

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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 COMMENTS  STANDARD SURVEY 8/1/19  CENSUS: 67  SAMPLE SIZE: 17	F 000			
F 812 SS=E	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 facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does 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 by: Based on observation, interview and record review, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:  On 7/30/19 from 8:07 AM to 9:05 AM, the	F 812	Facility will handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness.  All facility residents could be effected by not handling potentially hazardous food and maintaining sanitation in a safe and	8/19/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/07/2019

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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	<p>Continued From page 1</p> <p>surveyor observed the following in the presence of the of the Dining Services Director (DSD) and Executive Chef (EC):</p> <ol style="list-style-type: none"> <li>1. In the dry storage area on a multi-tiered rack, two cans of prunes were dented. The DSD removed the cans to the designated dented can area.</li> <li>2. The surveyor observed the EC perform handwashing at the designated hand washing sink. The EC proceeded to wet hands under running water, applied soap and washed hands vigorously for 10 seconds. The EC then proceeded to turn off faucet with bare hands prior to grabbing a hand towel. The EC then proceeded to dry hands with the hand towel and threw the towel into the trash receptacle. A poster on the wall at eye level and to the right of the handwashing sink indicated that hands were to be washed for at least 15 seconds. The surveyor reviewed the facility policy titled "Hand Hygiene (RS-26)", last revised 7/2/2019. The "Purpose" noted the following: "To prevent the transmission of pathogenic micro-organism from resident to resident and from inanimate surfaces to residents by the hands of all healthcare providers." In addition, "To educate staff in proper hand washing technique." Under the "Procedure" section the policy stated the following: "Apply soap to hands. Use only community approved liquid soap. Rub the soap on all surfaces of the hands and wrists using friction. Friction can be obtained by rubbing hands rapidly and firmly together. Wash all surfaces for at least 20-30 seconds." The policy further stated, "Rinse hands thoroughly under running water keeping hand downward, avoid touching the sink. Dry hands thoroughly with paper towel(s). Hands that are not </li></ol>	F 812	<p>consistent manner to prevent food borne illness. All outdated food observed during walkthrough was discarded along with all dented cans. Steamtable splash-guard was cleaned and the executive chef was re-inserviced on appropriate handwashing.</p> <p>The Dining Services Director conducted an examination of all canned goods in dry storage areas to determine if any dented cans were retained. Any dented or damaged cans identified were segregated in a designated location so as not to be used in production. It was determined that the dining services associates were not aware that dented cans should be removed prior to being placed on storage racks. The Executive Director with the Dining Services Area Manager will re-educate the Dining Services Director (DSD), Assistant Dining Services Director and Executive Chef (EC) on the proper storage procedures utilized for all dry and refrigerated food storage which includes the identification of dented or damaged cans and removal to a segregated area before being placed on storage racks.</p> <p>The DSD will re-educate all dining service production staff on the proper storage procedures utilized for all dry and refrigerated food storage, which includes the identification and segregation of dented or damaged cans prior to placement on storage racks. All newly hired dining service production staff will be trained on proper storage for dry and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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	<p>Continued From page 2</p> <p>dried properly can become dry and cracked, leading to an increased risk of harboring microorganisms. Turn off faucet with a clean paper towel. Discard paper towel."</p> <p>3. In the walk-in refrigerator on a lower shelf, a 1/4 pan contained a raw salmon filet wrapped in clear plastic wrap. The salmon filet had a "open" date of 7/23/19. The salmon had a "use by" date of 7/25/19. The EC stated, that was a birthday meal, the resident didn't come down so we didn't use it. The EC threw it in the trash. On interview the EC stated, "I am responsible for monitoring the use by dates."</p> <p>4. On a shelf, in the outside walk-in freezer, a frozen "Chef Pierre" pie had a "use by" date of 5/8/19. The EC threw the pie in the trash.</p> <p>5. Observation of the hot table/steam service table revealed the splash guard was splattered with an unidentifiable, brown food debris, along the interior length of the splash guard. The surveyor interviewed the EC in regards to how often the hot table/steam service table was cleaned. The EC stated, " This is our hot serving area. We try to clean it as often as possible, usually once a week. It's dirty, fair enough." On interview 7/30/19 at 9:22 AM the EC stated, "Listen, this is what we do. We look around and if something looks dirty we clean it. We don't have a daily cleaning schedule in place."</p> <p>The surveyor reviewed the facility procedure titled "Labeling &amp; Dating Procedure", undated. The procedure did not indicate what the facility is to do with food products that are past their use by date.</p> <p>NJAC 8:39-17.2(g)</p>	F 812	<p>refrigerated food.</p> <p>Beginning in August, 2019 and continuing for the next twelve months the Dining Services Director, Assistant Director or Executive Chef will inspect the dry food storage areas on a weekly basis using a Quality Assurance monitoring tool. Any dented or damaged cans found on storage racks will be identified, segregated and will be reported to the Quality Assurance Committee on a monthly basis. The Quality Assurance Committee will determine required follow up action to ensure compliance.</p> <p>The Director of Staff Development re-inserviced the Executive Chef, Dining Service Director and Assistant Dining Service Director in appropriate handwashing technique per facility policy and they each return demonstrated. The Director of Staff Development will re-inservice all dining service associates in proper handwashing technique per facility policy and each will return demonstrate. It was determined that although each dining service associate is trained in proper handwashing technique and periodically evaluated by staff development, proper handwashing technique was not being appropriately reinforced in the daily routine of the department.</p> <p>Beginning in August 2019 and continuing for twelve months the Dining Service Director will use the handwashing Quality</p>		

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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 3	F 812	<p>Assurance tool to observe the handwashing technique of five dining service associates each month and report findings to the Quality Assurance Committee on a monthly basis. Any associate who fails to follow the prescribed procedure will be re-inserviced by the Director of Staff Development with return demonstration. Beginning in August, 2019 and continuing for twelve months, once each quarter the Director of Staff Development will randomly observe the handwashing technique of five dining service associates and report finding to the Quality Assurance Committee. Any associate who fails to follow the prescribed procedure will be re-inserviced by the Director of Staff Development with return demonstration. The Quality Assurance Committee will determine required follow up action to ensure compliance.</p> <p>An inspection of the facility's walk-in refrigerator, walk-in freezer and all unit refrigerators has been conducted by the Director of Dining Services or Assistant Director of Dining services and any food items without appropriate dating, i.e. received date, use by date and/or opened date or with an expired date will be discarded. It was determined that although dining services management and associates were aware of the food labeling policy they were not fully aware that 100% compliance is the policy is required.</p>		

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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 4	F 812	<p>The Executive Director with the Dining Services Area Manager will re-educate the Dining Services Director (DSD), Assistant Dining Services Director and Executive Chef (EC) on proper food labeling and compliance monitoring. All current dining service associates will be re-educated on the requirement to label all food items placed in refrigerators and freezers with appropriate dates, i.e. received date, use by date and/or opened date as well as to discard any food upon its expiration date. All newly hired dietary staff will be educated on the requirement to label all food with appropriate dates prior to placing in refrigerator or freezer and to discard food without labels or upon its expiration date.</p> <p>Dining Services Director, Assistant Director or Executive Chef will inspect refrigerators and freezers daily to ensure all food items are appropriately labeled and discarded upon expiration date with the expectation of 100% compliance.</p> <p>A Quality Assurance monitoring tool which will include review of all food items for appropriate dates and discarded upon expiration will used by the Director of Dining Services to monitor facility refrigerators and freezers on a monthly basis starting in August 2019 and continuing for twelve months and reported to the Quality Assurance Committee on a monthly basis with 100% compliance required. The Dining Services Area Manager will conduct a quarterly audit of</p>		

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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 5	F 812	<p>facility refrigerators and freezers to ensure appropriate dating and discard of outdated food items with report submitted to the Quality Assurance Performance Improvement Committee for review and follow-up action as needed.</p> <p>The splash-guard on the hot table/steam table has been cleaned. All equipment in the kitchen has been examined by the Director of Dining Services for cleanliness and cleaned as needed. It was determined that cleaning schedules were not consistently assigned to associates for completion.</p> <p>The Executive Director with the Dining Services Area Manager will re-educate the Dining Services Director (DSD), Assistant Dining Services Director and Executive Chef (EC) on the requirement to assign cleaning schedules as part of the required daily routine. A sanitation &amp; infection control cleaning policy schedule has been developed and approved. Schedule includes assigned associates required to perform cleaning and required associate initial confirming completion. All dining services production associates have been inserviced on the policy and schedule by the Director of Dining Services. All newly hired dining services production associates will be trained on the policy and schedule.</p> <p>A Quality Assurance monitoring tool which includes the cleaning schedule and associate assigned to task will be</p>		

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

PRINTED: 08/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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 6	F 812	developed. The Director of Dining Services will review completed cleaning schedule tool to determine they were assigned as required on a daily basis and directly observe equipment once per week for three months beginning in August 2019, followed by once per month for the following nine months. The Director of Dining Services will report any discrepancy to the Quality Assurance committee on a monthly basis for any follow up action. The Executive Director and the Dining Services Area Manager will conduct a quarterly audit of cleaning schedules to ensure they were properly assigned and directly review kitchen equipment using the cleaning schedule audit tool with the goal of 100% completion of daily assigned tasks and properly cleaned equipment. Findings will be reported to the Quality Assurance Committee for review and proposal of follow-up action as needed.		