

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Harrogate		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Locust Street Lakewood, NJ 08701	
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 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>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner designed to prevent food borne illness. This deficient practice was evidenced by the following: On 02/05/2026 at 9:47 AM, the surveyor accompanied by the Director of Culinary Services (DOCS), observed the following in the kitchen: Upon entry to the kitchen the surveyor confirmed with the DOCS that the facility utilized a high temperature dish machine that was in operation for the post-breakfast meal service. The surveyor requested to see the dish machine temperature log prior to inspection of the dish machine. A review of the 'DISHMACHINE TEMPERATURE RECORD (HIGH TEMPERATURE MACHINE), dated FEB (February) 2026, revealed that the Wash temperature for breakfast on 1/5/2026 was recorded as 180 degrees and the Final rinse temperature was recorded as 165 degrees. Federal regulations require a minimum of 150-165 degrees Fahrenheit (F) for a minimum wash temperature and 180 F for a minimum final rinse temperature on a high temperature dish machine. Further review of the log did not reveal that any corrective actions had been taken at any meal period (breakfast, lunch and dinner) for the date range of 1/1/2026 through 1/5/2026 at breakfast. At approximately 9:54 AM, the surveyor and the DOCS went into the dish machine room to observe the dish washing operation. The surveyor observed the temperature gauges on the dish machine while the machine was in active service. The surveyor observed the following temperatures: Rinse: 130 F, Wash: 118 F. The DOCS then told the surveyor that the dish machine gauges had broken and that they had been broken for approximately one (1) week. The DOCS further explained that they utilized a temperature test strip to measure the dish machine temperature and ensured that it met minimum standards for wash and rinse temperature. The surveyor then asked the DOCS to attach a test strip to the interior of an empty plastic dish rack and run it through the dish machine to test for appropriate wash and rinse temperatures. The DOCS then proceeded to affix a test strip to the interior wall of the dish rack and then ran the plastic rack through the dish machine for a full wash and rinse cycle. Once the plastic dish rack departed the dish machine the surveyor and DOCS observed the dish washer temperature test strip. The surveyor observed that the test strip had 3 (three) white squares labeled as the following: 160 F (71C) (Celsius), 170 F (77C), and 180 F (82C). A review of the red lettering on the test strip revealed the following: When indicator turns black, stated temperature has been achieved. The test strip had no black squares and the squares remained white upon leaving the dish machine. The white squares indicated that the dish machine did not meet minimum required temperatures to ensure proper ware washing. A black square would indicate that the minimum required temperature had been met. The DOCS told the surveyor that he was shutting the dish machine down and instructed staff not to wash any more dishware. The DOCS stated that he would be contact their service representative and assured the surveyor that they would utilize paper products at the lunch meal and as necessary until the machine was repaired. On 02/05/2026 at 10:14 AM, the surveyor asked the DOCS if staff should ensure that the dish machine was operating properly before starting to wash dishes. The DOCS replied, Yes, the dishwasher should check that the machine met minimum temperatures before (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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>starting to wash dishware. He further explained that if it was not working properly the dishwasher (utility staff) was supposed to notify management immediately. At approximately 10:00 AM on 2/5/2026, the surveyor conducted an interview with the kitchen utility staff (US) who was responsible for ensuring the high temperature dish machine was operating properly prior to dish washing. The surveyor asked the US if he had checked the dish machine temperature gauges prior to initiating dish washing to ensure the machine was operating properly. The US told the surveyor Yes. The surveyor then asked how he determined that the machine was meeting minimum temperature standards. The US told the surveyor he used (read) the gauges. The surveyor then explained that the gauges were not operating properly and were stuck at the previously mentioned temperatures. The US then informed the surveyor in the presence of the DOCS that the dish machine gauges were broken and that he did not ensure that the machine was meeting minimum temperature standards as they could not be accurately measured. On 2/5/2026 at 2:21 PM, the surveyor met with the facility administration including the Director of Nursing (DON_, Licensed Nursing Home Administrator (LNHA) and the Regional Director of Clinical Services (RDCS) and discussed the concerns with the high temperature dish machine. The administrative staff informed the surveyor that the dish machine had been set up by service staff to run as a low temperature dish machine with chemical sanitizing until the dish machine could be repaired to run at a high temperature. On 2/9/2026 at 8:45 AM, the DOCS provided the surveyor with copies of the dish machine service provider work orders/invoices. A review of a service order dated 2/5/2026 at 14:30 (4:30 PM) had the following service comments: Bad heating contactor. Replaced. Bad fuse causing machine not to turn on. Will need to get replacement and return. Converted to low temperature until booster problem is fixed. A review of a service order dated 2/5/2026 at 16:39 (6:39 PM) revealed the following service comments: Return visit. Replaced fuse (blew again). Tested elements. 1 (One) bad element causing fuse to trip. Will return when I can locate one to replace. Machine is hooked up on sanitizer and is running low temp (temperature). A review of a service order, dated 2/6/2026 at 14:50 (4:50 PM) revealed the following service comment: Bypassed bad element on booster until replacement comes in. Rinse temp is now getting to 185-190. Wash temp was heating slowly. Bad wire on element. Reconnected. On 2/9/2026 at 12:23 PM, the DOCS informed the surveyor that the high temperature dish machine had been repaired and was operating as it should to meet minimum wash and rinse temperatures. The surveyor observed the DOCS enter an empty dish rack into the dish machine. The surveyor observed a wash temperature of 172 F and a final rinse temperature of 186 F. The surveyor reviewed the facility provided Policy #F019 DISHMACHINE TEMPERATURES policy, date revised: 1/24, which included: Dish machine wash and rinse water should be maintained at temperatures that meet the guidelines established by the Food and Drug Administration. *State or local regulations will apply if stricter. Review of the High Temperature Machine section revealed that the machine, a multi-tank, conveyor, multi-temperature machine required a wash temperature of 150F and a final rinse temperature of 180-194F. The following was observed under PROCEDURES: Supervisor/Food and Nutrition Associate as assigned: High Temperature Dishmachine - record on Dishmachine Temperature Record form: Wash and final rinse temperatures during each period of use. Once a day, run a test strip (160F strip) through the dishmachine to verify the surface temperature of a dish. (The machine readings are the temperatures at the manifold of the machine, and not on the surface of the plate). Attach the used test strip to the Test Strips Result form. The test strip must verify that the surface temperature of the plate reached 160F. ALTERNATIVE: Use an irreversible maximum registering thermometer. Write the sanitizing rinse temperature on the Irreversible Max Temperature form. Director (In the event of inappropriate temperature) Determines if reading is due to malfunctioning temperature gauge or inappropriate temperature. If due to inappropriate water temperature (high temperature machine), or inappropriate concentration of sanitizer solution (low temperature machine, implements disposable service ware or use 3-compartment sink for sanitization. Notifies nursing units of use of disposable serviceware. Contacts sources of repairs. NJAC 18:39-17.2(g)</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that the required members were present during the quarterly Quality Assurance and Performance Improvement (QAPI) Committee Meetings. This deficient practice occurred during 1 of 4 meetings reviewed and was evidenced by the following: On 2/9/26 at 9:15 AM, during an interview with the Administrator and the Director of Nursing (DON), the Administrator stated that the facility held quarterly Quality Assurance Performance Improvement (QAPI) meetings on the third Tuesday of the month during the months of January, April, July and October. The surveyor then proceeded to review the facility provided Employee Education Attendance Records for the first quarter that was dated 4/17/25, the second quarter that was dated 7/15/25, the third quarter that was dated 10/15/24, and the fourth quarter that was dated 1/2025. At that time, the surveyor asked which staff members were required to attend the quarterly QAPI meetings. The DON stated the required participants were the directors of admissions, social work, dietary, activities, maintenance, nursing, the Infection Preventionist (IP) and vendors such as Consultant Pharmacist and the lab. The DON further stated, the Medical Director (MD) sometimes attended the monthly QAPI meetings, but he definitely attended the quarterly meetings. The surveyor then asked the Administrator to review the quarterly Employee Education Attendance Records signature panels to confirm the attendance of the required attendees. During the review, the surveyor noted that the MD did not sign in on the space provided for the quarterly QAPI meeting dated 4/17/25, which was also confirmed by Administrator. The DON stated that the MD was usually phoned in on a conference call and via phone was written on the signature panel of the form, but I must have missed it. When the surveyor asked if the MD's attendance via phone should have been documented on the form to confirm attendance the DON stated that the sign in sheet should have reflected that the Medical Director was present via teleconference. A review of the facility's QAPI policy, updated 1/20/2026, included: The community Administrator maintains the role of committee leader for QAPI and will provide an annual report to the Board of Directors. This information will also be shared with the management team, staff, and resident councils. Further review of the policy listed the members of the QAPI Committee which included Administrator/Abuse Coordinator, Medical Director, DON, and Infection Preventionist/Staff Educator. NJAC 8:39-33.1 (b)</p>		