PRINTED: 11/25/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
315237		B. WING	B. WING		10/21/2020		
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR				4	STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	Standard Survey 10/	21/2020					
	Census: 97						
	Sample: 20 plus 1 clo	osed record					
		OT IN COMPLIANCE WITH IS OF 42 CFR PART 483, DNG TERM CARE					
F 812 SS=E	was also conducted. with 42 CFR part 483 regulations and did in Centers for Disease ((CDC) as recommend	nplement the CMS and Control and Prevention ded practices for COVID-19. tore/Prepare/Serve-Sanitary	F	812	2		10/27/20
	§483.60(i) Food safet The facility must -	ty requirements.					
	state or local authorit (i) This may include for from local producers, and local laws or regulii) This provision does facilities from using placed growing and fooloiii) This provision does from consuming food facility.	ed satisfactory by federal, ies. bood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the					
	§483.60(i)(2) - Store,	prepare, distribute and					
ARODATORY	DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATURI	=		TITLE		(X6) DATE

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.

Electronically Signed

10/29/2020

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315237	B. WING		10/21/2020
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069	
(X4) ID PREFIX TAG	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	O BE COMPLETION
F 812	standards for food set This REQUIREMEN' by: Based on observation review, it was determ to handle potentially maintain sanitation in designed to prevent. This deficient practice following: On 10/14/20 from 8:3 accompanied by the (FSD), observed the 1. In the dry storage multi-tiered rack, a bopened and exposed time, the FSD stated right now." The FSD the trash. 2. Several steam tab hold cooked food on stacked on top of earthe pot rack/drying a surveyor, the top par watery substance was the pan below. When the FSD stated, "The when wet dishes or part which prevents them should be dry before have those pans re-value." 3. There were 3 boxes.	ance with professional ervice safety. T is not met as evidenced on, interview, and record nined that the facility failed hazardous foods and a safe, consistent manner foodborne illness. e was evidenced by the 36 to 9:22 AM, the surveyor, Food Service Director following in the kitchen: area on a middle shelf of a lox of plastic knives was did. When interviewed at that threw the plastic knives in ale 1/2 pans (a pan used to the steam table) were chother on a middle shelf in the rea. When separated by the news wet to the touch. A las on the outside surface of an interviewed at that time, by are wet nesting (occurs loots and pans are stacked from drying properly), they being stacked. I'm gonna washed and sanitized."	F 812	Corrective Action: On 10/14/20 the FSD immediately the out the opened and exposed plastic knives. On 10/14/20 the FSD immediately removed wet nesting pound had them rewashed and sanitized and put out to air-dry correctly. On 10/14/20 the FSD immediately discated the 3 boxes of Foodservice Film. On 10/14/20 the FSD thoroughly cleaned sanitized the offending area of the icomachine. On 10/14/20 the FSD immediately threw the exposed meat patties in the trash. On 10/14/20 the immediately discarded the 2 cheesed the trash. On 10/20/20 the FSD immediately removed the plates and them rewashed and sanitized. On 10/20/20 Maintenance shut the power the dirty outlets and cords, and had cleaned thoroughly. Identification of Residents at Risk: The residents who eat food from our kitchen have the potential to be affect These residents can be identified by reviewing the meal tickets and snach lists. Systemic Change: Plastic ware has been removed to a locked closet, as they are not utilized a regular basis. Beginning 10/14 Die Staff were in-serviced on not leaving cutlery out of the box open and exponents.	ots ed rded d and e t FSD s in had er to chem

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
315237 B.		B. WING	B. WING		10/21/2020		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				4	49 S PENNSVILLE-AUBURN ROAD		
SOUTHGA	TE HEALTH CARE CTR			С	CARNEYS POINT, NJ 08069		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 812	2 Continued From page 2		F	812			
	table. The FSD stated	d, "They should be covered			For one year, Food Service Director w	II	
		gonna throw them away."			document a weekly audit for one year		
	_	astic wrap in the trash.			the plastic ware to ensure they are		
	·	·			properly stored. Beginning 10/14 Dieta	ry	
	4. There was an unide	entifiable brownish/black			Staff were in-serviced regarding prope	r	
	substance on the plas	stic backsplash inside the			drying of all equipment. More shelving		
		O wiped the backsplash with			space has been made available to ens	ure	
	a clean white cloth, ar				proper drying. For one year, Food		
		cloth after wiping. The			Service Director will document a week	•	
		ide contractor comes every			audit for one year that wet nesting is n		
		we don't have an in-house			occurring. Beginning 10/14 Dietary Sta	ff	
	schedule to clean the ice machine. Maintenance				were in-serviced on not leaving		
	has the contractor schedule. I'm not sure when				Foodservice film or foil open and	4.4	
	they were here last." The FSD provided the				exposed. The facility purchased on 10/		
	surveyor with invoices dated 5-4-2020 and 7-31-2020 from "(name of company)				received and installed on 10/19, reusal		
	,				dispensers which keep the plastic wrap		
	_	aning and sanitizing kitchen anufacturer's guidelines."			covered at all times. For one year, Foc Service Director will document a week		
	lice macrime as per m	andiacturer's guidelines.			audit to ensure these containers are	У	
	5. On an unner shelf i	n the walk-in freezer, a box			being used and are functioning properl	v	
		was opened and exposed.			Beginning 10/14 Dietary Staff were	y .	
		eath the refrigeration unit.			in-serviced on proper procedures in		
		e FSD stated, "That should			cleaning the Ice Machine. For one yea	۲,	
		oosed." The FSD threw the			Food Service Director will document a	•	
	beef patties in the tras				weekly audit ensuring that the Ice		
					Machine is clean. Beginning 10/14		
	6. On an upper shelf	of the dairy/produce walk-in			Dietary Staff were in-serviced regardin	g	
	refrigerator, an opene	d bag of Parmesan cheese,			resealing opened food items, as well a	S	
	wrapped in plastic wra	ap, had no opened or use			labeling and dating food items with an		
	by date. The FSD sta	ted, "That should be labeled			open and used by date. Signs posted i	n	
	•	by date." The FSD threw			the kitchen as visual reminders. For or	е	
		in the trash. In addition, an			year, Food Service Director will		
	opened bag of shredded cheddar cheese on the			document a weekly audit to ensure that		t	
		en or use by date. The			items are sealed and dated properly.		
		thrown in the trash by the			Beginning on 10/20 Dietary Staff were		
	FSD.				in-serviced regarding inverting clean		
					dishes which are waiting to be used for	•	
	On 10/20/20, from 9:5				the meal. For one year, Food Service		
	surveyor, accompanied by the FSD, observed				Director will document a weekly audit t	0	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
315237		B. WING_			10/21/2020		
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 the following in the kitchen: 1. On a counter in the cook's area/deli box, (2) stacks of cleaned and sanitized plates used to serve resident meals were uncovered and not inverted. When interviewed, the FSD stated, "they should be inverted or covered. I'm going to run them through the dish machine." The FSD removed the plates and took them to the dish machine to be re-washed. 2. The electrical outlet covers and an electrical cord attached to the deli box were covered with an unidentifiable brown debris/grease-like substance. When interviewed, the FSD stated, "I will get that cleaned right now. The AM utility (kitchen staff member position) is responsible for cleaning this area daily. Yeah, I would agree it hasn't been done daily. It will get done." On further interview with the Administrator on 10/20/20 at 1:20 PM, the Administrator stated, "I am having maintenance remove the covers to the outlets so they can be cleaned safely." The surveyor reviewed the facility policy "CLEANING LIST FOR AM UTILITY WORKER," revised 10/20/20. The revised cleaning list included the AM utility worker was responsible to "CLEAN THE KNIFE BOX AND DELI BOX AREA" and "WIPE DOWN ICE MACHINE." The revised cleaning list also included the following: "note: maintenance to clean the electrical portion on the side of the deli fridge area weekly on Thursday." The surveyor reviewed the facility policy titled "Food Receiving and Storage," undated. Under Policy Interpretation and Implementation, the		F	812	ensure that staff are properly inverting dishes. Beginning on 10/20 Dietary Stawere in-serviced on the cleaning of the electrical wires and electric boxes which was specifically added to the list of cleaning duties. On a weekly basis, maintenance will shut off the power to outlet so she can clean the covers and wires. For one year, Food Service Director will document a monthly audit ensure that cleaning is being done properly. Quality Assurance: A quarterly review of all audits will be conducted and documented by the Food Service Director for one year. Any concerns/recommendations will be mat that time and addressed as needed. Results of the review will be reported to the Administrator as well as the Quality Assurance committee at their quarterly meeting for one year.	aff the to de	

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		315237	B. WING			10/21/2020		
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR			•	STREET ADDRESS, CITY, STATE, ZIP CODI 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069		,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 812	Continued From pag	e 4	F 8	12				
	napkins will be stored storage" unit, which is	ods, disposable dishware and d in a designated "dry is temperature and humidity sects and rodents, and kept						
	"All foods stored in the covered, labeled,	ne refrigerator or freezer will and dated."						
		eep frozen foods frozen ozen foods to stay intact						
	"Equipment Drying,"	g under Policy Interpretation						
	"Allow equipment to	air dry before stacking."						
		quipment and utensils that d will be allowed to air dry						
	"Dating and Labeling	ed the facility policy titled g Policy," undated. The ollowing under Policy						
	assure food safety by	s facility for the kitchen to y maintaining proper dates ly to eat food products."						
	"Disposable Dishes a	ed the facility policy titled and Utensils," undated. The and Implementation section g:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED		
		315237	B. WING _			10/21/2020		
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICE)	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
F 812	"Single-service article used by this facility w	es related to food services ill be stored in the original r stored by using other rotection from	F	312				