

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2025
NAME OF PROVIDER OR SUPPLIER SOUTH JERSEY EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302		
(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
S 000	Initial Comments Survey Date: 4/14/25 Census: 75 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S2340	8:39-31.6(n) Mandatory Physical Environment The facility shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documentation, it was determined that the facility failed to maintain a three-day minimum emergency food supply. This deficient practice would affect all residents and was evidenced by the following: On 4/12/25 11:30 AM, the surveyor toured the dry storage area of the kitchen with the Dietary Aide (DA #1). DA #1 identified a shelf wrapped in	S2340	S2340 8:39-31.6 (n) Mandatory Physical Environment 1. On 4/12/2025 the Food Service Director was educated by the Administrator on the regulatory process to assure that a three-day emergency supply of food is maintained and properly stored. On 4/12/2025, the Food Service Director completed an audit of the current emergency food supply based on their	4/22/25

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

TITLE

(X6) DATE

Electronically Signed

04/22/25

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S2340	<p>Continued From page 1</p> <p>plastic wrap as the facility's emergency food supply. At that time, the surveyor asked who was in charge of the kitchen for the day, and DA #1 stated it was the Cook.</p> <p>On 4/12/25 at 11:32 AM, the surveyor interviewed the Cook, who confirmed he was the manager on duty for the kitchen. The surveyor requested a copy of the facility's three-day emergency food supply menu, and the Cook was unable to provide it. The surveyor asked the Cook to show them the facility's emergency food supply, and the Cook identified the same plastic wrapped shelves in dry storage. At that time, the surveyor and Cook took an inventory of the shelves which revealed the following:</p> <p>Four 106-ounce (oz) cans of green beans. Four 63.05-oz cans of chickpeas. Four 106-oz cans of diced peaches. One case of thickening packets. One case of portion control packets of coffee creamer. Four 12.75-oz jars of jelly. Five-pounds of powdered instant mashed potatoes. Eight 108-oz cans of beef ravioli. One-pound of cream of rice. One 35-oz bag of corn flakes cereal. One 35-oz bag of toasted oat cereal. Multiple boxes of honey-thickened beverages.</p> <p>The facility's census was 75, and the facility had 167 licensed beds.</p> <p>On 4/12/25 at 11:40 AM, the surveyor requested from the Director of Nursing (DON) a copy of the facility's three-day emergency food menu.</p> <p>On 4/12/25 at 11:50 AM, the surveyor conducted</p>	S2340	<p>emergency food menu. Items that were not located in the emergency supply storage were ordered.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. The Food Service Director/Designee will conduct monthly audits of the emergency supply food inventory and storage to assure emergency supply is properly maintained in accordance with the emergency menu and census.</p> <p>4. The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be scheduled in July 2025.</p>	

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S2340	<p>Continued From page 2</p> <p>a telephone interview with the Food Service Director (FSD), who confirmed the area identified in dry storage was the facility's emergency food supply. The FSD stated that the facility received food deliveries twice a week, and the last time she checked the emergency food supply was in February. The FSD reported that she checked the emergency food every three months and replenished the stock as needed. The FSD stated that the facility did not use the emergency food supply inventory, and confirmed the facility had a three-day supply. The FSD stated that DA #2 would provide the surveyor the menu.</p> <p>On 4/12/25 at 12:00 PM, DA #2 provided the surveyor two one-day emergency food menus, one for a gas emergency and one for a water emergency. The gas emergency menu included orange juice, cereal, bread, peanut butter, jelly, milk, cheese, bean salad, applesauce, pickled beets, tuna fish, and canned fruit. The water emergency menu included juice, eggs, cereal, toast, margarine, meat, sweet potatoes, vegetable, fruit, and cheese. DA #2 stated that the juice, milk, eggs, and cheese would come from the active inventory in the refrigerator. The surveyor asked where the peanut butter, pickled beets, tuna fish, sweet potatoes, vegetables, canned fruit were. DA #2 stated the facility had all those items in cans in the active inventory.</p> <p>On 4/12/25 at 12:12 PM, the surveyor conducted a follow-up phone interview with the FSD, and the surveyor reviewed the menus. The FSD confirmed those menus, and she then stated that she would come to the facility and provide an additional menu.</p> <p>On 4/12/25 at 12:14 PM, the surveyor interviewed the DON, who stated that the facility should have</p>	S2340		

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S2340	<p>Continued From page 3</p> <p>a three-day emergency food menu that matches their emergency food supply. At that time, the DON accompanied the surveyor into the dry storage area, and the DON confirmed the emergency food supply the facility had would not feed all the facility's residents for three days.</p> <p>On 4/12/25 at 12:30 PM, the FSD informed the surveyor that they were unable to locate any additional menus. The surveyor asked what the FSD based their inventory on in February when they last checked the supply, and the FSD stated on the menus already supplied. The FSD stated the facility cannot keep milk, cheese, and juice on the shelves, they were in the facility's active refrigerator inventory. The surveyor asked what would happen in a power outage, and the FSD stated the facility had a generator. At that time, the surveyor and FSD viewed the emergency food supply, and the FSD confirmed there was an inadequate supply.</p>	S2340		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060602	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/23/2025
NAME OF FACILITY SOUTH JERSEY EXTENDED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302	

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 S2340	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-31.6(n)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/23/2025	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	
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 4/12/2025		<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			