STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE , PITMAN, New Jersey, 08071**

(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
F0000	INITIAL COMMENTS Survey Dates: 1/5/26 to 1/9/26 Census: 61 Sample size: 15 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance, and no deficiencies were cited for this survey.	F0000		

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030801	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE , PITMAN, New Jersey, 08071**

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S0000	Initial Comments The facility was in compliance with all of the standards in the New jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care facilities.	S0000		

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE , PITMAN, New Jersey, 08071**

(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
K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/6/26 and 1/7/26. United Methodist Communities at Pitman was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.	K0000		01/20/2026
K0918 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.	K0918	POC K0918 Generator load test and fuel analysis correction 3 2026 Residents affected by the deficient practice: No residents were affected. 2. Identify other residents who could be affected by the deficient practice: All residents could have been affected. 3. Measures or systemic changes to ensure that the deficiencies will not recur: The Building Services Director will educate the maintenance team on the proper load time for testing the fire pump emergency power generator by 1/20/26. (3/6/26 - Building Services Director ran the generator load test for full 30 minutes on 1/18/26 to ensure the load test ran for the required time.) Building Services Director contacted the company that performs the annual fuel analysis, informing them of the importance of returning the results of the fuel analysis in a timely manner. Fuel analysis results were obtained for 2025. 4. Monitor the continued effectiveness of the systemic change: Building Services Director will ensure the annual fuel analysis is completed and documented results are returned to the facility within 15 days of the test. Building Services Director will audit load tests monthly for 12 months to ensure compliance and quarterly thereafter. Results of fuel analysis and generator load test audit will be reported at quarterly Quality Assurance Performance	01/20/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE , PITMAN, New Jersey, 08071**

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K0918 SS = F Bldg. 01	Continued from page 1 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is NOT MET as evidenced by: Based on record review and interview on 1/7/26 in the presence of the U.S. FOIA (b)(6) it was determined the facility failed to ensure the fire pump emergency power generator was exercised under full load for 30 minutes monthly and fuel samples were analyzed annually for the two diesel generator's fuel tanks, in accordance with NFPA 110: 2010 Edition, Section 8.3.8 and 8.4. This deficient practice had the potential to affect 61 residents and was evidenced by the following: A record review of the fire pump emergency generator monthly test log revealed, the generator was run less than 30 minutes under full load for the last 9 of 12 months. The difference in the hour meter recorded start and stop times were less than 0.5 hours and the recorded time in the Elapsed run time row was 10 minutes for the months of: January, May, June, July, August, September, October, November and December 2025. Further record review reveled there were no documents that diesel fuel quality tests were performed annually, using tests approved by ASTM standards for the 2 diesel generator's fuel tanks. In an interview at the time, the U.S. FOIA and U.S. FOIA (b) U.S. FOIA (b)(6) confirmed the record reviews. The facilities U.S. FOIA (b)(6) and U.S. FOIA were informed of the deficient practice at the Life safety Code exit conference on 1/7/26 at 2:17 PM. N.J.A.C. 8:39-31.2 (e), 31.2(g) NFPA 99, 110	K0918	Continued from page 1 Improvement meeting.	01/20/2026
K0921 SS = F Bldg. 01	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable	K0921	POC K0921 Electrical Equipment – Testing and Maintenance 1. Residents affected by the deficient practice: No residents were affected. 2. Identify other residents who could be affected by the deficient practice: All residents could have been affected.	01/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 01/09/2026

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UNITED METHODIST COMMUNITIES AT PITMAN	535 N OAK AVE , PITMAN, New Jersey, 08071

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K0921 SS = F Bldg. 01	Continued from page 2 patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: Based on observations, record review and interview on 1/6/26 and 1/7/26 in the presence of the U.S. FOIA (b)(6) it was determined the facility failed to ensure Patient Care Related Electrical Equipment (PCREE) was tested and maintained in accordance with NFPA 99: 2012 Edition, Section 10.3 and 10.5. This deficient practice had the potential to affect 61 residents and was evidenced by the following: Observations on 1/6/26 during a facility tour revealed, the facility had concentrators and air mattress pumps in use and available for use. A record review on 1/7/26 of the facility's electrical equipment program revealed, the facility had a Electrical Equipment Safety Check (Maint-02) Policy. The policy stated that the facility will conduct annual inspections of PCREE and Non-patient care related electrical equipment. There were no inspection reports for the PCREE provided. No further documentation was provided. In an interview on 1/7/26 at 1:19 PM, the U.S. FOIA confirmed the record review and stated that the facility gets the concentrators maintained but doesn't have a program for the other PCREE.	K0921	Continued from page 2 3. Measures or systemic changes to ensure that the deficiencies will not recur: U.S. FOIA (b)(6) U.S. FOIA (b)(6) will be educated on policy Electrical Equipment Safety Check (Maint-02) by Corporate Building Services Director by 1/20/26. Building Services Director will then educate the maintenance team on the policy by 1/20/26. A comprehensive list of equipment will be developed of items that will need to be inspected for physical integrity, resistance, leakage current, and touch current tests. All items will be inspected by 3/23/2026 and annually thereafter. 4. Monitor the continued effectiveness of the systemic change: Results of the annual inspection of patientcare-related electrical equipment results will be reported at the quarterly Quality Assurance Performance Improvement meeting.	01/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	535 N OAK AVE , PITMAN, New Jersey, 08071

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K0921 SS = F Bldg. 01	Continued from page 3 The facilities U.S. FOIA (b)(6) and U.S. FOIA were informed of the deficient practice at the Life safety Code exit conference on 1/7/26 at 2:17 PM. N.J.A.C. 8:39-31.2(e) NFPA 99	K0921		01/20/2026
K0761 SS = E Bldg. 01	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This STANDARD is NOT MET as evidenced by: Based on observations and interviews on 1/6/26 in the presence of the U.S. FOIA (b)(6)), it was determined the facility failed to ensure labels on fire door assemblies were maintained in legible condition in accordance with NFPA 101: 2012 Edition, Section 8.3.3.2.3 and NFPA 80: 2010 Edition, Sections 4.2 and 4.3. This deficient practice had the potential to affect 35 of 61 residents and was evidenced by the following: An observation at 11:14 AM of the second floor Stairwell #3 fire door revealed, the fire rating plate for the fire door assembly located on the door frame was painted over and not legible. An observation at 11:24 AM of the second floor	K0761	POC K0761 Fire Doors Rating Plate updated 3/6/26 Residents affected by deficient practice: No residents were affected. Identify other residents who could be affected by the deficient practice: All residents could have been affected. Measures or systemic changes to ensure that the deficiencies will not recur: NJ Exec Order 26.4b1 contacted to replace second floor stairwell #1 door and second floor stairwell #3 door frame. (3/6/26 – Door and door frame replaced today). Building services director will educate maintenance team on the importance of not painting over fire rating plates on doors and frames by 1/20/26. Monitor the continued effectiveness of the systemic change: A visual inspection of all fire rating plates on fire doors and door frames will be conducted monthly for three months, then quarterly thereafter. Visual inspection will be documented on the Monthly Fire Door Inspection sheet. Results will be reported at the quarterly Quality Assurance Performance Improvement meeting.	01/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/09/2026**

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K0761 SS = E Bldg. 01	Continued from page 4 Stairwell #1 fire door revealed, the fire rating plate for the fire door assembly located on the hinge side door edge was painted over and not legible. In interviews at the times, the U.S. FOIA confirmed the observations. The facilities U.S. FOIA (b)(6) and U.S. FOIA were informed of the deficient practice at the Life safety Code exit conference on 1/7/26 at 2:17 PM. N.J.A.C. 8:39-31.2 (e) NFPA 80	K0761		01/20/2026

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E0000	Initial Comments An Emergency Preparedness survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 1/7/26. United Methodist Communities at Pitman was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		01/20/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315427	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **03/27/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST COMMUNITIES AT PITMAN	**535 N OAK AVE , PITMAN, New Jersey, 08071**

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on3/27/26 in relation to the 1/9/26 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 3/27/26 in relation to the 1/9/26 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		

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