PRINTED: 10/29/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILD	ING			С
		315219	B. WING) /10/2021
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	,	
COMPLET	E CARE AT VOORHEES	, LLC			3001 EVESHAM ROAD		
		,	T	ľ	VOORHEES, NJ 08043		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	COMPLAINT # NJ 14	44742					
	CENSUS: 123						
	SAMPLE SIZE: 8						
F 812 SS=D	42 CFR PART 483, S TERM CARE FACILI' COMPLAINT VISIT. Food Procurement,St	THE REQUIREMENTS OF UBPART B, FOR LONG TIES BASED ON THIS core/Prepare/Serve-Sanitary	F	812			6/22/21
	§483.60(i) Food safet The facility must -	ry requirements.					
ABORATORY	state or local authoriti (i) This may include for from local producers, and local laws or regulii) This provision does facilities from using progradens, subject to consume a safe growing and food (iii) This provision does from consuming foods \$483.60(i)(2) - Store, serve food in accordance.	ed satisfactory by federal, ies. bood items obtained directly subject to applicable State plations. It is not prohibit or prevent roduce grown in facility ompliance with applicable			TITLE		(X6) DATE
		SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		
⊾lectroni	cally Signed						06/18/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		315219	B. WING _				C / 10/2021	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.		
				30	001 EVESHAM ROAD			
COMPLET	E CARE AT VOORHEES	i, LLC		٧	OORHEES, NJ 08043			
(X4) ID		ATEMENT OF DEFICIENCIES	ID				(X5) COMPLETION	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	^	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE	
F 812	Continued From page	e 1	F	812				
		rvice safety. ¯ is not met as evidenced						
	by:	44740			There were no week don't directly offers	l		
	COMPLAINT # NJ 144742				There were no residents directly affect All residents were monitored for any	.ea.		
					negative outcome related to consuming	a		
	Based on observations, interviews, and review of				foods not served at the proper	3		
	pertinent facility documentation on 6/9/2021 and 6/10/2021, it was determined that the facility				temperature which there was none.			
	failed to ensure that meals were served at the				All residents consuming food/meals fro	m		
	proper temperature prior to serving the foods on				the kitchen have the potential to be			
	the service-line during lunch on 6/10/2021. Also,				affected.			
	the facility failed to complete the "Service Line							
	Checklist" to ensure the temperature of all foods				In-service was immediately initiated wi			
	prior to serving and to follow their facility policy				the FSD and all cooks on 6/10/2021 by			
		on". This deficient practice			Healthcare Services Group manageme			
	was further evidence	d by the following:			team. Re-educate and retraining initiat with FSD and cooks on how to properly			
		itchen , on 6/10/2021 at			record (Using the "Service Line			
		Service Director (FSD)			Checklist")for every meal service and			
	_	s should be at 41-degrees			monitor food/beverage temperatures o			
		d hot foods should be at			6/10/2021 by Healthcare Services Gro	ир		
		neit or higher when served.			management team.	***		
	monitored for each m	t the food temperatures were			If temperatures are not in accordance			
	Infomitored for each in	cai.			food service safety, corrective action was be taken accordingly and immediately.			
	The FSD also stated	that approximately 1 month			The milk box will remain closed at all			
	ago during the Resid	• • •			times until the start of tray line service.	Ice		
	, ,	of temperature issues with			will be utilized to ensure beverages are			
	their meals.	•			kept below 41 degrees.			
					The other cold beverages will be			
	At 11:30 a.m., the sui	veyor calibrated			contained in ice during tray line service	; .		
	thermometers with th	e FSD to 32 degrees			Cold desserts and side dishes will be			
	Fahrenheit.				pulled from refrigeration in batches for tray line service.			
		8 a.m., the first food truck						
		the staff passed out the			The FSD or designee will conduct 5 tes			
	trays immediately upon arrival to the unit. When				tray audits per week x3 months. We w			
	I -	ed passing out the trays the			evaluate at the quarterly QA meeting that			
	last tray was taken as a test tray from the food				follows to determine continuing frequer	1CV		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED		
		315219	B. WING			C 06/40/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC				STREET ADDRESS, CITY, STATE, ZIP CO 3001 EVESHAM ROAD VOORHEES, NJ 08043	DDE	06/10/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 812	following foods: Hot coleslaw, milk, coffee foods were on a dish and a cover was in p covered. The food temperature Fahrenheit degrees by the FSD and as for Coffee 136. Hot dog Coleslaw 51.4. Milk. During the food tempore verified that the hot coleslaw, pudding an according to the regulation to serving. The food temperature che "Head Chef" and is considered to the surveyon. The milk, beverage/juice temperature che checked food temperature che lunch on 6/10/2021, had not checked the milk or the coleslaw to should have checked checked either. "He food temperature che checked the milk or juic checked either." He food temperature checked fo	ar diet and contained the dog in a bun, baked beans, e, and pudding. The hot with an insulted hot plate lace. The cold foods were less were checked in by the surveyor and verified billows: 130.9 Baked Beans 137 46.9 Pudding 46.7 Derature checks the FSD log was cold and the milk were warm ulations. The FSD reported of from a can and was chilled FSD also verified that the leck was done that day by the completed for each meal. The "Service Line Checklist" rewhich was dated hot beverage, and the cold	F 8*	of audits. The FSD or designee will coaudits to ensure and monito completion of the "Service L x3 months. We will evaluate quarterly QA meeting to det continuing frequency of aud All findings will be reported monthly and reported quarte QAPI meeting for the next 2 the FSD or designee.	or for proper Line Checklist" e at the ermine its. and reviewed erly during the	

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC				STREET ADDRESS, CITY, STATE, ZIP COL 3001 EVESHAM ROAD VOORHEES, NJ 08043	•	J6/10/2021	
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F 812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F8	312			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VOORHEES, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3001 EVESHAM ROAD VOORHEES, NJ 08043					
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F 812		corded at time of service and y during meal service	F	812					