

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

PRINTED: 11/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2020
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NAME OF PROVIDER OR SUPPLIER MILLVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 54 N SHARP STREET MILLVILLE, NJ 08332
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(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
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F 000	INITIAL COMMENTS STANDARD SURVEY CENSUS: 110 SAMPLE SIZE: 25 + 2 CLOSED RECORDS A Recertification survey was conducted at Millville Center from 10/30/20 to 11/06/20, to determine compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F 000		
F 812 SS=D	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 document	F 812	The Millville Center provides this plan of	11/20/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/18/2020
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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>review, it was determined that the facility failed maintain sanitation in a safe, consistent manner designed to prevent foodborne illness. This deficient practice was evidenced by the following:</p> <p>On 10/30/20 at 09:40 AM, the surveyor toured the kitchen with the Food Service Director (FSD) and observed the following:</p> <p>There were two stacks of six and eight steam table pans respectively on the second and third shelves of the dry rack wet nested. The FSD said pans should be completely dry on the drying racks before being stacked on the storage rack. The FSD immediately removed the two wet nested stacks from the storage rack.</p> <p>A review of the unsigned policy titled, "Warewashing," with a revision date of 09/2017, revealed dishware should be air dried and properly stored.</p> <p>NJAC 8:39-17.2(g)</p>	F 812	<p>correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.</p> <p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>1. Corrective Action: All service-ware were immediately dried. Staff on duty were in serviced on the policy and procedure on drying service-ware.</p> <p>2. Identification of other residents or areas having the potential to be affected. All residents who receive food from dietary have the potential to be affected by this deficient practice.</p> <p>3. Measures put in place to prevent recurrence. All dietary staff were re-in serviced on the proper procedures for ware washing and storage of service ware and cookware.</p> <p>4. Monitoring of corrective action. The monitoring of all service equipment quality and product storage, will be completed daily by the Food Service Director/designee during the opening and closing inspections. The audits will be submitted to the Administrator and Director of Nursing on a daily basis for tracking and trending. Outcomes will be reviewed at the monthly Quality Assurance Performance Improvement Committee Meeting until</p>		

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F 812	Continued From page 2	F 812	the committee agrees that the problem has been corrected. 5.Date of Completion: November 20, 2020		