DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETED	
		315267	B. WING _	01	/28/2021	
NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	гѕ	F 00	0		
	DATE:1/28/2021					
	CENSUS:154					
	SAMPLE: 31 plus 3	3 closed records				
	determine compliar Requirements for L Deficiencies were complete.	urvey was conducted to nee with 42 CFR Part 483, ong Term Care Facilities. cited for this survey. Store/Prepare/Serve-Sanitary (2)	F 81	2	2/10/21	
	§483.60(i) Food sa The facility must -	fety requirements.				
	approved or considerate or local author (i) This may include from local producer and local laws or refered (ii) This provision defacilities from using gardens, subject to safe growing and for (iii) This provision of	e food items obtained directly rs, subject to applicable State				
	serve food in accor standards for food This REQUIREMEI by: Based on observar review, it was deter	e, prepare, distribute and dance with professional service safety. NT is not met as evidenced tion, interview, and record mined that the facility failed to azardous foods and maintain		The outdated food item was immediately discarded in the presence of the surveyor. The floor in the freezer was		
ABORATOR	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6) DATE	

Electronically Signed

02/09/2021

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315267	B. WING			01/2	28/2021
NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 812	Continued From page 1 sanitation in a safe and consistent manner in order to prevent foodborne illness. This deficient practice was evidenced by the following: On 1/20/21 from 9:00 AM to 9:32 AM, the surveyor, accompanied by the Floor Manager (FM), observed the following the kitchen area: 1. In the reach-in refrigerator, a plastic bin contained sliced deli ham. The plastic bin was dated, "1-12-21", which indicated that the sliced deli ham had been in the refrigerator for 8 days. A "Labeling and Dating System Protocol" on the refrigerator door stated, "Deli Meat opened. Sliced three days." During an interview, the FM said, "This is trash, I'm throwing it away." The FM threw the sliced deli ham in the trash in the presence of the surveyor. 2. In the walk-in freezer, an unidentified red substance was on the floor under the 3-tiered rear storage shelf. Unidentified food debris was also on the floor throughout the walk-in freezer and below the 3-tiered rack on the right side of the refrigerator. During the FM interview, the surveyor asked how often the walk-in was cleaned. The FM replied, "I think it gets cleaned every couple of days. We are getting a delivery		cleaned and added to the daily assignment. All the racks in the have all been replaced with ne 2) All residents can be affected deficient practice. 3) All Dietary staff were re-edu the food storage policy and the and dating system protocol. Cook/Supervisors will check dathe end of their shift to ensure are labeled, dated properly and thoroughly cleaned. All items for labeled or dated properly will be and reported to the food service for follow-up. The FSD/Designee will review checklists and weekly cleaning follow-up on a weekly basis. 4) The FSD/Designee will reported to the food service for follow-up on a weekly basis.		cleaned and added to the daily clea assignment. All the racks in the free have all been replaced with new on 2) All residents can be affected by deficient practice. 3) All Dietary staff were re-educate the food storage policy and the labe and dating system protocol. Cook/Supervisors will check daily be the end of their shift to ensure all it are labeled, dated properly and thoroughly cleaned. All items found labeled or dated properly will be co and reported to the food service dir for follow-up. The FSD/Designee will review all cochecklists and weekly cleaning lists follow-up on a weekly basis. 4) The FSD/Designee will report all findings to the QA/QAPI committee.	ezer les. this d on eling pefore ems I not rrected rector losing	
	On 1/27/21 at 1:40 accompanied by the (FSD), observed the 1. The multi-tiered and right and left si	PM, the surveyor, e Food Service Director e following in the kitchen: wire storage racks in the rear de of the walk-in freezer were When interviewed, the FSD					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		315267	B. WING		01	/28/2021	
NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102			20,2021	
(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 COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 812	stated, "I took these in the summer, but to talk to administra some new ones." The surveyor review "Dietary Cleaning A weeks 1/10/2021 to 1/23/2021. On revie specify what staff weeks the walk-in refrigera interviewed with the The FSD stated, "I'll number is responsi responsible to clear at "300 Sweep and stated, "Our deliver Whoever is assigned delivery on Thursda walk-in refrigerator The surveyor review titled "Food Storage 3-17 2013 Becky D following was reveal "Food is stored in a free from contaminatin the Procedure se Storage: f. "All food and dated. All foods that foods (including the surveyor section of the procedure set storage of the procedure set storage: f. "All foods that foods (including the procedure set storage)."	e out, and power washed them they're rusted again. I'm going ation and see if we can get wed the provided facility's ssignment," dated for the 1/16/2021 and 1/17/2021 to ew, the assignment did not as responsible for cleaning ator floor. The surveyor FSD on 1/28/21 at 9:39 AM. I have to check which position ble for that. The #4 position is a the walk-in refrigerator floor Mop Area." The FSD further y day is on Thursday. Ed to receive and stock the ay is also required to clean the floor." Wed the facility provided policy e," Policy & Procedure Manual orner & Associates, Inc." The alled under the Policy heading: In area that is clean, dry, and ants." The policy further stated ection at 14. Refrigerated Food is should be covered, labeled, is will be checked to assure go leftovers) will be consumed adates, or frozen (where	F8	12			