

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

PRINTED: 04/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/04/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT EAST BRUNSWICK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816</b>
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F 000	INITIAL COMMENTS  Survey Date: 8/4/21  Census: 92  Sample: 25  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.	F 000		
F 812 SS=D	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 from consuming foods not procured by the facility.  §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 record review, it was determined that the facility failed to maintain appropriate kitchen sanitation practices	F 812	1. Milk labeled with a "see by" date observed were disposed of immediately. The dishwasher has a chemical system	8/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>08/22/2021</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</p> <p>and failed to store food in accordance with the professional standards for food service safety to prevent the development of food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 7/29/21 at 10:50 AM, the surveyor toured the kitchen along with Director of Culinary Services (DCS). During the tour, the surveyor observed the following:</p> <p>1.) The high temperature dishwasher was observed with a temperature of 177 degrees Fahrenheit (F) during the rinse cycle. The surveyor instructed the DCS to run the dishwasher for a second rinse cycle which displayed a temperature of 176 degrees F. The DCS ran the dishwasher for a third rinse cycle that showed a temperature of 177 degrees F. The DCS stated that the temperature should have reached 180 degrees F during the rinse cycle as recommended by the Food and Drug Administration food code.</p> <p>2.) In the walk-in refrigerator the surveyor observed 26 small milk cartons containing 4 ounces (118 mL) fat free milk in each carton that had expired. The surveyor interviewed the DCS who stated that the milk should have been discarded since it had passed it's expiration date.</p> <p>On 7/29/21 at 11:30 AM, the surveyor discussed the above concern to the Administrator, Assistant Director of Nursing and the Regional Registered Nurse. No further information was presented.</p> <p>NJAC 8:39-17.1(a);17.2(g)</p>	F 812	<p>that allows it to sanitize in hot or cold and was switched to cold chemical rinse cycle for immediate resolution.</p> <p>2. Residents who receive meals from the kitchen have the potential to be effected.</p> <p>3. Training was completed and included a review of the process to remove items based on their date from the areas of storage. The protocol was reviewed related to hot temp and cold temp chemicals used with the dishwasher. The hot water booster was replaced.</p> <p>4. The Director of Culinary Services or designee will conduct audits of the food products dates as well as the temperature logs for the dishwasher four times per week for two weeks, then weekly for two weeks, then monthly for two months. Results of the audits will be submitted to the Administrator and presented at the monthly Quality Assurance Committee for a period of three months</p>		

New Jersey Department of Health

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S 000	Initial Comments  THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. 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 THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This was evident for 7 of 42 shifts reviewed.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	1. Staffing schedules were immediately reviewed and modified to captures where nurses worked in the Certified Nurses Aide 9 C.N.A.) role (direct care). 2.An additional review of schedules was completed and no additional residents were affected. All residents may be affected by staff shortage. 3. The staffing process was revised schedules will be reviewed to adjust for attendance variations as well as capture the Registered Nurse and/or Licensed Practical Nurse work hours working in the role of the C.N.A.. 4. The Director of Nurses and/or her	8/5/21

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S 560	<p>Continued From page 1</p> <p>codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>The surveyor reviewed staffing for the two weeks prior to the survey date, 7/11-7/24/21. On 7/11/21, the day shift staffing ratio was one CNA to 9.6 residents. On 7/12/21, the day shift staffing ratio was one CNA to 8.6 residents. On 7/16/21, the day shift staffing ratio was one CNA to 8.9 residents. On 7/17/21, the day shift staffing ratio was one CNA to 9.78 residents. On 7/18/21, the day shift staffing ratio was one CNA to 9.67 residents. On 7/23/21, the day shift staffing ratio was one CNA to 8.8 residents. On 7/24/21, the day shift staffing ratio was one CNA to 9.78 residents. The minimum state staffing ratio for day shift is one CNA to eight residents.</p> <p>On 8/3/21 at 10:25 AM, the surveyor discussed the staffing ratios concerns with the Administrator and Director of Nursing (DON), who stated the facility is attempting to hire new CNAs. The DON stated that the facility prides themselves on the care that each and every resident receives at the</p>	S 560	<p>designee will audit staffing ratios on a daily basis to ensure that hours are captured in the correct role (direct care) A summary will be completed weekly for four weeks, then monthly for two months to monitor trends and revise the plans as needed. Results of these summaries will be submitted to the Quality Assurance Committee for a period of three months.</p>	
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S 560	Continued From page 2  facility. The DON stated that there are 7 new CNAs scheduled to be interviewed this week with bonuses for signing on with the facility. The DON explained that hiring staff is a challenge. The DON and Administrator added that we are focused on the care of all residents in the facility, stating "we have had only positive responses from our staff in reference to the work load and residents in reference to care at the facility."  NJAC 8:39-5.1(a)	S 560		
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