

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

PRINTED: 02/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/13/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT FAIR LAWN EDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 EAST 43RD STREET</b> <b>PATERSON, NJ 07514</b>		
(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	
F 000	INITIAL COMMENTS  Complaint #: NJ149385 and NJ144738  Census: 112  Sample Size: 6  The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not 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 to prepare for COVID-19.	F 000			
F 812 SS=F	Survey date: 01/12/2022 - 01/13/2022 Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents	F 812		2/4/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**01/28/2022**

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:</p> <p>Based on observations, interviews, facility policy review, and New Jersey Administrative Code (NJAC) 8:24, it was determined that the facility failed to prepare, distribute, and serve food under sanitary conditions, Specifically, the facility failed to:</p> <ul style="list-style-type: none"> <li>-Ensure dietary staff utilized the three compartments sink to wash and disinfect food preparation and food serving utensils when their dishwasher was broken for one (Dietary Aide #1) of one dietary staff observed;</li> <li>-Ensure that dietary staff performed hand hygiene in between tasks and between glove changes for one (Cook #1) of three dietary staff observed in the kitchen; and</li> <li>-Ensure dietary staff did not clean food preparation surfaces in the kitchen (counter tops) with plain water for one (Cook #1) of three dietary staff observed in the kitchen.</li> </ul> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>1. On 01/12/2022 at 10:21 AM, the facility's kitchen was observed. The observation revealed Dietary Aide (DA) #1 had a stack of used serving trays which had debris of food particles on them. DA #1 arranged the used serving trays on the loading tray that was designed to go through the</p>	F 812	<p>1. Facility Food Procurement, Safety, Store/Prepare/Serve Sanitary operations have been reviewed and corrected including: Utilization of Three-Compartment sink, hand-hygiene with glove changing in between food preparation tasks and sanitization of food preparation areas, including use of sanitizing solution.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. Immediately upon notification, Cook #1 and DA #1 received education and competency evaluation to correct the deficient practices. FSD/Designee conducted an initial audit and education for the dietary staff to address concerns noted. Additional Food Safety and Sanitation Audits and dietary education and/competency to continue including: Utilization of Three-Compartment sink, hand-hygiene with glove changing in between food preparation tasks and sanitization of food preparation areas, including use of sanitizing solution.</p> <p>4.FSD/Designee to conduct Food Safety and Sanitation Audit weekly x/4 weeks, monthly x/2 months thereafter. Negative</p>		

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F 812	<p>Continued From page 2</p> <p>dish washing machine. However, instead of loading the trays in the dish washing machine, DA #1 only sprayed water from a pressure water hose located close to the dishwasher. DA #1 took turns to spray water over the used serving trays. He then dried them with a towel and stacked them on the serving line, ready to use. In addition, the observation revealed DA #1 placed a tin piece of mat paper and paper towel on each of the serving trays on the serving line, ready to use. The observation further revealed DA #1 sprayed water from the pressure hose to clean two used steam table bowls. DA #1 then dried the steam table bowls with a towel and put them on a shelf, ready to use.</p> <p>During an interview on 01/12/2022 at 10:53 AM, DA #1 stated that the facility's dish washer had been broken for a couple of days prior to survey. Per DA #1, the facility had had to rely on their three compartment sink for processing used utensils. DA #1 acknowledged he did not process the used serving trays and the two steam table bowls in the three compartment sink before he stacked them ready to use. DA #1 acknowledged that the three compartment sink was filled with used utensils from the kitchen in all three of its compartments. DA #1 denied he had been processing used utensils in the kitchen in the manner observed during the survey. DA #1 stated that he thought the utensils had been washed and he only needed to rinse them. Per DA #1, the facility used Styrofoam plates and plastic spoons to serve the resident's meals. DA #1 acknowledged that the serving trays had been exposed to surfaces within residents' rooms and needed to be washed and disinfected appropriately.</p>	F 812	findings will be addressed immediately through reeducation, competency and/or disciplinary action. Audit results will be reviewed monthly at QA/PI meeting.		

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F 812	<p>Continued From page 3</p> <p>During an interview on 01/12/2022 at 3:07 PM, the Food Service Director (FSD) stated that with the dish washer broken, dietary staff were to utilize the three compartments sink in cleaning utensils used for food preparation. The FSD stated that mere spraying of water over used trays and steam bowl was not an effective way to ensure utensils were thoroughly cleaned and sanitized. He stated that all washed utensils were to be air dried and not dried with a towel.</p> <p>During an interview on 01/12/2022 at 3:57 PM, the Nursing Home Administrator (NHA) provided a facility reported incident, dated 01/04/2022, with [REDACTED] that was filed with the State Health Department. The reported incident detailed the event that led to the breakdown of the facility's dish washing machine. Per the NHA, the facility was in touch with a representative of the Health Department, and they agreed with the facility's temporary use of paper plates to serve the resident's meal prior to fixing the faulty dish washer. The NHA stated that the facility expectation was that dietary staff used the three compartments sink to process used utensils from the kitchen. The NHA stated that DA #1's practice of simply spraying used serving trays and/or the steam table bowl with water was unacceptable. During the interview, the NHA provided the surveyor with an In-Service/Meeting Record dated 01/12/2022. Under the topic portion of the in-service sign-in sheet revealed, "Utilization of Three-Compartment Sink, ensuring Sanitizer is placed in the cleaning buckets, using proper chemical solutions, and logging it in the proper sanitation log, notifying supervisor in event one cannot locate log." The time stamp on the document indicated 11:30 AM, (after the surveyor's observation was conducted in the</p>	F 812			

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F 812	<p>Continued From page 4 kitchen). The in-service sign-in sheet indicated DA #1 partook in the training. During a follow-up interview with the NHA, he clarified that the facility provided the in-service after the surveyor shared the concern with the facility's administration.</p> <p>According to the facility's "Sanitization Policy," last revised in 10/2008, revealed, "All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions ...Food preparation equipment and utensils that are manually washed will be allowed to air dry whenever practical."</p> <p>Reference: NJAC 8:24-2.3, Personal cleanliness, indicates, "(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; 2. After using the toilet room; 3. After caring for or handling service animals or aquatic animals; 4. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; 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 when changing tasks; 7. When switching between working with raw food and working with ready-to-eat food; 8. Before donning gloves for working with foods; and 9. After engaging in other activities that contaminate the hands."</p>	F 812			

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F 812	<p>Continued From page 5</p> <p>2. On 01/12/2022 at 10:21 AM, an observation of the kitchen was conducted. The observation revealed Cook #1 placed slices of fish on an oven pan. After filling the trays with fish, Cook #1 doffed her gloves and rubbed her hands against the apron she had on. Cook #1 donned a new pair of gloves without performing hand hygiene. The observation revealed Cook #1 went to prepare a green leafy vegetable that was to be served with the noon meal. While preparing the vegetables and other constituents of the noon meal, Cook #1 continued to intermittently adjust her mask, making contact with the moist surface of the mask and failed to change out her gloves and/or perform hand hygiene. After she successfully put the fish, vegetables, and other constituents of the noon meal on the stove and in the oven to cook, Cook #1 doffed her gloves and rubbed her hands against her apron for the second time. She failed to perform any form of hand hygiene.</p> <p>During an interview on 01/12/2021 at 10:47 AM, Cook #1 stated she had been trained to perform hand hygiene between tasks, between glove changes, after she touched her mask and after she used the bathroom. Cook #1 acknowledged she rubbed her hands against her apron and did not perform hand hygiene when she doffed her gloves. Per Cook #1, she was hurriedly trying to get the meal prepared so that the residents got their noon meal timely.</p> <p>During an interview on 01/12/2022 at 3:07 PM, Food Service Director (FSD) stated that in-services had been provided to all dietary staff related to hand hygiene practices. Per the FSD, dietary staff had been trained to perform hand</p>	F 812			

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F 812	<p>Continued From page 6</p> <p>hygiene between tasks, between glove change, between raw and cooked food, when they adjusted their masks, when they left the kitchen, and other instances as well. The FSD stated that Cook #1 should not rely on rubbing her hands against her apron as a means of hand hygiene. The FSD concluded that he had started in-servicing all dietary staff.</p> <p>On 01/12/2022 at 3:57 PM, a concurrent interview with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) was conducted. The DON stated that hand hygiene training was ongoing at the facility since the start of COVID-19. The DON stated that dietary staff's failure to perform proper hand hygiene was a fast way to spread germs. The DON stated that dietary staff should perform hand hygiene after they used the bathroom, when they adjusted their masks, before they donned new gloves, and after they doffed used gloves. During the interview, the NHA provided the surveyor with an In-Service/Meeting Record dated 01/12/2022. Under the topic portion of the in-service sign-in sheet revealed, "Changing gloves and washing hands in-between use when preparing/cooking meals. Hand hygiene, infection prevention and control measures." The time stamp on the document indicated 11:30 AM, (after the surveyor's observation was conducted in the kitchen). The in-service sign-in sheet indicated Cook #1 partook in the training. During a follow-up interview with the NHA, he clarified that the facility provided the in-service after the surveyor shared the concern with the facility's administration.</p> <p>According to the facility's "Handwashing/Hand Hygiene" policy, last updated in 03/2021,</p>	F 812			

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F 812	<p>Continued From page 7 revealed, "This facility considers hand hygiene the primary means to prevent the spread of infections."</p> <p>3. On 01/12/2022 at 10:21 AM, an observation of the kitchen was conducted. The observation revealed Cook #1 placed slices of fish on an oven pan. After filling the trays with fish, Cook #1 doffed her gloves and rubbed her hands against the apron she had on. The observation revealed Cook #1 went to prepare a green leafy vegetable that was to be served with the noon meal. After she successfully put the fish, vegetables and other constituents of the noon meal on the stove and in the oven to cook, Cook #1 turned on the faucet located on the steam table and kept a towel under the running water. Cook #1 was observed as she cleaned food preparation surfaces in the kitchen with the towel. Cook #1 placed the towel on a corner on top of the steam table and re-ran the same towel under running water multiple times to clean food preparation surfaces throughout the meal preparation time.</p> <p>During an interview on 01/12/2022 at 10:47 AM, Cook #1 stated she had been trained to clean food preparation surfaces with sanitization solution. Cook #1 acknowledged she wiped the food preparation surfaces in the kitchen with a towel and water. Cook #1 acknowledged the sanitation bucket under the steam table had no sanitizing solution in it. Cook #1 stated that it was her responsibility to fill the bucket with sanitizing solution. Per Cook #1, she was hurriedly trying to get the meal prepared so that the residents got their noon meal timely.</p> <p>During an interview on 01/12/2022 at 3:07 PM, the Food Service Director (FSD) stated that</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>dietary staff should have had a soap and sanitation bucket at all meal preparation stations. Per the FSD, dietary staff were to clean debris on food preparation surfaces with soap and then finalize the cleaning with the sanitizing solution. He stated that the identified practices with Cook #1 failed to ensure food preparation surfaces were adequately cleaned.</p> <p>During an interview on 01/12/2022 at 3:57 PM, the Nursing Home Administrator (NHA) stated that Cook #1's failure to properly utilize the sanitizing solution available in the kitchen did not ensure food preparation surfaces were cleaned appropriately. During the interview, the NHA provided the surveyor with an In-Service/Meeting Record dated 01/12/2022. Under the topic portion of the in-service sign-in sheet revealed, "Utilization of Three-Compartment Sink, ensuring Sanitizer is placed in the cleaning buckets, using proper chemical solutions, and logging it in the proper sanitation log, notifying supervisor in event one cannot locate log." The time stamp on the document indicated 11:30 AM, (after the surveyor's observation was conducted in the kitchen). The in-service sign-in sheet indicated Cook #1 and DA #1 partook in the training. During a follow-up interview with the NHA, he clarified that the facility provided the in-service after the surveyor shared the concern with the facility's administration.</p> <p>According to the facility's "Sanitization Policy," last revised in 10/2008, revealed, "Sanitizing of environmental surfaces must be performed with one of the following solutions: 50-100 ppm [parts per milliliter] of chlorine solution; 150-200 ppm quaternary ammonium compound (QAC); or 12.5 ppm iodine solution."</p>	F 812			

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F 812	Continued From page 9  New Jersey Administrative Code § 8:39-17.2(g)	F 812			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315331	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/4/2022	Y3
NAME OF FACILITY COMPLETE CARE AT FAIR LAWN EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 77 EAST 43RD STREET PATERSON, NJ 07514		

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 _____	02/04/2022	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 _____	
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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** 1/13/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO