

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

PRINTED: 08/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/24/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>		
(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: 63  SAMPLE SIZE: 18 + 2  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 812 SS=E	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	F 812	Preparation and/or execution of this plan of corrections does not constitute	6/14/21	

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

TITLE

(X6) DATE

Electronically Signed

06/03/2021

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.

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F 812	<p>Continued From page 1</p> <p>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:</p> <p>On 5/17/2021 from 9:51 AM to 10:36 AM, the surveyor, accompanied by the Executive Chef (EC) and Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> <li>1. The fan in the dry storage room has a substantial buildup of what appeared to be dust on the external wire frame that encloses the fan blade. The fan faces a box that contained plastic forks used for resident meals. The surveyor held their hand in front of the fan and determined that the fan was blowing in the direction of the box of plastic forks and the fan was blowing onto the cutlery boxes on the top shelf of a multi-tiered storage rack.</li> <li>2. The fan in the dish room had an excessive dust buildup on the metal grill surrounding the fan blade. The fan was determined to blow air in the direction of the dry rack that contained cleaned and sanitized dishware, potentially contaminating the cleaned and sanitized dishware. On interview the FSD stated, "Yeah they're dirty, we'll get them cleaned right away."</li> <li>3. (2) stacks of cleaned and sanitized plates used to serve resident meals were on a middle shelf of the drying rack in the dish room. The plates were not stored in the inverted position and were exposed with the fan blowing. On interview the FSD stated, "I think they were in transition between tasks and forgot to invert them. We will have them re-cleaned."</li> </ol>	F 812	<p>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.</p> <ol style="list-style-type: none"> <li>1.No specific residents were identified. It is the practice of the facility to ensure that sanitation in the dietary kitchen is maintained in accordance with professional standards and regulations for food safety and service. When identified by the surveyor, the 2 fans cited in the deficient practice were thoroughly cleaned. An internal thermometer was immediately replaced in the milk box refrigerator. The 9 pans were removed from their stacking position rewashed and stack separately to dry. The box with plastic forks was wiped down to remove any potential debris from fan and none was noted. The dry rack has been thoroughly cleaned and sanitized and dishware items that were initially on it were immediately rewashed upon surveyor notification and stored properly in the inverted position. Plastic food wrap was removed and discarded and replaced with new.</li> <li>2. Residents who receive food/beverages prepared in the dietary kitchen have the potential to be affected by this finding. Monthly Cleaning schedule has been created. Food Service Director has completed an observational inspection of the kitchen to ensure no concerns</li> </ol>		

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F 812	Continued From page 2  4. During observation of the milk box, the surveyor, EC and FSD were unable to find an internal thermometer to determine the internal refrigerated temperature. A review of the milk box temperature log revealed that the recorded AM temperature for the milk box on 5/17/2021 was 36 degrees Fahrenheit. The EC removed several crates of milk boxes and was unable to find an internal thermometer. The EC stated, "Let me go get a new one (internal thermometer)."  5. On a lower shelf of the pot drying rack, a stack of approximately 9 full baking pans were stacked on top of each other. The surveyor lifted the top pan and observed that the pan below was wet to the touch (wet nesting). This was also felt by the FSD. The FSD stated, "They're wet." The FSD instructed the EC to rewash the baking pans.  6. In the Chef's prep area, a box of Plastic Food Wrap was observed on top of a prep counter. The lid had been removed from the box and the plastic wrap was exposed. A second box of Plastic food wrap was also opened and had the cardboard lid removed, exposing the plastic wrap on an additional work top next to the steamers. On interview the FSD stated, "I guess they are exposed but it would only be the top of the plastic wrap and shouldn't touch the food."  The surveyor reviewed a facility policy titled "Washing Pots and Pans", with an updated date of 4/2006. Under the Activity 1 heading, the answer key defined the following six steps of cleaning and sanitizing pots, pans, other equipment, and utensils in a three-compartment sink. Step 1: "Prepare the pot washing area." Step 2: Pre-rinse, scrape or soak." Step 3:	F 812	present. No further concerns were noted.  3.A Policy for cleaning fans and a cleaning schedule has been established and staff will be provided education on policy. Staff will also be provided in-service education on the use of internal thermometers and protecting plastic wrap from exposure to contamination, in-service education on the washing of pots and pan policy, and their responsibility as a dietary staff member or maintenance staff member for cleaning and what to do when they see visible less than clean surfaces/areas/items and who to alert. Any staff who fail to comply with the points of the in-service education will be further educated and/or progressively disciplined as indicated. The executive chef closing cook daily checklist will be revised to check internal thermometers in all refrigeration. The Food Service Director will provide training to all dietary and the Building service director will in-service maintenance associates regarding same policy with cleaning of fans. The Administrator and the Maintenance Supervisor toured the dietary kitchen and reviewed the cleaning areas that are to be cleaned on a regular basis by the Maintenance staff as part of the Preventive Maintenance Program. The fans in the dietary kitchen will be cleaned monthly by the maintenance staff as part of the maintenance preventive program.  4. 4. Weekly for one month, the administrator/food service director/ building service director will conduct a		

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F 812	Continued From page 3 "Wash." Step 4: "Rinse." Step 5: "sanitize." Step 6: "Air dry." In addition, under Activity 2 at #6 the following was revealed: 6. "Air-dry all items; never use towels or aprons for drying. Remind employees to stand cutting boards and sheet pans upright and apart for quick drying. Never stack wet pots and pans on storage shelves."  The facility did not provide a policy/procedure pertaining to a cleaning schedule for the fans in the kitchen, use of internal thermometers or protecting the plastic wrap from exposure to contamination.  NJAC 8:39-17.2 (g)	F 812	dietary walk thru to ensure fans are without build up ,internal thermometers are in refrigerators and in working order, proper drying of pots pans and dishware, and chef prep area has food packaging wrap in a intact cardboard container as per manufacturer packaging. Cleaning logs will also be reviewed to validate that the cleaning has been done. Any concerns will be addressed as discovered. This monitoring will continue until initially until 4 consecutive weeks of zero negative findings is achieved. Afterwards, the monitoring will occur monthly to ensure ongoing compliance. The kitchen walk thru tours will be completed by the same team randomly each month to ensure ongoing compliance as well. Findings will be reviewed in the monthly and quarterly QAPI meeting. Any trends or patterns will be addressed upon findings with corrective action plan as warranted.		