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		
		315404	B. WING			10	/14/2020
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT COLLINGSWOOD			4	TREET ADDRESS, CITY, STATE, ZIP CODE 60 HADDON AVE COLLINGSWOOD, NJ 08108			
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	STANDARD SURVE	Υ					
	CENSUS: 43						
	SAMPLE SIZE: 13+	2 CLOSED RECORDS					
	from 10/7/20 to 10/14 compliance with 42 C	nmunities at Collingswood J/20, to determine FR Part 483, Requirements facilities. Deficiencies were					
F 812 SS=F		tore/Prepare/Serve-Sanitary	F	812			11/2/20
	§483.60(i) Food safet The facility must -	ty requirements.					
	state or local authoriti (i) This may include for from local producers, and local laws or regulation (ii) This provision does facilities from using planders, subject to consider a safe growing and food (iii) This provision does from consuming food from consuming food facility. §483.60(i)(2) - Store, serve food in accordant standards for food set This REQUIREMENT by:	ed satisfactory by federal, ies. pood 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 prepare, distribute and ance with professional rvice safety. To is not met as evidenced					
LABORATORY		n, interview, and review of	-		Preparation and/or execution of this pla	an	(Ye) DATE
-AROKATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	=		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

Electronically Signed

these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

10/23/2020

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315404	B. WING _			1 10	0/14/2020	
	ROVIDER OR SUPPLIER	ES AT COLLINGSWOOD	•	STREET ADDRESS, CITY, STATE, ZIP CODE 460 HADDON AVE COLLINGSWOOD, NJ 08108			,	
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F 812	other facility docume that the facility failed date food products of refrigerator/freezer aroom; b) properly dis before the expiration and distribute food to prevents foodborne in practice was evidence. On 10/07/20 from 9:2 surveyor, accompaning Director (FSD), obseing walkingerator of the surveyor o	ntation, it was determined to: a) properly label and tored in the walk-in and the dry goods storage card food products on or date; c) handle, prepare, o residents in a manner that liness. This deficient ted by the following: 20 AM to 11:20 AM the ed by the Food Service rved the following in the he main kitchen: unopened 32-ounce ast lunchmeats with no dates. e packages of thawed e-standing metal cart with 20. The FSD stated that the with-in three days of being ated that "pulled" referred to freezer and allowed to thaw the FSD stated that the wither menu to be served can of crab meat, unlabeled one received or use by date.	F	312	of correction does not constitute admission or agreement by the provice of the facts alleged or conclusions set forth in the statement of deficiencies. plan of correction is prepared and/or executed solely because it is required the provision of state and federal law. No residents in the community had an adverse effects from the deficient practices. Upon the surveyors disclosul items that were identified were immediately discarded to minimize the potential for any resident being affect by this alleged cited practice. The F Service Director and dietary associate identified to have been responsible for the cited practice were provided immediate corrective action and re-education. All residents have the potential to be affected. All food in the main kitchen long term kitchen has been inspected ensure proper labeling, dating, expirations and HACCP temperature guidelines. Issues identified were immediately corrected. All current staff will be provided in-set training on ensuring proper food storate with emphasis on labeling/dating food items and food temperatures. The F Service Director will complete competency checklist with all staff and new hires to ensure staff compliance understanding of food storage includicately and HACCP temperatures. Utility, Cook and Homemaker duties	The The by By By Bure, Bed Bood Bood Bood Bood Bood Bood Bood		

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		315404	B. WING			10/	/14/2020
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT COLLINGSWOOD				460	EET ADDRESS, CITY, STATE, ZIP CODE HADDON AVE LINGSWOOD, NJ 08108	•	
(X4) ID PREFIX TAG	/		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 812	The FSD stated that labeling indicating re and opened dates. On 10/07/20 at 10:00 accompanied by the in the walk-in freezer. 1. There were multipno expiration, use-by. 2. There was a metathe date of 2/17/20. were multiple crab caplastic wrap. The FS date the crab cakes acknowledged that the state of the companient of the francopen box of "soft with ice. There was and ice formations have and ice formations have the pipes and soft. 4. There were three bottom shelf, partially floor. A large pork te expiration date of 3/4 and a large corn bee expiration, received interviewed, the FSD cannot be used after. 5. There was an oper sealed bags of chick. The FSD stated that	the facility policy required aceived, expiration, use by D AM, the surveyor who was FSD, observed the following relievable and the following relievable aceived dates. If bin covered with foil with disside the metal bin there askes wrapped individually in and stated that 2/17/20 is the were prepared. The FSD and crab cakes were expired. The crab cakes were expired. The eezer condenser there was pretzels that was covered condensation on the ceiling anging from the condenser. They have had problems ome leakage in the past. The forzen meats found on a sy covered by boxes on the inderloin had a supplier forzen meats founded and the forzen meats or use by dates. When it is stated that frozen meats	F		Inspection checklist was revised to encompliance in the importance of labelidating, removing expired food items at the accompleted by the Dietician, Food Serv Director and Assistant Food service Directors daily on food labeling, expiration and temperatures x 4 week weekly x 4 weeks, and then monthly the ensure ongoing compliance. Any deficient practices identified through these audits will be followed up on with corrective action and re-education. Findings will be reported at the daily infection Prevention Meeting and at the quarterly QAPI meetings to the NHA. This will continue until substantial compliance is met.	ng, nd be ice	

		IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED	
		315404	B. WING		10/14/2020	
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F 812	expiration dates as: On 10/7/20 at 10:22 FSD in the dry stora observed the following the following observed the following the following the following observed the following the following observed the following the following observed the following obse	well as open dates. AM, in the presence of the ge room, the surveyor ng: container of sthat was undated. cans of Sliced boxes of Muffin bottles of	F 812			
	9. There were multip	ole unopened, undated				

315404 B. WING 10/	14/2020
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT COLLINGSWOOD STREET ADDRESS, CITY, STATE, ZIP CODE 460 HADDON AVE COLLINGSWOOD, NJ 08108	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812 Continued From page 4 containers of caramel topping. 10. There were multiple unopened, undated containers of undated jelly. 11. There were multiple unopened, undated containers of Maraschino Cherries. 12. There were multiple unopened, undated containers of apple sauce. 13. There were multiple unopened, undated bottles of soy sauce. 14. There were multiple unopened, undated bottles of cornstarch. 15. There were multiple unopened, undated bottles of chili sauce. 16. There were multiple unopened, undated containers of mustard. 17. There were multiple unopened, undated bottles of vining arm. On 107/20 at 12:10 PM, the Licensed Nursing Home Administrator (LNHA), provided the surveyor with a policy and procedure for "Food Safety Management System," dated 5/1/20, that indicated hamburger/ground beef was to be used within one to two days of refrigeration or stored in the freezer for no longer than three to four months. The "Product Labeling and Guide Policy dated 9/18/15, indicated that all food prepared in operation must be covered and labeled as to contents, date of preparation, use by date and	

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F 812	employee name/initial refrigerators, freezer also indicated that its were to be labeled which label gun and stored out (FIFO) procedure. On 10/7/20 at 3:15 Fithe kitchen were revadministration: The labeled by the kitchen were revadministration: The labeled by the following inside the refrigerator: 1. There were eight apple juice had "use 08/20/20 through 09/2. There were two corange juice had "use 08/20/20 through 09/2. There were 16 constamped with "use bow 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were two corange juice had "use 08/18/20 through 09/2. There were 16 constamped with "use bow 08/18/20 through 09/2. There were responsed to the discard Services were responsed to the discard Services were responsed to the first of the f	al prior to storage in and dry storage. The policy ems received from vendors with a received date utilizing a properly using first in first es. PM the surveyor's findings in itewed with the LNHA, Corporate Nurse, and B PM the surveyor observed the Ross Unit nourishment containers of nectar thick by" dates ranging from (24/20. Intainers of nectar thick water y" dates ranging from	F8	12			

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F 812	the food products refrefrigerators as per products as per products. In a follow up interviet the Licensed Nursing verified that the dieta removing outdated it. On 10/13/20 at 11:40 Term Care Kitchen, it the surveyor observe taking the temperatur food items intended day. The cold food to 1. Pureed Turkey Sa Fahrenheit (F). 2. Ground Turkey: 43 3. Pureed Pasta: 60 The FSD immediated of service. On 10/13/20 at 1:15 provided the Daily Scand Critical Control Fithat indicated cold for degrees F or below. On 10/14/20 at 10:30 the facility's food ser that cold product hole	tained in the nourishment product expiration date. ew on 10/14/20 at 9:43 AM, go Home Administrator ary dept was responsible for the ems from the fridge. Do AM on the Long on the presence of the FSD, and a food service worker are of multiple hot and cold for use at lunch service that the emperatures were as follows: and degrees F.	F 81				