STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39399 Based on observation, interview, and record review, it was determined that the facility failed to ensure that expired medications were removed from the medication room and treatment cart. This deficient practice was identified for 1 of 1 floor inspected and was evidenced by the following: On 05/28/24 7:45 PM, the surveyor inspected the 4th floor medication storage room and treatment cart (high side) in the presence of the Licensed Practical Nurse and found the following expired medication: a. 2 bottles of Adult low dose Enteric Coated 81mg that had 120 tablets each bottle with an expiration date of 8/2023 b. 1 tube of unopened Bacitracin Ointment 1 oz (28.4g) with an expiration date of 1/2024. c. 1 tube of opened Bacitracin Ointment 1 oz (28.4g) with an expiration date of 1/2024 inside the treatment cart. On 5/28/2024 at 8:30 PM, the surveyor discussed the above concern to the facility's Licensed Nursing Home Administrator, Director of Nursing and Assisted Living Coordinator who acknowledged that the above medications were expired. NJAC 8:39-29.2 (d)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605 REPEAT DEFICIENCY Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices as well as store potentially hazardous foods in a manner to prevent food borne illness. This repeat deficient practice was observed and evidenced by the following: On 5/28/24 at 06:01 PM, while on 4th floor, in the area labeled Den, the surveyor observed a staff refrigerator with signage that stated, all items must be labeled with name and date. The surveyor observed a 2 liter bottle of Coke Cola, a container of salad and brown bag with a container of food. All items were missing labels including names and dates. On 5/28/24 at 6:24 PM, the surveyor in the presence of the Executive Chef (EC) observed the following during the kitchen tour: 1. Upon entering the kitchen the surveyor observed two servers (dietary aides) server #1 and #2 with hair not fully restrained, servers #3 and #4 without hairnets, and server #5 with beard guard improperly placed. The EC could not explain why those servers were not wearing hair and beard restraints properly. 2. In the standing drink refrigerator, the surveyor observed an opened 60 ounce (oz) bottle of cranberry juice without a label and an opened 60 oz bottle of grape juice with an open date of 4/25/24. The EC stated all items that have been opened need to be labeled with the open date and use by date. The EC acknowledged the grape juice should have been discarded after three days. 3. Surveyor observed servers #6 and #7 scooping ice cream into a bowl, both observed not wearing disposable gloves and both servers' hands were touching the inside of bowl. The EC stated gloves should be worn whenever preparing any food items. 4. Surveyor observed in the standing refrigerator, a 1/2 gallon fat free milk, a 24 ounce (oz) bottle of chocolate syrup, a 1 gallon Caesar dressing, a 5 lb. tub sour cream, all opened and missing open/use by labels. The EC stated all items that have been opened need to be labeled with the open date and use by date. 5. Surveyor observed in the dual door standing refrigerator, an open bag of fresh broccoli and cauliflower, both missing open/use by labels. 6. Surveyor observed a freezer next to the tray line, one bag of frozen tater tots and one bag of premade biscuits, both open and missing open/use by labels. 7. Surveyor observed in the walk-in refrigerator in the main kitchen area, an open bag of shredded carrots missing an open/use by label (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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	8. Surveyor observed in the walk-in freezer in the main kitchen area, an opened package of coffee cake missing an open/use by label. 9. Surveyor observed in the dish washing area, a four shelve storage dish rack with three full size catering dishes with wet nesting. The EC stated all items in the shelving unit should be completely dry before being stored. 10. Surveyor observed in the walk in refrigerator located in the dry storage area, two fans with a black colored debris and an open bag a grated parmesan cheese missing an open/use by label. The EC stated he would alert the maintenance department is responsible for clean the fans. 11. Surveyor observed in the walk in freezer located in dry storage area, frost build up and multiple boxes of frozen food stored higher than 18 inches from ceiling. The EC stated he would alert the maintenance department regarding the frost and would move the boxes to the proper distance from the ceiling. On 5/29/24 at 11:30 AM, the Dining Services Director (DSD) provided the surveyor with multiple facility policies including, Unit pantry stock, Dress guidelines for food service management and clinical nutrition staff, Uniform dress code, Food and supply storage, and Refrigerated storage life of foods. The Unit pantry stock policy with a revised date of 1/2024 states under the procedures section, Label, date and discard outdated items per the food storage policy. Ensure all items are covered, labeled, and dated. The Dress guidelines for food service management and clinical nutrition staff policy with a revised date of 1/2022 states under the procedure section, hair restraints are worn by all when in the kitchen. The Uniform dress code policy with a revised date of 1/2022 states under the procedure section, restrain all facial hair with a beard net/restraint. The Food and supply storage policy with a revised date of 1/2024 states under the procedures section, cover, label and date unused portions and open packages. Complete all sections on the [NAME] orange label or use the Medvantage/Freshdate labeling system. Refer to the food storage chart in this policy to determine discard dates for food items. Store food items 6 inches (in) above the floor and 18in below the ceiling/sprinklers. The food storage chart revealed that re-sealable juice should be discarded after 3 days after opening. On 5/30/24 at 1:31 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Assisted Living Coordinator (ALC), and Regional Nurse Consultant (RNC) to review concerns. No comments made by staff regarding kitchen concerns. On 5/31/24 at 10:14 AM, the LHNA met with the surveyor and stated, The kitchen not up to my standards. No further comments made. NJAC 8:39-17.2(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39399 Based on observation, interview, and record review, it was determined that the facility failed to maintain complete and readily accessible medical records. This deficient practice was identified for 6 of 15 residents reviewed (Resident # 4, 17, 19, 7, 11, 18). This deficient practice was evidenced by the following: 1. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #4. According to the Admission Record (AR) (an admission summary), Resident #4 had diagnoses that included but were not limited to: Hypertension, Glaucoma, Anemia and Chronic Obstructive Pulmonary Disease. A Quarterly Minimum Data Set (MDS) assessment, a tool used to facilitate management of care, dated 5/21/24, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #4 scored 6 out of 15, which indicated the resident had severe cognitive impairment. A review of physician progress notes (PPN) in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. 2. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #17. According to the AR, Resident #17 had diagnoses that included but were not limited to Dementia, Hypotension, and Parkinson's Disease. An Annual MDS assessment, a tool used to facilitate management of care, dated 5/1/24, indicated the facility assessed the resident's cognition using a BIMS test. Resident #17 scored 14 out of 15, which indicated the resident had intact cognitive impairment. A review of PPN in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. 3. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #19. According to the AR, Resident #19 had diagnoses that included but were not limited to Hypertension, Depression and Diabetes Mellitus. A Quarterly MDS assessment, dated 3/6/24, indicated Resident #19 was rarely/never understood and a BIMS test could not be performed to assess the resident's cognition. A review of PPN in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	46049 4. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #7. According to the AR, Resident #7 had diagnoses that included but were not limited to: dementia, hypertension, anxiety disorder, and chronic atrial fibrillation (type of heart arrhythmia). A Quarterly MDS assessment, a tool used to facilitate management of care, dated 4/11/24, indicated the facility assessed the resident's cognition using a BIMS test. Resident #7 scored 7 out of 15, which indicated the resident had moderate cognitive impairment. A review of PPN in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. 5. 4. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #11. According to the AR, Resident #11 had diagnoses that included but were not limited to: Alzheimer's disease, dementia, major depressive disorder, hypertension, and anxiety disorder. A comprehensive MDS assessment dated [DATE], indicated Resident #11 was rarely/never understood and a BIMS test could not be performed to assess the resident's cognition. A review of PPN in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. 6. The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #18. According to the AR, Resident #18 had diagnoses that included but were not limited to: nontraumatic intracerebral hemorrhage (bleeding in the brain not caused by trauma), anemia, type 2 diabetes mellitus, heart failure, and gastrostomy (a tube surgically inserted through the wall of the abdomen directly into the stomach to provide nutrition and medications). A Quarterly MDS assessment, dated 4/11/24, indicated Resident #18 was rarely/never understood and a BIMS test could not be performed to assess the resident's cognition. A review of PPN in the hybrid medical record revealed there were no physician progress notes documented by the resident's primary physician. On 5/29/24 at 12:30 PM, the surveyor interviewed the Assisted Living (AL) coordinator at the nurses' station about where physician progress notes were documented in a resident's medical records. The AL coordinator stated the physicians would document in the electronic medical record (EMR) under the assessments section. She further explained the facility was transitioning for all physician progress notes to be in the resident's EMR and that some physician progress notes may be found in the resident's paper chart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315527	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Gardens Health Care Center	333 Elmwood Avenue Maplewood, NJ 07040

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/30/24 at 1:31 PM, the survey team met with the Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA), the AL coordinator, Regional Nurse Consultant, Corporate Regional Nurse Consultant, and Clinical Analyst. The surveyors informed the facility about the concern of no physician progress notes by the resident's primary physician being found in the hybrid medical records for the residents identified. The DON stated it was expected for physicians to visit and document their progress notes at least every 30 days and every other month when alternating visits with a nurse practitioner. On 5/31/24 at 9:30 AM, the DON and AL coordinator provided the survey team with a copy of physician progress notes from January 2024 to May 2024 for the residents. The DON stated it was faxed from the physician's office yesterday to the facility. The AL coordinator further explained they were transitioning to have the physicians' document in the EMR directly instead of in their own documentation systems. The DON stated that physician progress notes not written in the EMR were to be faxed to the facility within 24 hours of the physician's visit to be placed in the resident's medical records. The DON acknowledged the physician progress notes should have been in the resident's medical records and readily accessible. There was no additional information provided by the facility. The primary physician was unavailable for interview. A review of the facility's policy titled Physician Visits, with a revised date of 5/18/23 read under Procedure: 1. The Attending Physician must perform relevant tasks at the time of each visit, including a review of the resident's total program of care and appropriate documentation. A review of the facility's undated policy titled Physician Visits, under Policy Interpretation and Implementation it read: .5. The Attending Physician must perform relevant tasks at the time of each visit, including a review of the resident's total program of care and appropriate documentation . N.J.A.C. 8:39-35.2(d)