scrubbed to remove the layer of grease. • Kitchen staff deep cleaning the kitchen and continuing with daily sanitation procedures. • Organized the community dry storage room, to allow for a more cohesive and sanitary work environment. • Two unlabeled frozen pies were disposed of immediately. • Two trays of Frozen waffles were disposed of immediately. • Disposed of unlabeled frozen prebaked pastry • Disposed of two unsealed bags of bread. • Community ordered new cutting boards and cutting board holder. <p>B. With respect to how the facility will identify residents/situations for the identified concerns:</p> <ul style="list-style-type: none"> • Executive Director and Dining Services Coordinator will monitor the kitchen daily (DSC throughout each shift) Both parties will address concerns in the moment to ensure proper protocols are being followed. Team coaching will also occur in the moment. • Executive Director and Dining Service Coordinator will meet weekly for the next three months to review all time/ temp logs, sanitation logs and discuss areas of opportunity. Starting 07/24/23. • Executive Director and Dining Service Coordinator will go over POC at QAPI monthly meeting for the next three months to ensure effectiveness. • Dining Service Coordinator is to keep inventory on the ware and tare of culinary equipment and tools to ensure items are in working order and integrity of product intact. • Monthly in services conducted by Crandell Dietician. In service should include a sanitation topic to focus on.
	05/05/23	
	05/05/23	
	05/15/23	
	05/03/23	
	05/03/23	
	05/03/23 05/03/23	
	07/30/23	
	10/24/23	
	10/24/23	

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <ul style="list-style-type: none"> • Mandatory dietary monthly in services hosted by Dining Service Coordinator and Dietician • Each dietary team member is responsible for his/her shift, sanitation check list must be followed and signed off on. <p>D. With respect to how the plan of correction will be monitored:</p> <ul style="list-style-type: none"> • Executive Director and Dining Service Coordinator will conduct daily kitchen walk through including dry storage. Dining Service Coordinator to conduct shift walk throughs to ensure sanitation protocols are being withheld. • <i>Executive Director and Dining Service Coordinator will meet weekly for the next three months to review all time/ temp logs, sanitation logs and discuss areas of opportunity. Starting 07/24/23.</i> • <i>Executive Director and Dining Service Coordinator will go over POC at QAPI monthly meeting for the next three months to ensure effectiveness.</i>

LICENSING

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05A002 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/7/2023 Y3
NAME OF FACILITY BRIGHTON GARDENS OF SADDLE RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOROLINE ROAD SADDLE RIVER, NJ 07458	

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 A0891	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/31/2023	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 5/3/2023		<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 		