STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315267			· · ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		B. WING		11/15/2019			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•		
	OUSE FOR NURSING 8			1105 -1115 LINDEN STREET			
		* REHABIEITATION		CAMDEN, NJ 08102			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
F 000	INITIAL COMMENTS		F OC	o			
	STANDARD SURVEY 11/15/19						
	CENSUS: 177						
F 812 SS=E	SAMPLE SIZE: 35 Food Procurement,S CFR(s): 483.60(i)(1)(tore/Prepare/Serve-Sanitary 2)	F 81	2	11/27/19		
	§483.60(i) Food safe The facility must -	ty requirements.					
	approved or consider state or local authorit (i) This may include f from local producers and local laws or reg (ii) This provision doo facilities from using p gardens, subject to o safe growing and foo (iii) This provision do	ood items obtained directly , subject to applicable State ulations. es not prohibit or prevent produce grown in facility ompliance with applicable					
	serve food in accorda standards for food se	prepare, distribute and ance with professional ervice safety. Γ is not met as evidenced					
	review, it was determ handle potentially ha kitchen sanitation sa prevent foodborne ill			1) All items that were not properly labe in the pantry refrigerator on and wir units were immediately removed and disposed of. The residents that had item discarded were informed and re-educat on facility policy.	ng		
	This deficient practic following:	e was evidenced by the		The remaining pantry refrigerator on wing was inspected and noted in			
BORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE		
					11/28/201		

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315267		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		B. WING		1	11/15/2019		
ABIGAIL HOUSE FOR NURSING & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1105 -1115 LINDEN STREET CAMDEN, NJ 08102	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	OULD BE COMPLETION	
F 812	Continued From page 1		F 8	12 compliance.			
	surveyor, accompani Nurse/Nurse Manage following in theWin 1. In the pantry mini- plastic bowl that was lid and contained uni bowl had no name or Styrofoam take-out s labeled with a residen "here was a "Celeste labeled with a residen "11/7/19." A manufact instruction was on the additional "Celeste P with a resident's nam had a manufacturer's Frozen." 2. There was a box of Bite" in the pantry ref with a resident's nam box had no date, and that read "Keep Froz interviewed the LPN/ should have been in throwing all these in the freezer. All foods sho	refrigerator there was a covered with a clear plastic dentifiable contents. The date. There was a tyle container that was ht's name but had no date. Pizza for One" that was ht's name and was dated cturer's "Keep Frozen" e front of the box. An izza for One" was labeled the but had no date. The pizza instruction that read "Keep f "Cream Cheese Pepper rigerator that was labeled te and room number. The the box contained a label en." The surveyor NM, who stated, "they the freezer and labeled. I'm the trash. I have no idea why refrigerator and not the full be labeled with the date efrigerator and also have the		 2)All residents that utilize the refrigerators on and wing potential to be affected by this 3)Staff were re-educated regatacility policy "Food brought in and Residents". Residents will were re-educated during residents on 11/20/19. Educati for staff and residents were peach unit pantry area as an areminder of the policy. The pantry refrigerator will be Monday-Wednesday-Friday fby the Infection Control Nurse Manager for compliance. Any practices will be immediately and reported to the DON. The DON/Nursing Supervisor will random compliance checks widays. 4)All data/analysis will be rep QA/QAPI team meetings quareview, analysis and revisions safety and quality x4 	have the s practice. arding the n for Patients ho attended, dent council ional signage osted at dditional e checked or 3 months, e/Unit deficient corrected e conduct veekly for 60 orted to the rterly for		

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		FORM APPROVED OMB NO. 0938-0391							
CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		(X3) DATE SURVEY COMPLETED				
			A. BUILDING						
NAME OF PROVIDER OR SUPPLIER			B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	11/15/2019			
					105 -1115 LINDEN STREET				
ABIGAIL H	OUSE FOR NURSING &	REHABILITATION		C	AMDEN, NJ 08102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	D BE COMPLÉTION			
F 812	Continued From page 2 Nurse (LPN), observed the following in the -Wing Pantry:		F	312					
	dressing on a middle The bottle of dressing by date" of "AUG 21 1 LPN stated, "we usua We check the refriger threw the salad dress observing the manufa	icturer's "use by" date.							
	The surveyor reviewed the facility policy titled, "Food brought in for Patients and Residents", reviewed 7/2018. The policy revealed the following under the "Procedure" section:								
		equire refrigeration must be esident's name and the date in."							
	1.4 "Food considered consumption, or beyo be discarded by staff.	nd the expiration date, will							
		in the refrigerator for three date on the label and will be							
	NJAC 8:39-17.2(g)								

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