

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

PRINTED: 09/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT BEY LEA, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753</b>
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>STANDARD SURVEY</p> <p>CENSUS: 83</p> <p>SAMPLE SIZE: 18 + 2 closed records</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19</p>	F 000		
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(iii) This provision does not preclude residents</p>	F 812		6/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>05/06/2021</b>
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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 812	<p>Continued From page 1 from consuming foods not procured by the facility.</p> <p>§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 review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe consistent manner designed to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 4/26/2021 from 9:42 AM to 10:47 AM the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <p>1. In the Dry Storage room a on top of a wheeled cart, a cleaned and sanitized stand up mixer was uncovered and exposed. On interview the FSD stated, "On our previous survey the surveyor told us to not cover the equipment when not in use." The surveyor referred the FSD to the Sanitation Code.</p> <p>2. On a middle shelf in the dry storage room, a stack of 10 cleaned and sanitized china plates were stored in a plastic tub uncovered, not in the inverted position and were exposed. On interview the FSD stated, "They should be wrapped." In addition, on an upper shelf of the same storage rack, 2 separate stacks of cleaned and sanitized hotel pans were uncovered and not in the inverted position. On interview the FSD stated, "They should be covered or inverted. I am going to wash them again and wrap them before use."</p>	F 812	<p>DISCLAIMER: "This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied."</p> <p>Residents affected by deficient practice: No residents were affected. No negative outcome was identified by the alleged deficient practice.</p> <p>1. Stand up mixer was cleaned, sanitized, and wrapped for storage. 2. China plated was cleaned, sanitized, inverted, and wrapped for storage. Hotel pans was cleaned, sanitized, inverted, and wrapped for storage. 3. Plastic forks and lids were discarded and cover to plastic container was properly adjusted to seal container. 4. Dented can was immediately put in the dented can area, and a full audit was</p>		

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F 812	Continued From page 2  3. On a lower shelf of a multi-tiered rack in the dry storage room, a clear plastic container contained plastic forks that residents use to eat food. The forks were exposed as the container was only half covered and the plastic bag was ripped exposing the plastic forks. On interview the FSD stated, "I'm gonna throw them away they are exposed." In addition, on the same shelf, a sleeve of plastic lids had been opened. The lids were not sealed and were exposed." The FSD stated, "I'm gonna throw them away, their exposed."  4. On the multi-level can storage rack, a can of Golden Sweet Corn had a significant dent on the upper side seam. On interview the FSD stated, "That should have been put in the dented can area." The FSD removed the can and placed it in the designated dented can area.  5. On a middle rack of a multi-tiered storage rack in the walk-in refrigerator, a half-pan contained (2) cooked pork loins. The pan was labeled "open date/prep/pulled 4/21/2021" and had a "use by date 4/23/2021." On interview the FSD stated, I think it's good for 6 days. They cooked it, froze it, and then pulled for defrost. I can't figure it out, I'm gonna throw it away." The pork loins were thrown in the trash. On further interview the FSD stated, "I am responsible and the cook for monitoring expiration dates."  6. On a counter in the cook's prep area, a cleaned and sanitized meat slicer was uncovered and exposed. When interviewed the FSD stated, "On our last state survey, the surveyor said that they don't want the equipment bagged so we stopped bagging it." Surveyor referred FSD to the Sanitation Code.	F 812	conducted to ensure no other cans were dented. 5. The cooked pork loins were discarded, and a full audit of the refrigerator was conducted to insure no other outdated foods were stored. 6. Meat slicer was cleaned, sanitized, and wrapped for storage. 7. Dietary Aide was immediately in serviced on proper hand hygiene.  Identifying other Residents who could be affected by the deficient practice: All residents have the potential to be affected by the deficient practice.  Measures or systemic changes to ensure that the deficiencies will not recur: All other food items in the kitchen may have been potentially affected. All foods/drinks/sauces/jellies/dressings/spices that are in the storage room, freezer, refrigerator/fridge, walk-in or reach-in not labeled and dated or not sealed properly were disposed of. All dietary staff was re-educated and re-inserviced to maintain sanitation in a safe and consistent manner, to follow policy and procedures on proper dating, storage, sealing, cleaning, and sanitation. Safe handling of perishable foods & proper cleaning and storing equipment. Receivable and storage policy was reviewed with all dietary staff. All dietary staff were immediately re-educated by Infection Control Preventionist on Hand Hygiene and		

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F 812	Continued From page 3  On 4/29/2021 from 11:22 AM to 11:52 AM the surveyor, accompanied by the FSD, observed the following in the kitchen:  1. A dietary aide (DA) was observed to scoop ice from the ice machine and place the ice on the cold beverages to be served with the lunch meal. The DA was observed to wear disposable gloves and upon completion of scooping ice removed and threw the disposable gloves in the trash. The surveyor then observed the DA perform hand hygiene at the designated hand washing sink. The DA proceeded to turn on the faucets, wet their hands under running water, applied soap, performed vigorous hand washing for 5 seconds then proceeded to put hands under the running water and continue to perform vigorous hand washing for 10 seconds under the running water, which effectively removed the soap from his hands. The DA then proceeded to grab a hand towel, dry hands and then threw hand towel in the designated waste receptacle. The DA then grabbed an additional hand towel, turned off faucets and threw hand towel in the waste receptacle. On interview the DA stated, "I turned on the faucet and wet my hands. I then put on soap and washed my hands." The surveyor questioned how long hand washing should be performed and the DA stated, "twenty seconds." The surveyor stated to the DA that he was observed to perform handwashing for 5 seconds before placing his hands under running water. The DA stated, "Oh." On interview the FSD stated, "Yes, we do hand washing in-services and the DA has been in-serviced on proper handwashing." The FSD provided the surveyor with a copy of the Hand washing/Proper wearing of Personal Protective Equipment in-service,	F 812	completed Hand Wash competencies prior to survey exit.  Monitoring the continued effectiveness of the systemic change: The Food Service Director and/or designee will conduct audits on cleaning, and sanitation weekly x 4, then monthly x 3 to ensure proper procedure is followed. The Food Service Director and/or designee will conduct audits on freezers and fridges for proper labeling, dating, storage and sealing of foods weekly x 4, then monthly x 3 to ensure proper procedure is followed. The Food Service Director and/or designee will inspect the kitchen Dry storage areas, the walk-in freezer, reach in freezers and refrigerators to identify any negative findings. All negative findings will be corrected at time of discovery and appropriate disciplinary action taken as needed. The Food Service Director and/or designee will conduct audits on Dry Storage Room weekly x 4, then monthly x 3 to ensure proper procedure is followed. The Food Service Director and/or designee in accordance with policy and procedures will conduct random audits/competencies on Hand Hygiene of all dietary staff weekly x 4, then monthly x 3 to ensure proper procedure is followed. Result of audits will be submitted to QAPI monthly x 3 to ensure compliance and reassessed for further action.		

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F 812	<p>Continued From page 4 dated 3/12/2021. The DA's name was observed on the roster and had completed the handwashing in-service.</p> <p>The surveyor reviewed an undated facility policy titled Receivable and Storage Policy. The following was observed at Procedure 1. "Upon delivery, all foods items will be checked to ensure packaging is intact and marked off against the packaging slip. Check for signs of thawing and refreezing on perishable (large ice crystals on the product) food items. Check for signs of torn, damaged and dents on all food items. Ensure that there are no broken case(s). Check for missing labels, shortage, or overages upon order delivery. All food and nonfood items that are unacceptable at time of delivery will be returned to the vendor. All dented cans will be place (sic) only on designated area and must be marked as dented cans." The following was also revealed at 7: "All open items such as disposable plates, lids, cups, spoons, forks, knives and others must be sealed and (sic) from dust."</p> <p>The surveyor reviewed an undated facility policy titled Dating and Labeling Policy. The following was revealed under the Procedure section: 4. "Ready to eat foods must be dated with a 72-hour use by date and discarded when expired." 10. "Discard all foods that expire immediately."</p> <p>The surveyor reviewed an undated facility provided policy titled "Hand Washing Policy/Competency Form. The policy revealed the following at 2. How to Wash Hands: "Turn on the faucet using a paper towel to avoid contaminating the faucet, Wet hands and forearms with warm water (minimum 110 F) and apply an antibacterial soap, Scrub well with soap and additional water</p>	F 812			

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F 812	Continued From page 5 as needed, scrubbing all areas thoroughly. Scrub for a minimum of 20 seconds within the 30-second hand washing procedure. Apply vigorous friction between fingers and fingertips. Rinse with clean running warm water. Rinse thoroughly Dry hands with paper towel. Turn the faucet off with a new paper towel or use a hand blow drier. Use the towel to open the door if needed, then discard the towel."  NJAC 8:39-17.2 (g) NJAC 8:24 4.11(1 and 2)	F 812			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315264	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/7/2021	Y3
NAME OF FACILITY COMPLETE CARE AT BEY LEA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753		

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 F0812	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/05/2021	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
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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 4/30/2021		<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		