

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2024
NAME OF PROVIDER OR SUPPLIER  Atlas Rehabilitation & Healthcare at West Deptfor		STREET ADDRESS, CITY, STATE, ZIP CODE  550 Jessup Road West Deptford, NJ 08066	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>34423</p> <p>Based on observation, interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to ensure that there was a physician order for the use of a Foley catheter for 1 of 2 residents reviewed for catheter use (Resident #115). This deficient practice was evidenced by the following:</p> <p>On 06/26/2024 at 09:49 AM the Licensed Practical Nurse/Unit Manager (LPN/UM) told the surveyor that we tried a voiding trial and the resident failed and then the Foley catheter was reinserted. The LPN/UM then told the surveyor Resident #115 was scheduled for a surgical procedure in July.</p> <p>On 06/26/2024 at 12:15 PM, Resident # 115 was observed self-propelling in their wheelchair in the hallway. The catheter bag was noted inside a privacy bag.</p> <p>A review of the Admission Record revealed Resident #115 was admitted to the facility with diagnoses including but not limited to: Benign Prostatic Hyperplasia with Lower Urinary Symptoms.</p> <p>A review of the most recent Minimum Data Set (MDS), an assessment tool, dated 6/13/2024, revealed Resident #115 had a Brief Interview for Mental Status (BIMS) score 15/15 indicating the resident had intact cognition. The MDS further indicated the resident used an indwelling catheter.</p> <p>A review of the Physician Order sheet revealed the following orders:</p> <p>AHC: Foley Bag Privacy cover in place at all times every shift for Care with a start date of 06/07/2024 and discontinued (d/c) date of 06/19/2024.</p> <p>AHC: Foley Catheter Care every shift for care with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>AHC: Foley catheter Output monitoring: Monitor catheter output every shift. Every shift for monitoring with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>AHC: Foley Catheter change PRN (as needed) change Foley catheter (size 16 Fr (French) 10 cc balloon) change prn based on clinical indications such as infection, obstruction, leakage, deterioration, or when the closed system is compromised with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There were no further orders regarding the use and care of Resident #115's Foley catheter after having been discontinued on 06/19/2024.</p> <p>A review of the Treatment Administration Record (TAR) dated 6/1/2024-6/30/2024 revealed the following physician orders:</p> <p>AHC: Foley Bag Privacy cover in place at all times every shift for Care with a start date of 06/07/2024 and discontinued (d/c) date of 06/19/2024.</p> <p>AHC: Foley Catheter Care every shift for care with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>AHC: Foley catheter Output monitoring: Monitor catheter output every shift. Every shift for monitoring with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>AHC: Foley Catheter change PRN (as needed) change Foley catheter (size 16 Fr (French) 10 cc balloon) change prn based on clinical indications such as infection, obstruction, leakage, deterioration, or when the closed system is compromised with a start date of 06/07/2024 and d/c date of 06/19/2024.</p> <p>A review of the TAR for 7/1/2024-7/31/2024 did not include the above orders.</p> <p>A review of a Progress Note (PN) dated 6/19/2024 at 10:20 AM revealed the Foley catheter was removed without difficulty.</p> <p>A PN dated 6/20/2024 at 12:07, revealed pt (patient) foley was removed 6/18. pt was bladder scanned today by this nurse. pt is retaining at 452cc (cubic centimeters). this nurse was instructed by MD (physician) to place foley. pt was able to tolerate foley. foley is draining.</p> <p>During an interview with the surveyor on 07/01/2024 at 01:02 PM, Licensed Practical Nurse (LPN #1) was asked what physician orders are required for the care of residents. LPN #1 responded, In general we need physician orders for medications, if Foley placed or taken out, and if Foley remains in place, diet order, oxygen, BP, vital signs, wound treatments. When asked who is responsible for getting the orders LPN #1 said the nurses are responsible to obtain physician orders.</p> <p>During an interview with the surveyor on 07/01/2024 at 02:13 PM, the Director of Nursing (DON) was asked what physician orders are required for the care of residents. The DON replied, Orders to provide care, medications, treatment orders, oxygen, and Foley.</p> <p>The surveyor asked if the DON saw a physician order for the use and care of the Foley for Resident #115 and the DON responded I did not see a physician order for the Foley catheter. The DON confirmed, There should have been a physician order for the Foley catheter.</p> <p>A review of a facility policy titled Catheter Care, Urinary with a revised date of August 2022, did not include that a resident requires a physician order for use of a Foley.</p> <p>NJAC 8:39 27.1(a)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34423</p> <p>Based on interview and review of other facility documents, it was determined that the facility failed to maintain a detailed record of receipts and accurate reconciliation of controlled medications. This deficient practice was evidenced by the following:</p> <p>On 06/27/2024 at 01:38 PM, the surveyor requested and reviewed all the Drug Enforcement Administration (DEA) 222 forms (a form used for ordering controlled substances) for the last 6 months from the Director of Nursing (DON) for the past 6 months. At that time the surveyor also requested copies of those seven forms. The DON provided the surveyor with seven (7) DEA 222 forms. A review of the DEA 222 forms showed there was no entered delivery amount and date for 7 of 7 DEA 222 forms and 2 of 7 NO. (number) of packages were not completed and accurately documented as follows:</p> <ol style="list-style-type: none"> <li>1. DEA 222 Order form #230109741 dated 1/22/2024 contained an order for package size 6 Hydrocodone-Acetaminophen 5-325, package size 25 Oxycodone HCL 5 mg (milligrams), package size 6 oxycodone HCL 10 mg, package size 25 Oxycodone HCL 15 mg, package size oxycodone-Acetaminophen 7.5-325, package size 17 Oxycodone-acetaminophen 5-325, and package size 2 Oxycontin ER (extended release) 10 mg.</li> <li>2. DEA 222 Order Form 230109749 dated 2/12/2024 contained an order for 1 package of 50 Oxycodone HCL 5mg, 1 package of 21 Oxycodone HCL 10 mg, 1 package of 9 Oxycodone HCL 15 mg, 1 package of 10 Oxycodone-Acetaminophen 7.5-325, 1 package of 14 Oxycontin 10mg and 1 package of oxycontin 20mg. A review of the DEA 222 form did not include the number of packages received and the date received.</li> <li>3. DEA 222 Order Form #230109748 dated 3/18/2024 contained an order for 1 package of 30 Morphine Sulfate ER 15mg, 1 package 24 Morphine Sulfate 30mg, 1 package Oxycodone HCL 5mg, 1 package of 14 Oxycodone HCL 10mg, 1 package of 21 Oxycodone HCL 15 mg, 1 package 34 Oxycontin 10 mg, and 1 package of 30 Oxycontin 20 mg. A review of the DEA 222 form did not include the number of packages received and the date received.</li> <li>4. DEA 222 Order form 230109747 dated 4/22/2024, contained an order for 1 package 16 Hydrocodone-Acetaminophen 5-325, 1 package 24 Morphine Sulfate 15 mg, 1 package 26 Morphine Sulfate 30 mg, 1 package 36 Oxycodone HCL 5 mg and 1 package Oxycodone HCL 10 mg. A review of the DEA 222 form did not include the number of packages received and the date received.</li> <li>5. DEA 222 Order Form # 240397650 dated 5/1/2024, contained an order for an order for package size 3 Morphine Sulfate liquid 20mg/ml (milliliter). The DEA 222 form did not include the number of packages ordered. A further review of the DEA 222 form did not 5/24 contained an order for 1 package of 50 Oxycodone HCL 5 mg, and 1 package of 32 Oxycodone HCL 10 mg. A review of the DEA 222 form did not include the number of packages received and the date received.</li> <li>6. DEA 222 Order Form 240397649 dated 5/15/2024 contained and order for 1 package of 50 Oxycodone HCL 5 mg and 1 package of 32 Oxycodone HCL 10 mg. A review of the DEA 222 form did not include the number of packages received or the date received.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. DEA 222 Order Form # 03202024 dated 6/10/2024 contained an order for 1 package of 50 Oxycodone HCL 5 mg and 1 package of 40 Oxycodone 10mg. A review of the DEA 222 form did not include the number of packages received and the date received.</p> <p>During an interview with the surveyor on 07/01/2024 at 02:15 PM, the DON was asked who is responsible for completing the DEA 222 forms when the medications are ordered. The DON replied that she was, and she kept a copy of the form, and the original was sent to the pharmacy. The DON said she kept the delivery slips when the medications came and attached them to the copy. The surveyor asked why Part 5 was not completed on the forms and the DON responded, I didn't know I had to fill that in as I kept copies of delivery slips.</p> <p>On 07/02/2024 at 10:44 AM, the surveyor requested a copy of facility policy for DEA 222 form from the Licensed Nursing Home Administrator LNHA).</p> <p>On 07/02/2024 at 11:07 AM, the LNHA said the facility does not have a policy for DEA 222 forms.</p> <p>A review of the printed instructions on the front of the DEA 222 form indicated: Part 1: to be filled in by the Purchaser. A further review of the instructions revealed Part 5: To BE FILLED IN BY PURCHASER, number of packages received, and date received.</p> <p>NJAC 8:39-27.9(c)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40039</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain kitchen sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On [DATE] from 9:17 to 9:56 AM, the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>1. Upon entry to the kitchen a dietary aide (DA) was observed to have lengthy braids extending to the shoulder area. The braids on either side of the head were not contained in the hair net and were exposed.</li> <li>2. In the dry storage room on an upper shelf a can of Pear Diced had a significant dent on the upper seam of the can. The FSD removed the dented can to the designated dented/damaged can area on a lower shelf of the room.</li> <li>3. A stack of 5 half pans on the middle rack of the pot/pan storage rack were in the inverted position. The surveyor lifted the top pan on the stack and felt the bottom of the pan below. The pan was wet to the touch and there was a watery substance on the bottom edge of the pan a condition known as wet nesting (occurs when wet dishes or pots and pans are stacked, preventing them from drying, and creating conditions that are ripe for microorganisms to grow). The FSD agreed that the pans were wet and proceeded to remove the half pans from the rack. When interviewed the FSD agreed that all dishware should be air dried prior to storage. The FSD removed the effected half pans from the storage rack to be rewashed and sanitized and air dried before storage.</li> <li>4. At 9:34 AM the surveyor and FSD went to observe the high temperature dish machine which was actively in use at the time washing dishware used for resident meals. The surveyor upon arrival to the dishwasher area reviewed the [DATE] [facility name] DISHWASHER TEMPERATURE LOG. Observation of the log reveled the following:  Minimum temperature for wash cycle: 160 F (Fahrenheit) rinse cycle: 180 F. The log further revealed that If temperatures were below standard, the person in charge was notified and dish machine was stopped.</li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the log for breakfast on [DATE] revealed the following temperatures: Wash: 160 and Rinse: 180. At 9:34 AM, the surveyor observed the high temperature dishwasher wash and rinse temperatures while staff were actively washing dishware and the FSD was present. The surveyor observed a wash temperature of 140 F and a rinse temperature of 140 F. The surveyor immediately conducted an interview with the DA responsible for loading dirty dishware into the dishwasher and monitoring machine temperatures. The DA stated that she had observed and recorded the wash and rinse temperature of the high temperature dishwasher at approximately 9:15 AM and recorded a wash temperature of around 150 F and a rinse temperature of around 140 F. The surveyor then asked the DA what the minimum temperature requirements were for the high temperature dishwasher to effectively clean and sanitize dishware. The DA responded, The rinse should be around 180 F and the wash around 160 F. The surveyor asked the DA what should happen if the dishwasher is not meeting minimum temperatures for the wash and rinse. The DA stated, I should've shut it down and notified the FSD. At that time the FSD agreed that the machine was not meeting minimum temps for wash and rinse. On [DATE] at 09:43 AM, the surveyor accompanied by the FSD and DA observed the high temperature dishwasher again for the wash and rinse temperatures. The following temperatures were observed: Wash = 142 F rinse = 140 F. The FSD agreed that the high temperature dishwasher was not meeting minimum wash and rinse temperatures and the dishwasher was shut down at 9:45 AM. The FSD stated that the facility had a sufficient supply of paper products to serve the lunch meal. The FSD also told the surveyor that all dishes that had been washed up to shutting down the dishwasher would be rewashed and that he would call the facility contracted service company immediately to service and fix the high temperature dishwasher. On [DATE] at 9:16 AM, the facility Licensed Nursing Home Administrator (LNHA) provided the surveyor with a copy of the Extra Service Request for the dishwasher that was dated [DATE] at 1:53 PM. The request sheet revealed the following under the Service Comments: Arrived and tested rinse. Did not register on gauge. Replaced rinse gauge. tested . Did reach sanitation temp (error, should read did not). tested booster power. There was no power. Found circuit breaker in off position. Turned on and tested . Reached 180. Reviewed with staff.</p> <p>5. In the walk-in refrigerator on an upper shelf a clear plastic bag contained whole parsley. The parsley was darker green and slimy on the bottom of the clear plastic bag. On the same shelf a cardboard box was opened and contained heads of lettuce. A clear plastic bag in the box contained 2 separate romaine lettuces. The bag was opened, and the lettuce was exposed. The lettuce was noted to be brown and slimy. The FSD removed the parsley and lettuce to the trash.</p> <p>On [DATE] from 08:32 to 8:38 AM, the surveyor, accompanied by the Registered Nurse/Unit Manager (UM/RN#1) observed the following on the 1st floor/East Wing pantry:</p> <p>1. Observation of the Non Dietary Dept. Refrigerator/Freezer/Cold Pack Machine Temperature Log, dated , d+[DATE] revealed that no temperatures were documented on [DATE] for the refrigerator and freezer and no temperatures were recorded for [DATE] for the refrigerator and freezer. According to UM/RN#1, temperatures are to be recorded for the refrigerator and freezer daily by the ,d+[DATE] nursing staff.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Inside the refrigerator four (4) what appeared to be salami sandwiches on white bread were stored on the refrigerator door shelf. The sandwiches were in wax paper bags. The bags had no dates. A resident designated, zippered, food storage/carry bag contained a clear plastic container with what appeared to be cucumber/tomato/onion salad. The container was labeled eat by ,d+[DATE]. In addition, an unidentified food item wrapped in tin foil had no date. RN/UM #1 removed all unlabeled, undated, and expired food to the trash. In addition, RN/UM #1 stated to the surveyor, The temperatures should be done daily for the freezer and refrigerator by the ,d+[DATE] nursing staff. I checked it yesterday, but I must have forgotten to write it down.</p> <p>The surveyor reviewed the facility policy titled Dishwasher Temperature, Date Reviewed/Revised: [DATE]. The following was revealed under the heading Policy: It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures. The policy further revealed under Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. All items cleaned in the dishwasher will be washed in water that is sufficient to sanitize any and all items.</li> <li>2. Manufacturer's instructions shall be followed for machine washing and sanitizing.</li> <li>3. For high temperature dishwashers (heat sanitization):             <ol style="list-style-type: none"> <li>a. The wash temperature shall be ,d+[DATE] degrees F:</li> <li>b. The final rinse temperature shall be 180 degrees F or above but not to exceed 194 degrees F (165 degrees F for stationary rack, single temperature machine). Corrective actions shall be taken for final temperatures below the required final rinse temperatures.</li> </ol> </li> <li>6. Water temperatures shall be measured and recorded prior to each meal and/or after the dishwasher has been emptied or re-filled for cleaning purposes.</li> </ol> <p>The surveyor reviewed the facility policy titled Food Safety Requirements, Date Reviewed/Revised: [DATE]. The following was revealed under Policy: It is the policy of this facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety. The following was revealed under Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the foods to the resident. Elements of the process include the following:             <ol style="list-style-type: none"> <li>b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms.</li> <li>e. Equipment used in the handling of food, including dishes, utensils, mixers, grinders, and other equipment that comes in contact with food.</li> </ol> </li> <li>3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include:</p> <p>iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded and</p> <p>v. Keeping foods covered or in tight containers.</p> <p>6. All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination.</p> <p>a. Staff shall follow facility procedures for dishwashing and cleaning fixed cooking equipment.</p> <p>7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects.</p> <p>d. Dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food.</p> <p>e. Hairnets should be worn during cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad. However, staff do not need to wear hairnets when distributing foods to residents at the dining table(s) or when assisting residents to dine.</p> <p>The surveyor reviewed the facility policy titled Use and Storage of Food Brought in by Family or Visitors, Date Reviewed/Revised: [DATE]. The following was revealed under the heading Policy Explanation and Compliance Guidelines:</p> <p>2. All food items that are already prepared by the family or visitor brought in must be labeled with content and dated.</p> <p>a. The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator.</p> <p>b. The prepared food must be consumed by the resident within 3 days.</p> <p>c. If not consumed within 3 days, food will be thrown away by facility staff.</p> <p>NJAC 18:.d+[DATE].2(g)</p>