STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315433	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Arch Care Center	114 Pittstown Road Pittstown, NJ 08867

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of pertinent 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: On 3/31/26 at 10:36 AM, the surveyor conducted an interview with the Regional Food Service Director (RFSD) and Registered Dietician (RD) prior to the initial tour of the kitchen. The RFSD and RD stated the following:-Dietary staff were required to wash their hands at the designated handwashing sink.-Dented cans were stored separately from the cans to be used for meals.-The dish machine was a low temperature dish machine that required a chemical sanitizer.-Dishware was required to be air dried.-The nursing unit pantries were maintained by nursing, dietary, and housekeeping.-Leftover food and food brought in by visitors should be labeled, dated, and stored for three days. On 3/31/26 at 10:58 AM, the surveyor, accompanied by the RFSD and RD, observed the following in the kitchen: 1. At the designated handwashing sink, the RFSD washed his hands and left the water running for the surveyor. When the surveyor placed their hands under the stream of water, the water was cold. At that time, the RFSD checked the temperature of the water which was 72 degrees Fahrenheit (F). The RFSD stated the water temperature should be between 90 to 100 F in order to kill germs. 2. In the dry storage area, there was a 15 ounce (oz) can of pumpkin that was dented and stored in the area for cans in rotation. The RD removed the dented can and the RFSD stated it should not have been stored there because dented cans were not safe and could be contaminated. 3. At the low temperature dish machine, the surveyor observed the dish machine in use. When asked how the dietary staff test for the dish machine's chlorine sanitization for the final rinse, the RFSD stated the facility did not test the dish machine's chemical sanitization. At that time, the surveyor requested for the chemical sanitization to be tested, and the RD brought QAC QR test strips (strips used to measure the concentration of quat-based sanitizers for three compartment sinks) which had expired in 2020. The RFSD continued to try to use the incorrect test strips which did not work. When the surveyor informed the RD that the strips were incorrect, she left and brought back chlorine test strips and the RFSD tested the chlorine sanitization. The surveyor reviewed the Low temp dishwasher log for March 2026 which revealed the staff did not document the chemical sanitization level for the entire month. 4. In the area designated for clean pans, there were two six-inch full deep pans wet nested together. The RFSD removed the two pans to be re-washed and stated they should not be wet nested to prevent bacteria growth. 5. In the area designated for clean dishes, there were five plates that were chipped. The RFSD stated they would remove the chipped plates from circulation because they were not safe for residents or employees to handle. On 4/2/26 at 9:43 AM, the surveyor, accompanied by Licensed Practical Nurse (LPN) #1, observed the following in the refrigerator/freezer designated for resident food on the 100 Unit: 1. Three 3.25 oz containers of strawberry gelatin with an expiration date of 3/28/26. 2. A 4 oz container of cranberry juice that was not labeled with an expiration or use-by date. 3. The freezer did not have a thermometer, and the temperature of the freezer had not been recorded on the refrigerator/freezer temperature log. 4. A single plastic wrapped popsicle that was not labeled with an expiration or use-by date. 5. Three plastic ice trays with the top of the ice uncovered and exposed. (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	There were reusable ice packs on top of the ice trays touching the ice. 6. Five plastic cups that were previously filled with water and frozen with the top of the ice uncovered and exposed. At that time, LPN #1 removed and discarded the expired food items and cups of ice. The LPN stated that nursing was responsible for maintaining the refrigerator to check for expired items and ensure the refrigerator/freezer was at the correct temperature. She further stated that nothing should be touching the top of the ice trays. On 4/2/26 at 10:53 AM, the surveyor, accompanied by LPN #2, observed the following in the refrigerator/freezer designated for resident food on the 200 Unit: 1. The freezer did not have a thermometer, and the temperature of the freezer had not been recorded on the refrigerator/freezer temperature log. At that time, LPN #2 stated that nursing was responsible for checking the refrigerator/freezer temperatures. On 4/7/26 at 11:12 AM, the surveyor, in the presence of the survey team, interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to inform them of the concerns in the kitchen and nursing unit refrigerators/freezers. The LNHA stated that dented cans should be moved to the dented can area, items in the dry pan area should be dry, chipped plates should not be used to serve meals, and the water at the handwashing sink should be between 90 - 110 F. The DON stated the overnight nursing staff were responsible for checking the unit refrigerators/freezer to ensure the temperatures were correct and that there were no expired food items. A review of the facility's Handwashing policy, revised 2018, did not include specific instructions regarding the kitchen's designated handwashing sink, such as the required water temperature. A review of the facility's Dented Can Inspection and Handling policy, created 2/12/24, included, Damaged cans will be immediately removed from usable stock and placed in a separate designated area labeled ?Dented Cans, and Do not store damaged cans with usable inventory. Further review of the policy included, Dietary staff must inspect all cans, remove damaged products, and report issues promptly. A review of the facility's Dishware Drying and Prevention of Wet Nesting policy, dated 4/1/25, included, All pots, pans, utensils, and dishware must be properly cleaned, sanitized, and fully air-dried prior to storage to prevent contamination and wet nesting. A review of the facility's Low Temperature Dishmachine (Chemical Sanitization) policy, undated, included, Final rinse must include an approved sanitizer: Chlorine (hypochlorite): ~50 ppm [parts per million] on dish surface tested daily. A review of the facility's Dishware Inspection and Safety Protocol policy, created 2/15/23, included, Dishware will be inspected during dishwashing, while plating meals, and prior to serving residents, and Staff will check for chips along rims or surfaces, cracks, hairline fractures, and rough or sharp edges. Further review of the policy included, Any chipped or cracked item must be immediately removed from service and discarded in a safe manner. A review of the facility's Foods Brought by Family/Visitors policy, revised 5/18/24, included, The nursing staff is responsible for discarding perishable foods on or before the ?use by' date. A review of the facility's Food Storage Procedure policy, undated, included, All foods stored in the refrigerator or freezer will be labeled and dated, and Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the Food Service Manager or designee and documented according to state-specific requirements. A review of the facility's Product Fact Sheet for the cranberry juice, dated 1/1/26, included, Shelf-Life/Handling: 12 months frozen from manufactured date or 14 days once thawed. NJAC 8:39-17.2(g)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation and interview, it was determined that the facility failed to ensure that the residents' dining experience was provided in a manner to promote dignity and respect of the residents. This deficient practice was identified in 1 of 2 dining areas observed, (100 Unit) and was evidenced by the following: On 4/1/26 at 11:58 AM, the surveyor observed lunch in the 100 Unit dining area. The surveyor observed one (1) unsampled resident and Resident #30 sitting at the same table. A staff member was seated and feeding the unsampled resident their lunch. Resident #30 had not received their lunch tray. Resident #30 asked the surveyor, Miss, am I going to eat my noon meal? Resident #30's was not served their lunch until 12:09 PM. On 4/2/26 at 11:09 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) who stated that residents who are seated at the same table should receive their meal trays at the same time. The CNA further stated that staff should not start feeding other residents seated at the same table until all residents' trays are served their meal because it affects the resident's dignity. On 4/2/26 at 11:16 AM, the surveyor interviewed the Director of Nursing (DON) who stated that residents that were seated at the same table should receive their meal trays at the same time. The DON further stated that she would expect residents' meals be served at the same time 100% of the time for dignity purposes. On 4/7/26 at 11:13 AM, the surveyor interviewed the DON, in the presence of the Licensed Nursing Home Administrator (LNHA), the Regional DON, the Regional LNHA, and the survey team, who stated that it was important to serve all residents at the same table their meals at the same time for dignity. A review of the facility's Communal Dining policy, undated, included the purpose was to ensure a safe, dignified and enjoyable communal dining for residents. A review of the facility's Resident Dignity policy, undated, included that all residents will be treated with dignity and respect. NJAC 8:39-4.1(a)12

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provide a sanitary environment for residents, staff, and the public by failing to have a cover over the opening of 2 of 3 garbage dumpsters. This deficient practice was evidenced by the following: On 3/31/26 at 11:30 AM, the surveyor, accompanied by the Regional Food Service Director (RFSD) and Registered Dietician (RD), observed the facility's designated garbage disposal area. There were three garbage dumpsters that each had two lids. Two of the garbage dumpsters each had one lid open, exposing the trash bags inside. At that time the RFSD stated the garbage dumpster lids should be closed to prevent pests. On 4/7/26 at 11:12 AM, the surveyor, in the presence of the survey team, interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The LNHA stated that staff rounded the dumpster area throughout the day to ensure the dumpster lids were kept closed. A review of the facility's Dumpster Area Maintenance Protocol, dated 2/10/25, included, Dumpster lids must be closed after use. NJAC 18:39-19.3(b)