

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>80A110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/28/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN AND EDITH STEIN ASSISTED LIVING RESIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 DEMOTT LANE</b> <b>SOMERSET, NJ 08873</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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 73</p> <p>Sample: 4</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 2/28/2024. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</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> <p>This REQUIREMENT is not met as evidenced by: survey: FIC</p> <p>Based on interview, observation, and review of</p>	A 891		

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

TITLE

(X6) DATE

04/04/24

New Jersey Department of Health

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A 891	<p>Continued From page 1</p> <p>facility documents, it was determined that the facility failed to comply with the provisions of N.J.A.C. 8:24-4.9(i)(2) for maintaining the facility's hot water dishwasher temperatures. This deficient practice could affect all residents of the facility. 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" 8:24-4.9(i)(2) "The temperature of the wash solution in the spray type warewashers that use hot water to sanitize shall not be less than:</p> <p>3. For a stationary rack, dual temperature machine, 150 degrees Fahrenheit ..."</p> <p>On 2/28/2024 at 10:39 a.m., the surveyor observed the facility's dishwasher, with the Food Service Director (FSD), while it was being run. The facility dishwasher temperature was 142 degrees Fahrenheit during the wash cycle and 176 degrees Fahrenheit during the rinse cycle. At 10:41 a.m., the facility dishwasher temperature was 146 degrees Fahrenheit during the wash cycle and 170 degrees Fahrenheit during the rinse cycle.</p> <p>At 10:42 a.m., the surveyor observed a manufacturer label on the dishwasher which indicated that the minimum wash temperature was to be 150 degrees Fahrenheit, and the rinse temperature was to be 180 degrees Fahrenheit.</p> <p>The FSD indicated that the dishwasher temperature should be 180 degrees Fahrenheit for the rinse and 150 degrees Fahrenheit for the wash.</p> <p>At 10:49 a.m., the surveyor reviewed a facility</p>	A 891		

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NAME OF PROVIDER OR SUPPLIER  <b>MARTIN AND EDITH STEIN ASSISTED LIVING RESIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 DEMOTT LANE</b> <b>SOMERSET, NJ 08873</b>
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A 891	Continued From page 2  policy titled "Dishwashing Machine Use" which indicated: "2. Dishwashing machines that use hot water to sanitize must maintain the following wash solution temperatures: 150 degrees Fahrenheit for stationary rack ... 3. Dishwashing machines hot water sanitation rinse temperatures man not be more than 194 degrees Fahrenheit, or less than: a. 165 degrees Fahrenheit for stationary rack, single temperature machines. b. 180 degrees Fahrenheit for all other machines"	A 891		



**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80A110	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2024
Y1	Y2	Y3
NAME OF FACILITY MARTIN AND EDITH STEIN ASSISTED LIVING RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 350 DEMOTT LANE SOMERSET, NJ 08873

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 _____	03/19/2024	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 2/28/2024
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO