STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315394	A. BUILDING _____ B. WING _____	11/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT THE SHORES	**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) COMPLETION DATE
F 000	INITIAL COMMENTS STANDARD SURVEY: CENSUS: 44 SAMPLE: 12 +2 closed	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in	F 755		12/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/29/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 755	Continued From page 1 order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to detect and remove expired medication in 1 of 1 automated pharmacy dispensing units. This deficient practice was evidenced by the following: On 10/22/21 at 12:15 PM, the surveyor checked the automated pharmacy dispensing unit (APDU, a computerized storage device in which extra medication is stored for use in residents, where such medication is otherwise not available elsewhere). The surveyor observed the following, in the presence of the Registered Nurse (RN) and the Licensed Practical Nurse (LPN): eight capsules of expired Nitrofurantoin 50 milligrams (mg) (an antibiotic), all of which expired on 10/01/21; six tablets of Levofloxacin 250 mg (an antibiotic), all of which expired on 10/01/21; six capsules of Phenytoin 100 mg (an anti-seizure medication), all of which expired on 10/01/21; one bottle of 5 milliliters (ml) of Atropine Sulfate 1% (eyedrops used to dilate the eyes or decrease pain and inflammation), which expired 09/21; ten tablets of Cefpodoxime 100 mg (an antibiotic), all of which expired 10/12/21; five tablets of Potassium Chloride Extended-Release 20 milliequivalents (mEq) (a supplement), all of which expired 09/24/21; 16 tablets of Warfarin 1 mg (a blood thinner), all of which expired 10/01/21; nine tablets of Warfarin 3 mg, all of which expired 10/12/21; and ten tablets of Warfarin 4 mg, all of which expired on 10/12/21. During an interview with the surveyor on 10/22/21 at 12:42 PM, the RN and LPN acknowledged the	F 755	Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law. F755 1. No residents were affected by this cited practice. Immediately upon discovery, the expired meds were immediately removed from the automatic pharmacy dispensing machine and disposed of on the day discovered. 2. All residents needing medications pulled from the automatic pharmacy dispensing machine for administration have the potential to be affected by this cited practice 3. The director of nursing (DON) and the license nurses that have access to the automatic pharmacy dispensing machine will be provided in-service education by the pharmacy manager on the pharmacy□s procedure for removal of outdated medications from the automated pharmacy dispensing machine. All medication dispensed in the automatic pharmacy dispensing machine will have a less than a 3 three-month expiration.	

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	315394	A. BUILDING _____ B. WING _____	11/05/2021

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F 755	Continued From page 2 presence of the expired medications. The RN stated that she and the Director of Nursing (DON) are responsible for checking the medication stored in the APDU. The RN also stated she was never asked to check the storage supply and does not know who else would be responsible for checking medication in the APDU. She did not know why expired medications were present or if the pharmacy staff had any responsibility for checking the stock. The LPN stated he thought the back-up supply was checked quarterly, perhaps by a representative from the pharmacy. During an interview with the surveyor on 10/22/21 at 1:08 PM, the DON was in the process of checking the dates and removing expired medications from the APDU. She stated that she checked the expiration dates on the medications a few weeks ago and the process needs to be completed more often. She further stated that she, as the DON, was responsible for checking medication expiration dates and that it needs to be done on a weekly basis. During an interview with the surveyor on 10/22/21 at 2:20 PM, in the presence of the Licensed Nursing Home Administrator (LNHA) and survey team, the DON confirmed that expired medication should have been removed from stock. The DON stated she was not certain if there was a policy related to expiration dates, specifically related to medications kept in storage, but that she would investigate the matter and provide any additional and relevant policies. No policy, specifically related to stored medications and expiration dates, was supplied to the team on exit.	F 755	Every month the pharmacy manager will remove the soon to be outdated medications and return them to the pharmacy. A soon to be expired report that is currently sent will continue to be generated by the pharmacy and sent quarterly to the director of nursing (DON). For any other medications found to be outdated at the time of the pharmacy manager visit that were not included on the automated pharmacy dispensing machine Item Expiration" report, the automatic pharmacy dispensing inventory will be reduced by the number of medications outdated and a log of all outdated medication activity will be stored and documented in the system. Medications removed in this fashion will be replaced as a standard refill with the next scheduled automatic pharmacy dispensing machine delivery from the pharmacy. 4. The pharmacy manager will conduct an independent inspection of the automatic pharmacy dispensing machine monthly x 3 months then quarterly to ensure expired medications are removed timely. The need to adjust medication quantity in the automatic pharmacy dispensing machine will be reviewed and implemented as warranted. All findings will be reported to the Director of nursing (DON) and nursing home administrator (NHA) and will be reviewed in the monthly QAPI.	

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F 755	Continued From page 3 NJAC 8:39-29.1(e)	F 755		
F 812 SS=F	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 review of other facility documentation, 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 10/21/2021 from 9:55 AM to 10:47 AM the surveyors, accompanied by Dining Director (DD) and Executive Director (ED) observed the following in the kitchen:	F 812	Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law. F812 1. No residents were identified or affected	12/14/21

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F 812	Continued From page 4 1. At 10:31am, the surveyor attempted to wash his hands at the designated hand washing sink. Upon turning on the water, the surveyor attempted to apply soap from the wall mounted soap dispenser. The surveyor was unable to obtain soap. The DD opened the soap dispenser, and the dispenser was empty. The DD stated, "There are two other sinks available with soap". Surveyor asked if all sinks are to have soap available. The DD responded, "Yes". 2. On the second shelf of the 2- Door Refrigerator an opened bag of parmesan cheese was wrapped in plastic wrap. The Parmesan cheese was dated 10/3/21 and 9/27/21. The DD was unable to determine an accurate open date. The DD threw the parmesan cheese in the trash in the presence of the surveyors. 3. The surveyor observed 2 stacks of bread-and-butter plates, 2 stacks of casserole dishes, 3 stacks of plates, 1 stack of square bowls, and one bin of dessert bowls in the wash rack area that were uncovered and not stored in the inverted position. The food contact surfaces were exposed. On interview the DD confirmed that all contents of this area are "cleaned and sanitized and should be covered or inverted to prevent contamination." 4. A plastic bin contained cleaned and sanitized dessert bowls in the wash rack area. The bowls were uncovered and not stored in the inverted position with food contact surfaces exposed. On interview the DD confirmed that all contents of this area are "cleaned and sanitized and should be covered or inverted when not in use." 5. On the middle shelf of the walk-in refrigerator,	F 812	by the cited practices. The unlabeled and food not in compliance with leftover policy was immediately discarded upon surveyor disclosure. Hand soap was replaced promptly upon surveyors finding. Immediately upon discovery, all service ware in the wash rack area were inverted or covered to prevent contamination. Associate in-service training was completed during survey process - 10/21 and 10/22 □ Small wares and dishware storage. 10/24 and 10/25 Labeling, Dating and left-over policy. 2. All residents that consume food have the potential to be affected by the cited practices. The Dining Director and Executive Chef have inspected food storage to ensure proper labeling and dating and compliance with policy standards. Any issues identified were immediately corrected. Food Safety Walk □Through Audits will be completed by Management team to monitor compliance with food storage practices, proper dishware storage and hand washing stations. 3. Executive chef will audit food storage compliance following heavy delivery days and monitor pull date compliance daily. Any problem areas identified from Safety audits will be shared with appropriate staff. A machine used for food labeling will be purchased to assist with standard compliance. The unit will be programed with the shelf life of products per policy. Dining associates will be in serviced on operating and use of food labeling	

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F 812	Continued From page 5 a half tray of cooked sausage links was covered with plastic wrap and was dated 10/17/21. The ED stated, "That was left over from breakfast I don't know why they saved it. Leftovers are good for 72 hours. I'm throwing it away." In addition, on an upper back left corner shelf, an opened bag of shredded mozzarella cheese was wrapped in plastic wrap. The mozzarella cheese had no dates. The ED threw the cheese in the trash. 6. On a rear lower shelf of the walk-in refrigerator, 5 independently wrapped roast beef cuts had a sticker dated 10/10/21. On interview the surveyor questioned the DD and ED if the sticker indicated the date that the meat was pulled from the freezer to defrost. The ED stated, "I think that was the received date." On further interview the ED stated, "I'm sure they haven't been in here for 10 days, but I can't prove it." The ED removed the roasts from the refrigerator and threw them in the trash. 7. On the middle shelf of the walk-in freezer, an opened bag of French fries, an unopened bag of peas, and two unopened bags of carrots were removed from its original container and were not labeled or dated. A package of frozen hamburger patties was removed from its original container and the bag was torn, exposing the hamburger patties. The hamburger patties had no dates. The ED removed the patties to the trash. The surveyor reviewed facility policy titled Hand Hygiene (RS-26), last reviewed 4/17/2020. The following was revealed under the heading Procedure: Procedure: Hand hygiene procedure with soap and water:	F 812	system. Hand washing station will be checked daily for product compliance in the a.m. shift. A par level stock of paper towels and hand soap will be stored in Dining Department storage for quicker replacement of handwashing items. Covers will be purchased for dish dolly storage units. Any smallwares stored in bins will be provided with a lid or covered. Dishware on drying racks will be inverted or covered when stored. Re-in-service current staff and new hires on food storage policy labeling / dating, leftover policy, pulled dates compliance and open dates standards. Quick reference list for shelf life of products to be posted in production areas. Associates will be in-service on shelf-life policy and shelf life once a product is opened. Provide training to current and new hires on dishware storage standards and hand washing stations procedures and supplies. 4. Food safety inspections are to be completed by food service director with corrective action at a minimum of 4 times a week for 60 days to 2 times a week for additional 60 days then monthly. The monthly inspections will remain ongoing. The findings from documented Food Safety Walk-Through inspections will be shared with associates and reported on at the monthly QAPI meetings. Audit frequency will be increased along with ongoing re-training if non-compliance issues are identified until substantial compliance is met.	

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F 812	Continued From page 6	F 812		

" Locate appropriate equipment: liquid soap, warm running water, and paper towels.

The surveyor reviewed facility policy titled Section 11: Sanitation & Infection Control Labeling & Dating, dated 1/2016. The following was revealed under the heading Procedure:

Procedure:

"All foods are labeled, dated, and securely covered and use-by dates are monitored and followed."

The surveyor reviewed facility policy Handling Service Ware and Utensils, dated 6/2003. The following was revealed under the heading WHY PROPER HANDLING IS IMPORTANT:

"Flatware/silverware (forks, knives, and spoons) can become easily contaminated if we touch them without bare hands or with soiled gloves, or through other possible sources of contamination."

In addition, the following was revealed under the heading HOW TO PROPERLY STACK SERVICEWARE AND UTENSILS DURING AND AFTER DISHWASHING:

"Stack plates, bowls, cups, and glasses in clean, protected storage racks or other designated storage space."

The surveyor reviewed facility policy QUICK REFERENCE LIST FOR SHELF LIFE OF PRODUCTS--PURCHASED, revised 1/2003. The following was revealed under the heading Purchased PRODUCTS WITHOUT MANUFACTURERS EXPIRATION DATE:

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F 812	Continued From page 7	F 812		

"Raw Frozen Solid Whole Muscle Meats, thawed- Use within 3 to 4 days after freezer for thawing and under refrigeration."

The following was revealed under the heading PRODUCTS PREPARED IN UNIT:

"Hot Foods, left over after meal period- 14 to 48 hours (if acceptable for reheating once only-follow recipe.)"

The surveyor reviewed facility policy Utilization of Excess Prepared Foods-700.07, Shelf Life of Products, undated:

PURPOSE
" To prevent food-borne illness.
" To prevent spoilage and deterioration.

RESPONSIBILITY
Director of Dining Services

PROCEDURE
1. "Excess prepared foods must be utilized within a 72-hour period from time of preparation unless properly frozen."

N.J.A.C. 18:39-17.2(g)

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315394 (Y1)	A. Building B. Wing (Y2)	1/11/2022 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT THE SHORES	2201 BAY AVENUE OCEAN CITY, NJ 08226

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 12/14/2021	ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 12/14/2021	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
11/5/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO