	-	ID HUMAN SERVICES			FOR	M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176		. ,	E CONSTRUCTION	(X3) DATE COM	<u>D. 0938-0391</u> E SURVEY PLETED	
		B. WING		C 06/02/2021		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
MEDFOR	CARE CENTER			185 TUCKERTON ROAD MEDFORD, NJ 08055		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000			
	Complaint #: NJ1432 Census: 107 Sample Size: 6	290, NJ144611				
	The facility is not in co requirements of 42 C Long Term Care Faci complaint survey.	FR Part 483, Subpart B, for				
F 804 SS=E	Nutritive Value/Appea	ar, Palatable/Prefer Temp (2)	F 804			6/30/21
	§483.60(d) Food and Each resident receive	drink es and the facility provides-				
		repared by methods that ue, flavor, and appearance;				
	§483.60(d)(2) Food a attractive, and at a sa temperature.	nd drink that is palatable, fe and appetizing				
	· ·	is not met as evidenced				
	Complaint Intake NJ	143290		Preparation and/or execution of thi	s plan	
	interviews, it was dete	eview, observations, and ermined that the facility items were served at a		of correction does not constitute admission or agreement by the pro- the truth of the facts alleged or conclusions set forth in the stateme		
		ent #2, and Resident #3). I to affect all residents that		deficiencies. The plan of correction prepared and/or executed solely be it is required by the provisions of fer and state law.	cause	
	Findings include:			1. Test tray was immediately disca	rded.	
	test tray was conduct	approximately 8:45 AM, a ed with the Dietary Manager I Home Administrator (NHA)		2. Several trays were tested for temperatures at the next meal to er	nsure	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE	TITLE		(X6) DATE
	cally Signed					06/22/2021

Electronically Signed

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.

PRINTED: 07/13/2022

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURV COMPLETE		
315176		B. WING			06/02/2021			
NAME OF P	ROVIDER OR SUPPLIER		·	ST	IREET ADDRESS, CITY, STATE, ZIP CODE			
MEDFORD CARE CENTER					35 TUCKERTON ROAD EDFORD, NJ 08055			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ACTION SHOULD BE COMPLETIC D TO THE APPROPRIATE DATE		
F 804	tray called for cream of cereal, waffles, sausa choice of juice/milk, c was of a regular diet of The DM took the temp of the meal and were -Sausage Patty 86 de -Waffle 90 degrees F -Oatmeal 120 degree -Milk 65 degrees F According to the DM, the meal served to real logged, by the DM, at They were recorded a -Sausage Patty 185 de -Waffle 150 degrees F -Oatmeal 190 degree -Milk 35 degrees F On 06/02/2021 at app interview was conduct (Resident #1, Residen residents expressed to always served cold. Thad received their me past couple of months took a very long time when they eventually On 06/02/2021 at 2:44 although the tempera taken at the beginning clarified that no tempor	diet menu on the breakfast of wheat, choice of cold age patty, margarine/syrup, offee or tea. The test tray meal tray on the Cedar Unit. peratures of each food item recorded as follows: agrees Fahrenheit (F) s F initial food temperatures for sidents were obtained and approximately 6:50 AM. as follows: legrees F s F s F proximately 2:15 PM, an ted with three residents in #2, and Resident #3). The hat their hot meals were the residents said that they eals as room trays for the s. They stated nursing staff to pass the meal trays, and did, the meals were cold.	F	804	food temperatures were adequate with concerns. 3. Assistant Director of Nursing re-educated staff to ensure trays are passed in a timely manner. Dietary sta were re-educated by Food Service Director to ensure staff on units are informed when trays are delivered. 4. Food Service Director will test 5 tra weekly for proper temperatures. Any issues will immediately be addressed. Results will be reported at the monthly QAPI meeting for 3 months.	aff ys		

Facility ID: NJ60313

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PRINTED: 07/13/2022

		D HUMAN SERVICES				FORM	D: 07/13/2022 MAPPROVED D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315176	B. WING		_		C 102/2021
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
MEDFORD	CARE CENTER			85 TUCKERTON ROAD			
				IEDFORD, NJ 08055			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 meal at the appropriate temperatures or why the meals dropped in temperatures as recorded. He said it was important to be able to account for the phase of the meal service when the meals dropped their temperatures. He said that food sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) should be transported and delivered to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods. On 06/02/2021 at 2:59 PM, the NHA said she spoke to the dietary manager to get an account of why residents meals were served cold. She said she was not able to get anything from the DM other than his report of the recorded temperature as described above being unsafe for the residents. New Jersey Administrative Code § 8:39-17.4(a) (2) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent		F 804				6/30/21
	facilities from using pr	oduce grown in facility ompliance with applicable					

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL	TIPLE	OMB NO. 0938-039 (X3) DATE SURVEY				
ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING				COMPLETED		
							С	
315176		B. WING			06/02/2021			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
MEDFORI	CARE CENTER				185 TUCKERTON ROAD MEDFORD, NJ 08055			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 812	Continued From page	e 3	É F	812				
		es not preclude residents						
		from consuming foods not procured by the facility.						
	§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced							
		I is not met as evidenced						
	by: Based on document			1. Test tray was immediately discard	od			
	interviews, it was det				eu.			
	failed to ensure hot for			2. Several trays were tested for				
	were served in an ac			temperatures at the next meal to ensu	ıre			
	to reduce the risk of t			food temperatures were adequate wit	h no			
	1 meal test tray. The			concerns.				
	delivery carts. This h							
	residents that ate the			3. Assistant Director of Nursing				
	Findings include:			re-educated staff to ensure trays are passed in a timely manner. Dietary st	taff			
	-				were re-educated by Food Service			
	1. On 06/02/2021 at a			Director to ensure staff on units are				
	test tray was conduct			informed when trays are delivered.				
	(DM) and the Nursing			4. Food Service Director will test 5 tra				
	present. The regular			weekly for proper temperatures. Any	ays			
	-	y called for cream of wheat, choice of cold real, waffles, sausage patty, margarine/syrup,			issues will immediately be addressed.			
		coffee or tea. The test tray			Results will be reported at the monthly			
		meal tray on the Cedar Unit.			QAPI meeting for 3 months.	•		
		peratures of each food item						
	of the meal and were	recorded as follows:						
		egrees Fahrenheit (F)						
	-Waffle 90 degrees F -Oatmeal 120 degree							
	-Milk 65 degrees F							
	According to the DM,	, initial food temperatures for						
	the meal served to re	sidents were obtained and						
		t approximately 6:50 AM.						
	They were recorded							

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 07/13/2022 MAPPROVED). 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315176	B. WING			C 06/02/2021		
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
MEDFORD	CARE CENTER				85 TUCKERTON ROAD			
					-			0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	Continued From page	2 4	F	812				
	-Milk 35 degrees F	= ¯ s F						
	-Oatmeal 190 degrees F -Milk 35 degrees F On 06/02/2021 at 2:46 PM, the DM said he was alarmed by the temperature he recorded from the test tray. He said it was very important to keep food out of the danger zone to avoid spreading food borne illnesses across the population of vulnerable residents the facility served. He stated although the temperatures of the meals were taken at the beginning of the meal service, he clarified that no temperatures were taken or recorded during the meal service, therefore, he was not able to tell if the steam table held the meal at the appropriate temperatures or why the meals dropped in temperatures as recorded. He said it was important to be able to account for the phase of the meal service when the meals dropped their temperatures. He said that food sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) should be transported and delivered to maintain temperatures at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods. On 06/02/2021 at 2:59 PM, the NHA said she spoke to the dietary manager to get an account of why residents meals were served cold. She said she was not able to get anything from the DM other than his report of the recorded temperature as described above being unsafe for the residents.							
	New Jersey Administr	rative Code § 8:39-17.2(g)						