

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT THE S		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BAY AVENUE OCEAN CITY, NJ 08226		
(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) COMPLETE DATE
A 000	Initial Comments Initial Comments: Census: 114 Sample Size: 5 TYPE OF SURVEY: Standard Survey of 250 residential units The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations	A 000		
A 585	8:36-5.11(a)(6) General Requirements (a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public: 6. The toll-free hot line number of the Department; telephone numbers of county agencies and of the State of New Jersey Office of the Ombudsman; This REQUIREMENT is not met as evidenced by:	A 585		

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

TITLE

(X6) DATE

08/06/21

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A 585	<p>Continued From page 1</p> <p>Based on observations and interview, it was determined that the facility failed to post the number for the New Jersey Department of Health Hotline and the number for the Office of the Ombudsman in a place that was conspicuous to residents and visitors in accordance with this regulation and facility policy. This had the potential to affect all 114 residents, visitors and staff members.</p> <p>Findings included:</p> <p>1. The surveyor made observations of the facility between 8:45 AM through 4:00 PM on 07/15/2021. Posting of the phone numbers for the New Jersey Department of Health Complaint Hotline and the Ombudsman's office were not found near the main entrance used by the public and residents.</p> <p>On 07/15/2021 at 4:35 PM, the surveyor completed an interview with the Director of Building Services (DBS) who stated that all the postings had been moved to the back entrance of the facility during a construction project and when the front entrance was reopened "a month or so ago," the postings were not moved back to the front lobby. All staff and visitors used the rear entry during construction. When lobby was reopened, all visitors and staff used the front entrance. No one routinely entered the building at the back entrance anymore.</p> <p>The facility policy, titled, Abuse Prevention, last revised 10/10/2017, required, "Posting in public areas the telephone numbers of the Ombudsman's Office for the Institutionalized Elderly (OOIE) and the New Jersey Department of Health and Senior Services Complaint Hotline (NJDHSS)."</p>	A 585		

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A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, facility policy review, and New Jersey Administrative Code 8:24, it was determined that the facility failed to:</p> <ol style="list-style-type: none"> 1. Maintain refrigerated foods at 41 degrees Fahrenheit (F) or below in 1 of 6 refrigerators (the "Continental 2" refrigerator located in the facility central kitchen). This failure had the potential to promote the growth bacteria which could result in food borne illness. 2. Ensure the concentration of the sanitizing solution in the sinks used to manually wash pots was of the proper concentration for the sanitizing of this cookware. Failure to properly sanitize these items had the potential to promote food borne illness. 3. Ensure cooked food that was stored in 1 of 3 refrigerators located in the cognitive care units was labeled and dated so the food would not be used after its expiration date in order to prevent 	A 891		

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A 891	<p>Continued From page 3</p> <p>food borne illness</p> <p>These deficient practices had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: New Jersey Administrative Code 8:24-3.5, indicates, (f) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under (g) below, potentially hazardous food shall be maintained: 2. At refrigeration temperatures.</p> <p>"Refrigeration temperatures" mean: 1. 41°F or less, except as specified under 2 below. 2. 45°F or less in refrigeration equipment in use as of January 2, 2007, that is not capable of maintaining the food at 41°F or less if: i. The equipment is in place and in use in the retail food establishment; and ii. As of January 2, 2012, the equipment is upgraded or replaced to maintain food at a temperature of 41°F or less.</p> <p>1. During an observation conducted in the facility's central kitchen on 07/15/2021 at 11:38 AM, it was observed that the thermometer in the "Continental 2" refrigerator read 55 degrees F.</p> <p>During an observation conducted in the facility's central kitchen on 07/15/2021 at 2:30 PM with the Dining Director (DD), it was observed that the thermometer in the "Continental 2" refrigerator read 48 degrees F. The DD stated that staff had been utilizing the refrigerator and opening and closing the refrigerator door prior to the observation. Premade salads and juices were</p>	A 891		

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A 891	<p>Continued From page 4</p> <p>observed in the refrigerator.</p> <p>During a concurrent observation and interview conducted in the facility kitchen on 07/15/2021 at 3:16 PM with the DD and Executive Chef (EC), it was observed that the thermometer in the "Continental 2" refrigerator read 45 degrees F. The DD and EC stated the refrigerator had not been utilized by staff for one half hour prior to observation. The DD and EC confirmed the thermometer in the "Continental 2" refrigerator read 45 degrees F and acknowledged the facility was not following policy.</p> <p>A review of a facility policy titled, "Sanitation & Infection Control Receiving and Storage," dated 01/2016, indicated that refrigerated foods were to be maintained at 40 degrees or below.</p> <p>Reference: New Jersey Administrative Code 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," indicates under 8:24-4.7 Sanitization of equipment and utensils.</p> <p>(c) After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in the following manner:</p> <p>3. Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under N.J.A.C. 8:24-4.8(j) by providing:</p> <p>iv. An exposure time used in relationship with a combination of temperature, concentration, and pH that, when evaluated for efficacy, yields sanitization as defined in N.J.A.C. 8:24-1.5.</p> <p>2. During a concurrent observation and interview conducted in the facility's central kitchen on 07/15/2021 at 11:00 AM with the Dining Director</p>	A 891		

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A 891	<p>Continued From page 5</p> <p>(DD), it was observed that the sanitizing sink of a manual pot-washing sink contained water with sanitizer. The DD was observed using a test strip to test the concentration of the sanitizing product in the sanitizing sink. There was signage above the sink that indicated acceptable and unacceptable ranges of the sanitizing product. The DD compared the test strip to the signage and the test-strip reading indicated that the amount of sanitizing product in the sink was too low and not in the acceptable range. The DD emptied the sanitizing sink, refilled with water and the sanitizing product and used a new test strip to test the amount of sanitizing product in the sanitizing sink. The DD then compared the second test strip to the signage and the test-strip reading again was not in the acceptable range. The DD confirmed that the concentration of the sanitizing product in the sanitizing sink was not within the acceptable range.</p> <p>During an interview conducted on 07/15/2021 at 2:15 PM, the Executive Chef (EC) stated the vendor of the sanitizing product had been onsite and confirmed the sanitizing system that released the sanitizing product in the sanitizing sink had not been functioning correctly.</p> <p>During an interview conducted on 07/15/2021 at 2:30 PM, the DD confirmed the amount of sanitizing product in the sanitizing sink had not been in an acceptable range and acknowledged the facility was not following policy.</p> <p>A review of a facility policy, titled, "Sanitation and Infection Control Food Safety," revised 11/2002, indicated that sanitizing procedures must be adhered to at all pot and dish washing stations.</p> <p>Reference: New Jersey Administrative Code 8:24,</p>	A 891		

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A 891	Continued From page 6 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," indicates 8:24-3.1 Characteristics Food shall be safe and unadulterated. 3. During an observation conducted of the refrigerator in the second-floor kitchen of the cognitive care unit on 07/15/2021 at 12:05 PM, surveyor observed what appeared to be cooked bacon in an unlabeled, undated storage bag. The Surveyor further observed what appeared to be cooked sausage in an unlabeled, undated storage bag. During an interview conducted on 07/15/2021 at 12:06 PM, Medical Technician (MT #1) confirmed that one of the bags contained cooked sausage that had been put in the storage bag and placed in the refrigerator on 07/14/2021. During an interview conducted on 07/15/2021 at 12:08 PM, the DD stated that food should be labeled and dated when being stored in the stored in refrigerators. The DD confirmed the food was unlabeled and undated, and acknowledged the facility was not following policy. A review of a facility policy, titled, "Sanitation and Infection Control Food Storage (Label/Dates)," revised 11/2002, indicated that all cooked foods were to be labeled and dated.	A 891		
A1089	8:36-16.3(b) Physical Plant (b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.	A1089		

If continuation sheet 8 of 9

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A1243	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on a observations, interview and document review, it was determined that the facility failed to provide water at a temperature above 105 degrees Fahrenheit (F) for 4 of 16 sampled rooms. This had the potential to affect 4 residents.</p> <p>Findings included:</p> <p>1. A review of facility water temperature logs for June 2021 through July 15, 2021, indicated the temperature of the water at the "East" recirculating pump was between 99 and 104 degrees F for 43 of 45 days.</p> <p>On 07/15/2021 from 8:45 AM through 12:15 PM, the surveyor observed the Director of Building Services (DBS) calibrate a thermometer which was used to take water temperatures from the sinks in resident rooms. Water temperatures were noted as follows: Room [REDACTED] - 102.8 degrees F, Room [REDACTED] - 100.8 degrees F, Room [REDACTED] - 103.2 degrees F, and Room [REDACTED] - 101.8 degrees F.</p> <p>On 07/15/2021 at 2:41 PM, the DBS told the surveyor that water temperatures were recorded daily at the recirculating pump that circulates hot water around the facility. The DBS said they reviewed the water temperature logs and adjusted the temperatures as needed.</p>	A1243		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 20A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/11/2021
NAME OF FACILITY UNITED METHODIST COMMUNITIES AT THE SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BAY AVENUE OCEAN CITY, NJ 08226	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0585	Correction	ID Prefix A0891	Correction	ID Prefix A1089	Correction
Reg. # 8:36-5.11(a)(6)	Completed	Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-16.3(b)	Completed
LSC	08/11/2021	LSC	08/11/2021	LSC	08/11/2021
ID Prefix A1243	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/11/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/16/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			