

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Crestwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Lacey Road Whiting, NJ 08759	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43936</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to treat a resident with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life specifically by not providing a privacy cover for a urinary catheter drainage bag. The deficient practice was identified for 2 of 2 (Residents # 29, # 31) residents reviewed for Dignity.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 09/03/2024 at 09:24 AM during the initial tour of the facility, the surveyor observed Resident # 29 in bed. At that time, the surveyor observed a urinary catheter drainage bag attached to the bed. There was no privacy cover. There was residual urine visible in the bag.</p> <p>On 09/03/2024 at 09:28 AM during the initial tour of the facility, the surveyor observed Resident # 31 in his/her wheelchair. At that time, the surveyor observed a urinary catheter drainage bag on the side of the wheelchair. There was no privacy cover.</p> <p>On 09/05/2024 at 08:50 AM, the surveyor observed Resident # 31 in his/her wheelchair. At that time, the surveyor observed a urinary catheter drainage bag on the side of the wheelchair. There was no privacy cover.</p> <p>On 09/05/2024 at 08:53 AM, the surveyor observed Resident # 29 in bed. At that time, the surveyor observed a urinary catheter drainage bag attached to the bed. There was no privacy cover.</p> <p>A review of Resident # 29's Physician's Orders located in the Electronic Medical Record (EMR) revealed he/she had an order for catheter care every shift.</p> <p>A review of Resident # 31's Physician's Orders located in the EMR revealed he/she had an order for catheter care twice daily.</p> <p>A review of Resident # 29's Quarterly Minimum Data Set (MDS; An assessment tool) dated 07/17/2024 revealed under section, H that he/she had an indwelling urinary catheter.</p> <p>A review of Resident # 31's Quarterly MDS dated [DATE] revealed under section, H that he/she had an indwelling urinary catheter.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/05/2024 during an interview with the Infection Preventionist (IP), the Surveyor asked if residents are in bed who have a urinary catheter, should the drainage bags have a privacy cover. The IP replied, Yes, they should.</p> <p>On the same date at 12:40 PM during an interview with the Licensed Nursing Home Administrator (LNHA), the Surveyor asked should residents with indwelling urinary catheters have privacy covers for the drainage bag. The LNHA replied, Yes. Further, the LNHA stated, Its a dignity issue. It could be a room mate's visitor that is there. Its a dignity issue.</p> <p>A review of the facility policy titled, Quality of Life - Dignity with a revised date of 1/24/24 revealed that, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. The policy also revealed that, 10. Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Lastly, 11. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident keep urinary catheter bags covered .</p> <p>NJAC S 8:39-27.1 (a)</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>33106</p> <p>Based on observation, interviews, and review of facility documentation it was determined that the facility failed to a.) properly label, date and store potentially hazardous foods in a manner that is intended to prevent the development of food borne illnesses, b.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross contamination.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 09/03/24 at 08:30 AM, the surveyor conducted a kitchen tour with the Food Service Director (FSD) and the facility Executive Chef (EC). The surveyor observed the following:</p> <p>The Preparation Box refrigerator contained a 1 (one) gallon container of thousand island dressing and a 1-gallon container of tartar sauce with no opening date or use by date. The FSD was interviewed at this time and stated that the importance of having an opening date and a use by date was to ensure that the product freshness was maintained.</p> <p>The surveyor inspected the dry storage closet that contained a 15-pound container of dry liquid thickener with a use by date of 08/15/24. The FSD was interviewed at this time and stated that it was important to ensure that all products had an opening date and a use by date to ensure that the product was fresh and did not go stale. He stated that he would discard the thickener because it was past the use by date.</p> <p>The produce refrigerator contained a large hotel container filled with whole peppers with a use by date of 08/24/24 and 9 (nine) 16-ounce bags of carrots with a use by date of 08/16/24. There was also a large cardboard box of kale with no received date or use by date labeled on the box. The EC was present at this time and stated that the produce was past the used by date and would have to be discarded.</p> <p>The surveyor observed a large plastic container of flour with the scooper left inside the container. The FSD stated that the scooper should not be left inside of the container as it could potentially contaminate the flour.</p> <p>The commercial can opener was observed with sticky brown substances on the shaft and pointed blade that inserted into the can. The EC stated at this time, that the can opener was usually cleaned daily. When the surveyor asked the EC for the Master Cleaning Schedule for equipment or who verified that the equipment was clean, the chef stated that they did not have a Master Cleaning Schedule but were in the process of creating one.</p> <p>The surveyor observed that outside of the gas oven and fryer were splattered with grease and food particles. The inside glass of the oven door was covered with burnt brown material.</p> <p>The flat top stove was observed with burnt food particles located on the inside and behind the controls of the flat top. The FDS stated that they would have to clean the inside with a vacuum.</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>The surveyor observed an uncovered, unlabeled, undated silver hotel pan full of spice located under a preparation table. The EC identified the spice as a salt and pepper cooking mixture and indicated that it should be covered and labeled with a use by date. Next to the salt and pepper mixture was a large 10-pound bag of dry elbow macaroni covered with plastic wrapping. The macaroni had no opening date or use by date. The Chef indicated that it should be dated when it was opened and a date that indicated how long it was good for. He stated that both the salt and pepper mixture and the dry elbow macaroni would be discarded.</p> <p>The surveyor observed a large 1-gallon container of vegetable oil with no use by date and a 16 oz of box of powdered sugar with a use by date of 08/30/24. The EC indicated that the vegetable oil should be dated, and the powdered sugar needed to be discarded as it was past the used by date.</p> <p>There were 7(seven) three-gallon containers of ice cream located in the ice cream freezer with no opening or use by dates. The FSD stated that he did not date them because they were usually gone within a couple days.</p> <p>The surveyor observed 3 (three) silver hotel pans covered with plastic which contained almonds, walnuts, and pecans with use by dates of 08/29/24. The FSD indicated that the nuts would be discarded as they were past the use by dates.</p> <p>The surveyor observed 1-silver hotel pan covered with plastic which contained ice cream sprinkles with a use by date of 08/29/24. The FSD indicated that the sprinkles would be discarded as they were past the use by date.</p> <p>The surveyor observed a silver hotel pan which contained sliced canned cranberry sauce stored with other toppings used for ice cream. The cranberry sauce was covered with plastic but did not contain a date when opened or a use by date and a 4 (four) pound jar of maraschino cherries with no opening date or used by date. The FSD stated that the cranberry sauce and the cherries would need to be discarded.</p> <p>The surveyor entered the freezer with the FSD and EC and observed 2 (two) large trays of premade turkey meatloaf covered with plastic wrap with a use by date of 08/26/24 and large zip lock bag of scallops with a use by date of 01/13/24. The FSD explained to the surveyor that these items needed to be discarded because they were past the use by date and should not have been in the freezer.</p> <p>On 09/03/24 09:34 AM, the surveyor interviewed the FSD who had been employed in the facility for 1 1/2 year and was a culinary school graduate with an associate degree. The EC indicated that he was also a culinary school graduate. The FSD and the EC both agreed that the items listed should have had use by dates to assure that the food was fresh. The FSD stated that if the items were not stamped with an opening date or a used by date then you would not know how long the food item was good for.</p> <p>The FSD provided the surveyor with the following policies.</p> <p>The facility policy titled, Dry Storage Life of Foods dated January 2023, indicated that the facility used the manufacturers expiration date for product storage. The policy also reflected a list of food items that if delivered with no expiration dates, the staff were to utilize the policies guidelines for dating and labeling of dry foods. The food item should be labeled with the date that the food was received and discarded when the quality of the product was deemed unacceptable.</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>On 09/06/24 at 12:30 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who reviewed the dry food storage policy with the surveyor. The LNHA admitted that the policy was not specific for the labeling and dating of the dry foods and indicated that the current policy was up for interpretation. She stated that dry food must be labeled with the received date and use by date.</p> <p>The facility policy titled; Frozen Storage Life of Foods dated January 2023, indicated that the facility utilized the expiration date for products however do not exceed 1(one) year. If there was no expiration date on the package the facility was to add the time listed to the date the food was received. In the case of food is partially used and the remaining food was exposed to air relabel the product opened to use within 3-months.</p> <p>The facility policy titled, Cleaning Frequency and Schedules dated 10/01/2022, indicated that contact surfaces shall be cleaned before each use and any time contamination may have occurred. Non-food contact surfaces shall be cleaned at a frequency necessary to prevent the accumulation of soil. The policy also indicated that cleaning task, including procedures must be assigned to appropriate associates in accordance with the usual job or duty performed. The facility was to create the cleaning schedule worksheet, Master Cleaning Schedule and Individual Area Cleaning Schedule sheets for the entire operation that included what needed to be cleaned, who was responsible for cleaning it and when it was to be cleaned. The policy indicated that the facility was to verify cleaning was being done properly and at the correct frequency by signing off the Individual Area Cleaning Schedule. These cleaning worksheets and schedules were to be retained for a period of 30 days.</p> <p>NJAC 8:39-17.2(g)</p>		