

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CREST HAVEN NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner designed to prevent foodborne illness. This deficient practice was evidenced by the following: On [DATE], from 9:44 AM to 10:38 AM, the surveyor, accompanied by the Food Service Director (FSD) and Assistant Food Service Director (AFSD), observed the following in the kitchen area: 1. There was a wooden-handled knife in the knife holding box in the cook's area. When interviewed, the FSD stated, We don't have any wooden-handled knives that doesn't belong there because we don't use them. That must have been brought to the kitchen from another department. The FSD removed the knife from the kitchen. 2. There was a tray that contained single-serve portions of red Jello on a top shelf in walk-in refrigerator #4, dated [DATE]. When interviewed, the FSD stated, they expired yesterday, they shouldn't be there. The FSD threw the three Jellos in the trash. In addition, there was a box of puff pastry that was dated [DATE]. The FSD stated, Our policy is 72 hours, we didn't use it, and we are throwing it away. The AFSD threw the pastry in the trash. 3. The surveyor observed a maintenance worker servicing the ice machine in the kitchen. The maintenance worker was not wearing a hairnet. The FSD instructed the maintenance worker to don a hair net and stated, he knows better than that. 4. There was a box of frozen Simply Potatoes on a shelf in the Produce Refrigerator/Miscellaneous Walk-In that had a manufacturer's use by date of [DATE]. The FSD stated, That's expired, I'm throwing it out. There were (2) five-pound plastic containers of sour cream that had a best if used by date of [DATE]. When interviewed, the FSD stated, Those are expired, yes sir, they are trash. The sour cream containers were thrown in the trash. 5. There were (2) cardboard boxes of Sara(NAME)Sponge cake in the walk-in freezer that had no dates and no manufacturer use-by dates. When asked how long the sponge cakes had been in the refrigerator, the FSD responded, We can't tell how long they have been here. They don't look like they have been in here too long, but I get your point. They should have been dated. 6. A cardboard box of Market Pro Foodservice film (plastic wrap) was opened and exposed on top of the prep table. The FSD stated, That should be closed to prevent contamination. The FSD closed the container after removing several layers of plastic wrap and threw the removed wrap in the trash. On [DATE], from 9:21 AM to 9:52 AM, the surveyor, accompanied by the FSD, observed the following in the main kitchen: 1. There was a brown, unidentifiable substance on the interior of the ice machine door/lid. The brown substance came off on the surveyor's finger when wiped. The Ice Machine Cleaning Schedule Monthly attached to the upper outside of the ice machine revealed that the ice machine was cleaned for monthly cleaning on [DATE]. When interviewed, the FSD stated, That should be cleaned daily as part of our daily cleaning schedule. The FSD took a clean, white cloth and wiped down the ice machine's interior lid, which removed the unidentified brown substance. When asked, the FSD was unable to provide a policy/procedure or cleaning schedule pertaining to the daily cleaning of the ice machine. The surveyor reviewed the facility policy titled Personnel Standards, revised [DATE]. The policy revealed the following under the Procedure section: 1. In addition to the Employee Personnel Policies, Dietary personnel will be required to follow additional sanitary standards as follows: a. Hair restraints must be work (sic) at all times while on duty. The surveyor reviewed the Crest Haven Nursing &amp; Rehabilitation Center dietary department facility policy titled Proper Storage and labeling of Food in the Refrigerator dated [DATE]. The policy revealed the following under the procedure section: All food is to be stored and labeled in a safe and sanitary manner. In addition, the policy revealed, Food is to be dated with the use-by date. 3 days from opened or prepared i.e., prepared or opened on [DATE], so it would be dated for 3 days, which would be [DATE]. Do not put opened date on product. Only the use-by date. After that date, all food will be discarded. The policy also stated, Open items stored in the freezer will be dated for a 6-month use by date. The surveyor reviewed the facility policy/procedure titled Walk-In Box and Freezer Checklist for Cooks, undated. The policy/procedure revealed the following: Check expiration dates, Check to make sure all items have dates and are labeled, and All cooks should be checking daily even when it is not your assigned time. If you see a problem-fix it. The FSD/facility was unable to provide a policy/procedure pertaining to the use or non-use of wooden-handled knives. NJAC 8:.[DATE].2(g)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.