STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315387	A. BUILDING _____ B. WING _____	09/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALLAIRE REHAB & NURSING	**115 DUTCH LANE ROAD FREEHOLD, NJ 07728**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0658 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to follow-up on a consultant physician's recommendation for a Computerized Tomography Scan (generally known as a CT or cat scan) in a timely manner. This was cited at a level E as the consultant physician's recommendation had been written on 3/3/20. This deficient practice was identified for 1 of 2 residents (Resident #103) reviewed for an indwelling urinary catheter and Urinary Tract Infections, and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. The surveyor reviewed the Admission Record for Resident #103 that reflected the resident was admitted to the facility with [DIAGNOSES REDACTED]. The annual Resident Assessment Instrument, an assessment tool completed by the facility on 8/19/20, identified the resident as cognitively intact and having an indwelling urinary catheter. During a review of the resident's medical record, the surveyor noted a urology consult dated 3/3/20. The consult included a Care Plan that indicated the resident was to have a CT Abdomen and Pelvis W/O (without) Contrast. The consult further recommended that Resident #103 have a Follow-up in 1 month with CT. The surveyor was unable to find any evidence that neither the CT scan nor the follow-up appointment had ever been done. On 9/24/20 at 1:17 PM, the surveyor interviewed the facility Administrator and Director of Nursing (DON) concerning Resident #103's Urology consult follow-up. When questioned, the Administrator stated, That occurred during COVID, and we were not sending residents out or allowing visitors. The surveyor reviewed the 7/16/20 Physician's Progress Note, which revealed the following: Asked by nursing to assist in RX (prescription) for CT scan of abdomen and pelvis for upcoming GU ([MEDICAL CONDITION]) appt. The following recommendation was made Rec for abdominal and pelvis CT scan to be followed up post scans, appt scheduled for 7/21/20. When interviewed on 9/29/20 at 8:54 AM, the DON stated, I did not find a consult for (Resident #103) for July 21st, but (he/she) now has a consult for October 1st. I called the Urologist, but they never called back. I don't know the reason why the consult didn't occur. Maybe it was insurance; (Resident 103) will be seen on the 1st of October. When interviewed about the follow-up of consult recommendations on 9/29/20 at 9:20 AM, the Registered Nurse/Unit Manager (RN/UM) on the resident's nursing unit stated, We just follow through with the recommendation. We call the primary doctor and let him know. On further interview, the RN/UM stated, We should do it right away when the resident comes back to the facility from the consult. The surveyor interviewed Resident #103 on 9/29/20 at 10:10 AM. When asked if he/she had a follow-up consult with urology, the resident stated, I kind of forgot about it since I haven't had any issues. I'm going this week. On 9/29/20 at 12:01 PM, the facility Administrator told the surveyor, We don't have a specific policy for consults. When residents go out to a consult, we contact their primary physician when they return. We don't have a specific policy. On further interview at 12:22 PM, the Administrator stated, I don't think the CT scan was completed. To my knowledge, the CT scan was not complete. I don't have a reason why it wasn't done. Regardless, it should have been done by now, both the CT scan and the follow-up appointment. The nurse should have made the CT scan appointment when the prescription was received on the 16th of July. We dropped the ball. NJAC 8:39-27.1 (a)
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner. This deficient practice was evidenced by the following: On 9/22/20, from 8:44 to 9:36 AM, the surveyor, accompanied by the Account Manager (AM) and the District Manager (DM), and observed the following in the kitchen: 1. There was a plastic bag that contained small Styrofoam plates in the paper Storage Room. The bag was opened, and the plates used for resident meals were exposed. When interviewed at that time, the AM stated, They should be closed. 2. The cleaned and sanitized meat slicer was covered with a plastic bag and not in use. When observed, the slicing board had unidentifiable food debris stuck to the surface, and the underside of the slicing blade had unidentifiable food debris on the cutting surface. When interviewed at that time, the AM stated, I will re-clean and sanitize it. The AM instructed staff to re-clean and sanitize the meat slicer. 3. There was an 8-pound container of Sysco Classic Horseradish that had an open date of 7/6/2020 in the walk-in refrigerator (2). The container had a manufacturer's best if used by date of 9/12/2020. The AM stated, it's going in the garbage right now. The horseradish was thrown away. 4. On the floor near the entrance door of the walk-in refrigerator (2), there was an unidentifiable reddish/brown liquid substance beneath a storage rack. When asked when the walk-in refrigerator had last been cleaned, the AM stated, I'm not sure what the cleaning schedule is, but I think they (were) cleaned yesterday. I'll have to get back to you on that. 5. There was an unidentifiable brown substance on the top exterior of the stove/range hood and directly above the deep fryer, which was opened and exposed. The DM stated, We will pull the baffles and wipe them down. Our contract company cleans bi-annually, and it was last cleaned by them on August 5th. We do clean the exterior daily and wipe the hood down daily. On 9/24/20, from 9:24 to 9:40 AM, the surveyor, accompanied by the Licensed Practical Nurse (LPN) and Administrator, observed the second unit nourishment room. 1. On observation of the nourishment refrigerator, the surveyor and Administrator observed ice build-up in the freezer section and an unidentified brown substance. The administrator stated, we need to defrost that. The surveyor said, it looks dirty, and the administrator stated, yes, it is. The internal thermometer registered 58 Fahrenheit (F) in the refrigerator. On interview, the LPN said, it should be between 38-44 degrees. 2. There was a white plastic bag that contained unidentified food. The bag had no name or date. When interviewed, the LPN stated, That should be dated, and a name should be on it. I'm throwing it out. The unidentified food was thrown in the trash. The LPN further stated, Housekeeping is responsible for cleaning and removing items from the refrigerator. 3. There was an opened box of Jamaican Style Cocktail Patties, mild beef. The package was labeled with a person's name and had no date. The package was marked, Keep Frozen Uncooked Product. The box of patties came out of the refrigerator and was not frozen to the touch. The surveyor observed a second thermometer in the refrigerator on a shelf. The thermometer read 58 F. The surveyor reviewed the Refrigerator Log for the 2nd unit dated [DATE]. The log indicated that the nourishment

LABORATORY DIRECTOR'S OR PROVIDER/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.

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F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) refrigerator temperature on 9/24/2020 for the 7-3 PM shift was 40 degrees F. There was a white plastic bag that appeared to contain an aluminum food take-out style container. The bag was sealed shut via a knot. The bag had no name or date. The LPN stated, I'm throwing the products away; housekeeping is going to defrost the freezer, and maintenance will be contacted to check the temperature. On 9/24/20 at 11:55 AM, the Administrator told the surveyor, The refrigerator on the second floor was removed and thrown out. We are replacing it with a new refrigerator, it was not working properly. On 9/24/20, from 10:05 to 10:24 AM, the surveyor, accompanied by the Food Service Director (FSD) and DM, observed the following in the kitchen: 1. The surveyor observed the top of the high-temperature dish machine during operation. The machine was covered with unidentifiable debris and what appeared to be gray rubber strips. When interviewed at that time, the FSD stated, My 4-8 guy cleans the machine on Thursday. Deep cleaning happens once a week. We wipe down between meals, and we clean at the end of the day before we shut down. This will get done immediately. 2. The surveyor observed the same unidentifiable brown substance on the hood as previously identified on the initial tour on 9/22/20 above the deep fryer. When interviewed, the DM and FSD stated, we will have that cleaned by Monday. On further interview, the FSD stated that the hood could be wiped down by staff at any time, and staff did not need to wait until Monday to clean the exterior of the hood surface. The surveyor reviewed the facility policy titled, FOOD BROUGHT IN FROM VISITORS, revised 12/18. The policy revealed the following under Procedure: 5. Any food which is not to be eaten right away should be stored in a disposable, sealed container supplied by the visitor in the refrigerator/freezer. Food must be labeled with resident name and date it was brought into the facility and stored in the refrigerator in the dayroom refrigerator. 7. Unconsumed food will be disposed of consistent with manufacturer's guidelines, food labels or upon evidence of spoilage. The surveyor reviewed the facility policy titled, Food Storage: Dry Goods, revised 9/2017. The policy revealed the following under Procedures: 5. All packaged and canned food items will be kept clean, dry, and properly sealed. The surveyor reviewed the facility policy titled Food Storage: Cold Foods, revised 4/2018. The policy revealed the following under Procedures: 2. All perishable foods will be maintained at a temperature of 41 F or below, except during necessary periods of preparation and service. 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination. The surveyor reviewed the facility policy titled, Equipment, revised 9/2017. The Policy Statement revealed, All food service equipment will be clean, sanitary, and in proper working order. The policy also revealed the following under the Procedures section: 1. All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials. 2. All staff members will be properly trained in the cleaning and maintenance of all equipment. 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-food contact equipment will be clean and free of debris. The surveyor reviewed the facility policy titled Environment, revised 9/2017. The Policy Statement read, All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. The Procedures section revealed the following: 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. 2. The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all foodservice equipment and surfaces. 3. All food contact surfaces will be cleaned and sanitized after each use. 4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces. The surveyor reviewed the Dietary Daily Cleaning Assignments, dated 10/2007. The assignment revealed, Dietary Aide PM #6, is to delime the dish machine on Sunday. In addition, Dietary Aide PM #6 is to Mop Walk-In on Monday. Dietary Aide #4 is to Sweep and mop walk-in fridge on Friday and the following Thursday. Dietary Aide #2 is responsible to Clean Dish Machine Area on Tuesdays. The PM Cook is to Polish(NAME)& empty and clean drip pan on Fridays. NJAC 8:39-17.2 (g)