PRINTED: 10/05/2021 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION G | , , | E SURVEY PLETED |
|---|--|--|---------------------|--|--------|----------------------------|
| | | 315122 | B. WING | | 05 | /06/2021 |
| NAME OF PROVIDER OR SUPPLIER | | | • | STREET ADDRESS, CITY, STATE, ZIP CODE | • | |
| COMPLETE CARE AT WESTFIELD, LLC | | | | 1515 LAMBERTS MILL ROAD | | |
| | | | | WESTFIELD, NJ 07090 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS | | F 00 | 00 | | |
| | STANDARD SURVE | Y: 5/6/21 | | | | |
| | CENSUS: 120 | | | | | |
| | SAMPLE SIZE: 24+3 | 3 | | | | |
| F 812 SS=F | Requirements for Lor Deficiencies were cite | e with 42 CFR Part 483, ng Term Care Facilities. ed for this survey. core/Prepare/Serve-Sanitary | F 8 | 12 | | 5/21/21 |
| | §483.60(i) Food safet The facility must - | ty requirements. | | | | |
| | state or local authoriti (i) This may include for from local producers, and local laws or regul (ii) This provision doe facilities from using p gardens, subject to consafe growing and food (iii) This provision doe | ed satisfactory by federal, ies. bood items obtained directly subject to applicable State plations. so not prohibit or prevent roduce grown in facility by propliance with applicable | | | | |
| | serve food in accorda standards for food se This REQUIREMENT by: Based on observatio facility documentation facility failed to: a.) pr | prepare, distribute and ance with professional rvice safety. is not met as evidenced on, interview, and review of an it was determined that the operly handle and store foods in a manner that is | | New step on trash can was purcand put in place immediately. Kitchen staff were in-serviced on re | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | | (X6) DATE |

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.

Electronically Signed

Facility ID: NJ62013

05/25/2021

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|---------------------|---|--|--|----------------------------|--|
| | | 315122 | B. WING _ | | | 05 | 5/06/2021 | |
| NAME OF P | AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| COMPLET | E CARE AT WESTFIELD |), LLC | | | BERTS MILL ROAD LD, NJ 07090 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFII TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE | | | |
| | Continued From pagintended to prevent tillnesses; and, b.) makitchen areas in a magrowth and cross-con. This deficient practice evidenced by the following of | ne spread of foodborne sintain equipment and anner to prevent microbial ntamination. e was observed and owing: AM, the surveyors toured the ce of the Account Manager ne following: ned their hands at a and observed the foot pedal of the trash can. The AM lifted estated he would get at it. ge, the AM removed one astic bag and then another a plastic bag. The AM sonal staff lunches and | F | mainte kitche mainte (TELS 2. Em was re All rea impro food; individe plastic hot do bread were a All sto prope any, w 4. One 3/15/2 sandw discar were a lmpro discar 5. Ide pans/limmed | | the m dge ed ng, r lear ag of on ad r od, if | | |
| | One 10.5 lb box of al 4/22/21 was opened was opened with the AM stated that was the wrapped up the plast each and stated they that way; He stated he residents would not residents. | I beef sandwich steaks dated and the internal plastic bag meat exposed to air. The ne received on date. The AM ic and closed the boxes on are not supposed to be left le would remove them so | | pans/l re-was 6. Fou discar immed were o Unlab immed | lids/dishes, if any, all sent to | eling. ed | | |
| | | d on top of each other. The | | | of all open/pulled food, proper | | | |

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|--|-----------------------|--|---------------|---|-------------------------------|
| | | 315122 | B. WING | | 05/06/2021 |
| NAME OF P | ROVIDER OR SUPPLIER | • | | STREET ADDRESS, CITY, STATE, ZIP CODE | , |
| COMPLETE CARE AT WESTFIELD, LLC | | | | 1515 LAMBERTS MILL ROAD | |
| OOMII EEI | L OAKL AT WEST ILL | 5, 223 | | WESTFIELD, NJ 07090 | |
| (X4) ID | | TATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRE | , , , |
| PREFIX | | CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP | DATE |
| TAG | REGULATORT OR | ESC IDENTIFTING INFORMATION) | IAG | DEFICIENCY) | ROFRIATE |
| F 812 | Continued From pag | e 2 | F 81 | 12 | |
| . 0.2 | | | | | ny D/Dio |
| | | wo nesting pans and two erved moisture between | | storage and ware-washing facilit immediately. | y P/P S |
| | _ | wledged they should be | | inineciately. | |
| | | prevent contamination. | | II. All residents have the potentia | I to be |
| | | oom, one plastic bag of corn | | affected by the same deficient pr | |
| | | vered in clear plastic wrap | | anosted by the same denotern pr | 4011000 |
| | • ' | es 4/19/21 and 4/25/21. The | | III. | |
| | | he expiration date and | | -All kitchen staff will be in-service | ed on |
| | removed the bag. | 1 | | reporting issues in the kitchen the | |
| | | | | electronic maintenance/houseke | 9 |
| | On 5/3/21 at 10:35 A | M, the surveyor toured the | | system (TELS) as soon as proble | |
| | kitchen in the presen | ice of the Account Manager | | occurs by 5/21/21. Food Services | s Director |
| | (AM) and observed t | he following: | | (FSD)/Assistant Food Services D | Director |
| | | | | (AFSD) will perform weekly walk | through |
| | | f of a stainless steel table | | to identify/discard non-functional | kitchen |
| | | count bag of hot dog rolls | | items if any. | |
| | 1 | stic wrap with no received by | | - All kitchen staff will be in-servic | ed on |
| | | ic bag of cinnamon bread | | facility's P/P's on proper food | |
| | | received by or open date. A | | handling/storage/labeling/dating | |
| | | bread was opened with no | | 5/21/21. FSD/AFSD will conduct | <u> </u> |
| | received by or open | date. | | audits on proper storage/labeling all perishable and non-perishable | |
| | | M, the surveyor interviewed | | items in refrigerators/walking free | ezers and |
| | | hat if someone took anything | | store rooms. | |
| | • | e the date they opened it. The | | - All kitchen staff will be in-servic | |
| | | ne hot dog rolls, cinnamon | | facility P/P's on proper cleaning a | |
| | | ead were opened, used, and | | handling of the kitchen dishes by | |
| | | a date on them. He further | | FSD/AFSD will perform daily spo | |
| | · · | int to let others know when | | of the dish washing process to en | |
| | | and follow the use-by date, | | all items are air-dried prior to stor | rage. |
| | _ | et expired food. The AM said | | IV. | |
| | that expired food get | S HILOWIT OUL. | | Administrator/FSD will conduct m | onthly |
| | On 5/3/21 at 11·20 A | .M, the surveyor interviewed | | random audits of following areas | , |
| | | (DM), who stated food | | - all refrigerated food is properly | • |
| | _ | en opened and a use-by date | | dated/labeled/stored. | |
| | | arked. The DM noted if there | | - all outside leftover food is | |
| | | t should be thrown out, and | | stored/dated/labeled according to | o the |
| | · · | know when it was opened | | facility P/P's. | |
| | - | . The DM acknowledged the | | - all hand sink areas have function | onal trash |

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|--|---|--|---|--|--|----------------------------|----------------------------|
| | | 315122 | B. WING _ | | | 05/0 | 6/2021 |
| | ROVIDER OR SUPPLIER | D, LLC | | STREET ADDRESS, CITY, 1515 LAMBERTS MILL R WESTFIELD, NJ 0709 | ROAD | 1 00.0 | <u> </u> |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORF | R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 812 | were all thrown in the A review of the facilit Goods," with a revisi Procedures: 1. All for dated with receive da guidelines of "Best B packaging. A review of the facilit revision date of 9/20 All food items will be dated either through staff notation. 7. All r supplies will be store. A review of the facilit Cold Foods," with a revealed "Procedure wrapped or in covered dated, and arranged cross-contamination. A review of the facilit Retention Guide," da "Ready-to-Eat/Prepathat is edible without achieve food safety. meats, and salads, opuddings), Refrigeradegrees F, Up to 7 d preparation. A review of the facilit with a revision date of Procedures: 4. All disproperly stored. A review of the facilit Warewashing," with a revision date of Procedures: 4. All disproperly stored. | y's policy "Food Storage: Dry on date of 9/2017, revealed od items will be appropriately ate and follow manufacturer y/Use By" per product y's policy "Receiving," with a 17, revealed "Procedures: 5. appropriately labeled and manufacturer packaging or non-perishable foods and appropriately." y's policy, "Food Storage: revision date of 4/2018, s: 5. All foods will be stored ed containers, labeled and in a manner to prevent "y's "Food Storage and ted v2-2017, revealed red Foods (1)-Food in a form additional preparation to (Examples: leftovers, delipened canned fruits and tor less than/equal to 41 ays, Day 1 is the date of y's policy "Warewashing," of 9/2017, revealed shware will be air-dried and | F | cans all food storage stored/dated/labe facility/P's all drying racks proper air drying All mentioned au weekly X 4 week weeks, then mon Results of the au | dits will be completed as, then bi-weekly X 4 athly. Idits will be presented a meetings for review a | to | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I | PLE CONSTRUCTION 3 | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---|-------------------------------|---|-------------------------------|--|
| | | 315122 | B. WING | | 05/ | /06/2021 | |
| NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT WESTFIELD, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1515 LAMBERTS MILL ROAD WESTFIELD, NJ 07090 | | | | |
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| F 812 | Continued From page cookware will be air-o | | F 8* | | | | |