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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>315487</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>03/11/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>PREFERRED CARE AT MERCER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1201 PARKWAY AVENUE<br/>EWING, NJ 08628</b> |   |
| 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 0812<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to a.) store and handle potentially hazardous foods and maintain kitchen sanitation in manner to prevent the potential for the spread of food borne illness and b.) ensure that 2 of 2 kitchen staff with facial hair wore a beard restraint during food preparation in the kitchen. This deficient practice was evidenced by the following: On 03/05/20 from 9:48 AM until 10:45 AM, the surveyor observed the following in the kitchen in the presence of the Food Service Director (FSD): 1. In the walk-in refrigerator: a. On the upper three shelves of a free-standing metal rack, fruit cups, pudding and apple sauce, were stored uncovered beneath an operational fan that was affixed to the rear of the walk-in refrigerator. The fan circulated air with a moderate amount of force directly onto the exposed food items. b. On the fourth shelf from the top of a free-standing metal rack, a ten-pound box of bacon was marked with a received date of 03/3/20 and not labeled with a use-by date. The FSD stated that the bacon was good for 14 days. The FSD proceeded to write 03/17/20 on the box and stated that the bacon was now properly dated. The FSD further stated that it was everyone's responsibility to ensure that all items in the walk-in refrigerator were properly dated with a received date and a use-by date. He further stated that it was his responsibility to ensure that labeling and dating was done properly. On the fifth shelf from the top of a free-standing metal rack, there was a sealed ten-pound roll of raw ground hamburger that was not dated. The FSD stated that it was received frozen and placed in the walk-in refrigerator to thaw on 3/3/20. Another package of ground hamburger that was previously opened and was wrapped in clear wrap and without a use by date. When interviewed, the FSD stated that the hamburger would be utilized the next day. c. On the sixth shelf from the top of a free-standing metal rack, there was raw ten-pound pack of pork loin and two 2.5 lb. packages that were previously opened and did not have a use by date. d. On the bottom shelf of a free-standing metal rack, there were two seven-pound bags of raw chicken that was being thawed in their own juices. The FSD stated that they were marked with a pull date of 03/03/20 and would be used by 03/06/20. There was no use-by date on the chicken. e. On the top shelf of a three-tiered wired rack, there were two 1/3 pans of barbeque sauce that was dated 03/04/20, and had no use-by date. The FSD stated that the items should have been labeled with a use-by date. f. On the top shelf of a three-tiered wired rack, there was a 1/3 pan of mayonnaise that was covered with clear wrap that was dated 03/03/20 and had no use by date. The FSD stated that the item was good for 30 days and should have use-by date. g. On the top shelf of a three-tiered wired rack, there was a six pound and five-ounce container of cranberry sauce that was opened on 02/09/20 and no use -by date. The FSD stated that the cranberry was not out of date. h. On the second shelf from the top of a three-tiered wired rack, there was a quarter pan of noodles dated 03/01/20 and no use-by date. The FSD stated that the noodles were good for seven days. i. On the second shelf from the top of a three-tiered wired rack, there was pan of previously cooked turkey patties that was dated 03/03/20 and no use-by date. The FSD stated that the cooked turkey was good for three days. j. On the second shelf from the top of a three-tiered wired rack, there was a half-pan of stewed tomatoes that was dated 03/04/20 and no use-by date. k. On the second shelf from the top of a three-tiered wired rack, there was a sixth pan that contained hard boiled eggs that was dated 03/05/20 and failed to contain a use-by date. The FSD stated that the eggs were good for three days. l. On the second shelf from the top of a three-tiered wired rack, there were pears stored in a mixing bowl that were dated 03/04/20 but failed to contain a use-by date. The FSD stated that he had never seen this many items that failed to contain use by dates. j. On a four-tiered wired rack, on the third shelf from the top, there was a large bowl of sliced mushrooms stored in a clear liquid that was covered with clear plastic wrap that was labeled and dated 02/16/20, and no use-by date. FSD stated that the mushrooms were delivered in a ten - pound can and should have been covered with a lid and marked with a use-by date. k. On a four-tiered wired rack, on the third shelf from the top, there was a four-quart plastic container that contained tuna salad. The lid was dated 03/03/20 and failed to contain a use-by date. The FSD stated that the tuna was good for seven days. l. On a four-tiered wired rack, on the third shelf from the top, there was a four-quart plastic container that contained pudding and was dated 03/03/20, and failed to contain a use-by date. The FSD stated that the pudding was good for seven days. m. On a four-tiered wired rack, on the third shelf from the top, there was a four-quart plastic container that contained cooked ham that was dated 03/03/20 and no use-by date. The FSD stated that the ham was good for seven days. n. On a four-tiered wired rack, on the third shelf from the top, there was a four-quart plastic container that contained chicken salad that was dated 03/03/20 and no use-by date. The FSD stated that the chicken salad was good for seven days. 2. In the dry storage room: a. On the second shelf of a four-tiered wired rack, a five-pound container of peanut butter had a moderate amount of a soft, brown substance that the FSD identified as peanut butter on the outside of the lid and top of the container. There was also a sealed six-pound container of yellow mustard that was placed behind the peanut butter which was also soiled with brown substance. The FSD identified the substance as peanut butter and stated that the jars should have been wiped off after use. The FSD stated that the peanut butter was opened on 03/03/20 but there was no use by date. The FSD stated that once opened, peanut butter was good for 60 days. 3. On 03/06/20 from 12:37 PM to 12:56 PM, the surveyor observed the following during a follow-up visit to the kitchen in the presence of the FSD and the Head Cook (HC): The surveyor observed a pit ham (used for lunch meat) that was contained within in a six-inch half pan inside a sink at the food preparation area and being thawed. A quarter of the ham was exposed and was not submerged in the running water. There was plastic debris, a wire whisk soiled with a thick, white substance and two large pieces of plastic wrap in the sink around the pan with lunch meat. The HC stated that she placed the debris in the sink. The FSD stated that the pit ham was not fully frozen, and that it was placed in the walk-in refrigerator on 03/05/20. The HC stated that she normally utilized a 15-pound stock pot to fully submerge the ham to thaw. The stock pot was dirty and not available at the time. The HC stated that the ham should have been fully immersed under running water and acknowledged the pan in which the ham was being thawed, was not large enough. The FSD stated that the ham was still sealed in plastic and he thought that it wasn't a problem to thaw it in the sink that had debris. The FSD further stated that the ham should not have been defrosted in a sink that contained a soiled whisk, discarded plastic wrap and food debris. The FSD agreed that the pit Ham was not fully submerged under running while being defrosted and that it should have been fully submerged in water during thaw. On 03/06/20 at 1:06 PM, the surveyor interviewed the FSD and the District Manager (DM). The FSD and the DM stated that they would discard the ham to avoid a chance of contamination. On 03/09/20 from 11:12 AM to 12:06 PM, the surveyor observed the following in the presence of the FSD, DM and HC: On a lower shelf beneath the food preparation area, there was a utensil caddy that held adaptive eating utensils (utensils designed to assist those who have trouble feeding themselves). The utensil caddy was placed directly against a bucket that contained detergent and a rag. The FSD stated that the caddy should not have been near the rag and detergent. He removed the caddy from the shelf and stated that the utensils had to be washed. The surveyor observed that</p> |  |   |

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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p>(continued... from page 1)<br/>the FSD did not wear a beard restraint to cover a beard and mustache as he stood in front a steam table to obtain food temperatures. When interviewed, the FSD stated that he normally wore beard restraint and should have had one on. He further stated that he thought that a beard restraint was required for facial hair more than an eighth of an inch thick. A Dietary Aide (DA) who assisted with plating food from the steam table, had a mustache and did not wear a beard restraint. When interviewed, the DA stated that he had not been required to wear a beard restraint in the past. The DM stated that facial hair should be restrained, and he would recommend that the DA wear one. The surveyor reviewed the facility policy dated 05/2014 and titled: Food Storage Policies: Cold Food, Dry Goods, which revealed the following: The Food Services Director/Cook(s) insures that all food items are stored properly in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. The Cook (s) thaws frozen items requiring defrosting, before preparation, under refrigeration, in a microwave for immediate use, or in a sealed container immersed in cold running water. The policy also reflected that all food products should be marked with made on and use -by date. The Food Services Director or designee ensures that all packaged and canned food items shall be kept clean, dry and properly sealed. The Food Services Director insures that all staff members have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained. NJAC 8:39-17.2(g)</p> <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on observation, interview and record review, it was determined that the facility failed to a.) follow the appropriate infection control protocol for hand hygiene on 03/05/20 and on 03/10/20 during meal service on the subacute nursing unit and on long-term nursing units b.) transport soiled linen appropriately to prevent cross-contamination and c.) ensure that all residents' food were covered while being transported to residents' rooms. This deficient practice was identified in 2 of 2 units inspected and for 4 of 4 staff members observed and was evidenced by the following: 1. On 03/05/20 and on 03/06/20 during lunch, the surveyor observed as multiple staff members distributed lunch trays to residents who ate in their rooms. The surveyor noted that staff delivered the tray to residents but did not offer hand wipes to the residents. On 03/05/20 at 01:00 PM, the surveyor noted an isolation cart with Personal Protective Equipment (PPE- gloves, gowns, masks) which was parked by the entrance into Resident #68's room. The surveyor donned PPE and entered the room. When interviewed, the resident stated that he/she just returned from the hospital a couple of days ago due to nausea and vomiting. The resident stated that he/she was on contact isolation precaution because of infection in the urine. When asked about hand hygiene prior to meal service, Resident #68 stated that staff did not usually provide him/her with hand hygiene before serving their meals. Review of the quarterly Minimum Data Set (MDS)an assessment tool dated 02/11/20, indicated that Resident # 68 had BIMS of 15, which meant the resident was cognitively intact, required two person assistance with transfer and bed mobility. The MDS also reflected that the resident had [DIAGNOSES REDACTED]. On 03/06/20 at 12:10 PM, the surveyor observed LPN #1 deliver a lunch tray residents in room [ROOM NUMBER] and room [ROOM NUMBER]. She set the resident's tray on the table, cut the food up for the resident and left the room. LPN #1 did not offer hand hygiene to either of the residents. She did use hand gel on her own hands after she left the residents' rooms. When interviewed on 03/11/20 at 10:09 AM, the LPN #1 stated that they were supposed to offer hand wipes to residents before meals and that she forgot to offer hand hygiene to residents. On 03/06/20 at 12:17 PM, the surveyor observed a Human resources (HR) staff member as she delivered food trays to different residents in their rooms. The surveyor followed the HR staff as she delivered tray to Resident # 59. She set the tray on the resident's table and left the room without offering hand sanitizer to the resident. The resident was not able to be interviewed at this time. On 03/11/20 at 11:00 AM, the surveyor interviewed the HR staff, and she stated that hand wipes were normally placed on lunch trays for the residents and that she did not offer hand wipes to residents because she assumed there was hand wipes on the lunch trays. When the surveyor informed her that there was no hand wipe on the trays, she stated that she did not know. On 03/06 at 12:20 PM, another staff nurse LPN #2 delivered tray to 149 bed -B (Resident #132) and no hand sanitizer offered to resident. At that time the surveyor interviewed Resident #132 who stated that he/she was not usually provided hand hygiene before meals. on 03/10/20 03:24 PM, the surveyor interviewed LPN #2 related to hand hygiene during meal service, she stated that their protocol was to offer hand wipes to residents prior to meal. She acknowledged that she gave lunch tray to the Resident #132 and that she did not know if wipes were already offered to the resident. On 03/10/20 at 11:38 AM, the surveyor observed CNA #1 as she transported soiled linen from a resident's room. The surveyor noted that CNA #1 held a bag full of soiled linen and walked through the hallway. The surveyor noted that the CNA #1 leaned the bag of soiled linen against her uniform as she walked from the resident's room, past the nurses' station and into the soiled utility room. When interviewed on 03/10/20 at 11:38 AM, the CNA#1 stated that she received infection control in-service last months and sometime last year. When questioned about soiled transport, CNA #1 acknowledged that she leaned the bag of soiled linen on her body and added that it was because the bag was heavy. During interview on 03/11/20 at 12:07 PM, with the Director of Nursing, who is also the Infection Control Practitioner, The DON stated that all residents should get hand hygiene prior to being served their meals. Review of the facility's Infection Control Overview Policy dated 09/05/17, indicated that staff would handle and transport linen in a manner to minimize possible contamination. Review a document titled: soiled linen and dated 05/18, showed that staff would transport soiled linen, carrying it away as much as possible from the body and clothing.</p> <p>2. On 03/10/20 at 12:22 PM, the surveyor observed lunch being delivered to residents who dined in their rooms on the subacute unit. The surveyor observed CNA #1 (Certified Nursing Assistant) outside of room [ROOM NUMBER] near a lunch cart of residents' lunch trays. When CNA #1 opened the door of the cart to remove a resident's lunch tray, the surveyor observed a piece of cake on a small plastic plate in the left-hand corner of the lunch tray. The piece of cake was not covered with a lid or plastic wrap and was exposed to air. CNA #1 then proceeded to carry the tray down the hallway past three rooms to room [ROOM NUMBER] and delivered the tray to the resident. CNA #1 did not offer the resident hand wipes or sanitizer prior to eating the meal. CNA #1 continued the process until all trays were delivered to the residents who ate in their rooms on the subacute unit. The surveyor observed CNA #1 deliver trays to rooms 128, 130, 146 and 147 and did not offer any of the residents hand hygiene. On 03/10/20 at 12:30 PM, the surveyor interviewed CNA #1. When questioned about covering residents' food/desserts while being transported to residents rooms. CNA #1 stated that desserts were always served uncovered. The surveyor then asked CNA #1 if it was normal practice to clean a resident's hands or offer wipes prior to the residents eating. CNA #1 stated usually. CNA #1 did not offer an explanation as to why wipes or sanitizer were not offered to the residents on that day. On 03/10/20 at 12:35 PM, the surveyor entered Resident # 9's room and observed Resident #9 seated in a wheelchair waiting for his/her lunch to be delivered. When interviewed regarding hand hygiene prior to being served lunch, the resident stated that he/she was not usually offered hand hygiene. The surveyor asked Resident #9 if the desserts on the lunch tray was delivered covered or uncovered and the resident stated, no, always exposed to the germs. Review of Resident #9's admission record reflected that the resident was admitted to the facility with medical [DIAGNOSES REDACTED]. #9's most recent significant change Minimum Data Set (MDS) dated [DATE]. The MDS showed that Resident #9 had Brief Interview of Mental Status of 14, meaning that the resident was cognitively intact. On 03/11/20 at 10:23 AM, the surveyor reviewed the policy titled Meal Service Plan, dated November 2001. The policy indicated that all residents/patients will be properly positioned, hands wiped and if necessary, have protective garments applied prior to meal delivery. On 03/11/20 at 11:40 AM, the Regional Food Service Director provided the surveyor with a policy titled Infection Control Overview and Policy. The policy had a revision date of 09/05/2017. Under the section - Preventing Spread of Infection, the policy indicated that the facility would properly store, handle, process, and transport (cover) linens/food to minimize possible contamination. NJAC 8:39-19.4</p> |  |   |