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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Medford Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 Tuckerton Road Medford, NJ 08055 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Keep all essential equipment working safely.</p> <p>51143</p> <p>Complaint#: NJ175898</p> <p>Based on observation, interview and review of documentation provided by the facility, it was determined that the facility failed to maintain acceptable standards of essential kitchen equipment in a safe and operable condition.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the interview with the Surveyor on 07/30/2024 at 11:33 A.M., the Food Service Director (FSD) stated that the stove in the facility's kitchen was not working. The FSD further stated the stove caught on fire in May 2024. The FSD stated that the fire department came out to extinguish the fire and deemed the stove was unsafe and needed to be repaired or replaced.</p> <p>The Surveyor toured the facility's kitchen with the FSD on 07/30/2024 at 11:50 A.M. and observed the following:</p> <p>The Surveyor observed that the stove was covered with metal sheet pans and the staff was using electric burners to cook the food.</p> <p>During an interview with the Surveyor on 7/30/2024 at 11:50 A.M., the FSD confirmed that the stove was not working. The FSD stated not having a stove affects the types of food that the facility would prepare for the residents. The FSD stated certain food items take longer to prepare due to stove not working, but I am still able to make nutritional meals for the residents. The FSD further stated that Licensed Nursing Home Administrator (LNHA) was made aware of the stove not working in the kitchen since May 2024 and was responsible to replace or repair broken equipment in the kitchen.</p> <p>During an interview with the Surveyor on 7/30/2024 at 1:40 P.M., the Acting Director of Nursing (DON) stated that she was aware that the stove in the kitchen needed to be repaired or replaced since May 2024. When asked if there should be a working stove in the kitchen, the DON said Yes, I would think it would be the main part of the kitchen. The DON said, my expectation is that if an equipment is broken, it should be replaced timely, the stove should have been replaced. The DON stated that all broken equipment should be reported to the LNHA who was responsible for replacing broken kitchen equipment. The DON stated that there was no policy that addressed broken kitchen equipment.</p> <p>The Surveyor was unable to reach the LNHA for an interview.</p> <p>(continued on next page)</p> |

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