

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2024
NAME OF PROVIDER OR SUPPLIER  Preferred Care at Absecon		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 Pitney Road Absecon, NJ 08201	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40039</p> <p>Based on observation and interview, it was determined that the facility failed to make survey results readily accessible to residents and visitors. This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>On 12/18/0224 from 10:07 to 10:49 AM the surveyor conducted the resident council task with five (5) facility long-term resident's, with 4 of 5 residents that regularly attend resident council meetings. When asked if the residents were made aware of the location of the most recent state survey results, 5 out of 5 residents (Resident #33, #35, #51, #113, and #127) responded that they were not aware of where the most recent survey results were located.</li> <li>On 12/18/2024 at 10:57 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Regional Nurse (RN) at the receptionist desk in the LNHA survey results. When asked where the survey results were located the LNHA told the surveyor that the survey results were located behind the receptionist desk and on the table in the lobby. The LNHA also said that they were also available on the first and second floor and [NAME] Hall nursing stations. The surveyor then asked the LNHA and RN to provide the surveyor with the most recent survey results book to observe. The LNHA and RN walked around the reception area/lobby and stated that they are usually here but could not produce the results book for the surveyor. The RN then asked the receptionist where the survey results book was located and the RN and LNHA produced a pink binder from behind the receptionist desk. The binder was not accessible to residents and visitors without having to ask. Surveyor #2 then searched for the survey results on the [NAME] Hall unit. The results were accessible to the surveyor on her [NAME] toes. The results would not have been accessible to residents in wheelchairs and was located within the nurse's station that residents on the unit do not have access to because there are wooden locked doors on either side of the nurse's station. Surveyor #2 interviewed RN/UM #1 on the [NAME] Hall unit. Surveyor #2 asked if the survey results were always kept on the shelf behind the nurse's station and RN/UM #1 replied, Yes. Observation of the survey results by Surveyor #2 revealed that the last available results for the state survey on [NAME] Hall were dated 2009.</li> <li>On 12/18/2024 at 11:16 AM the surveyor went to the 1st floor nurses station and requested to see the state survey results book. The staff stated let me get [staff name]. The Registered Nurse/Unit manager (RN/UM #2). RN/UM #2 approached the surveyor and stated hold on. RN/UM #2 looked around the nurse's station then proceeded to go into her office across the hallway and make a telephone call. RN/UM #2 told the surveyor she was unable to locate the state survey book but told the surveyor it was usually at the nurse's station on a shelf.</li> </ol> <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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. On 12/18/2024 at 01:05 PM RN/UM #2 approached the surveyor in the hallway and explained that they now have a copy of the survey results available at the first floor nursing station.</p> <p>N.J.A.C. 8:39-9.4(b)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51232</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain a clean, safe, and sanitary environment for 2 of 3 units (2nd floor and [NAME] Hall).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/17/2024 at 12:17 PM, Surveyor #1 observed the following on [NAME] Hall: Medication Cart #2 had hair tangled in the wheels, and a mechanical lift also had hair wrapped around its wheels. A clean linen cart on the low hall showed a blue stain on the top shelf, along with tan and brown stains on the left side of the vertical support. Additionally, the covers for the clean linen carts on both the low and high halls were in poor condition with rips.</p> <p>On 12/17/2024 at 10:30 AM, Surveyor #2 observed the following on the 2nd floor: Team #2's Medication and Treatment Carts had hair tangled in the wheels, and the medication cart had a yellow substance on the wheels along with brown stains on the front. Additionally, the mechanical lift's wheels had pieces of plastic and hair caught in them.</p> <p>During an interview with the surveyors on 12/20/2024 at 1:01 PM, the Director of Nursing (DON), Assistant Director of Nursing (ADON), and Licensed Nursing Home Administrator (LNHA) were made aware of the identified environmental concerns. The DON said that environmental services are responsible for cleaning the medication carts and mechanical lifts according to a monthly schedule. She emphasized that hair and plastic should not be found in the medication carts or mechanical lifts. Additionally, she highlighted that clean linen cart shelves must be free of stains and inspected by all staff, and that the clean linen carts cover should not have any rips.</p> <p>The facility was unable to provide a policy outlining the cleaning procedures for medication carts, mechanical lifts, and clean linen carts.</p> <p>8:39-31.4 (a)FACILITY</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40039</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain kitchen sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 12/17/2024 at 11:09 AM, the surveyor, accompanied by the Licensed Practical Nurse/Unit Manager (LPN/UM #1), observed the following on the 2nd Floor resident pantry:</p> <p>Upon entry to the pantry the surveyor reviewed the temperature log for the resident refrigerator and freezer. A review of the resident refrigerator and freezer temperature log revealed that temperatures had not been recorded for the refrigerator or freezer for 12/17/2024 at the time of observation. A review of freezer temperatures for 12/1/through 12/16/2024 revealed a temperature range of -1 to 5 degrees Fahrenheit (F). A review of the refrigerator temperatures from 12/1 to 12/16/2024 revealed a temperature range of 32 to 40 degrees F. The surveyor then proceeded to open the freezer door and observed that the internal temperature of the freezer was 42 F according to the internal thermometer. The surveyor observed an opened box of Cherry Italian Ice. The box contained 5 containers of Italian ice. The 5 containers were in a liquid state when handled by the surveyor. In addition, there were 2 vanilla ice creams that were also determined to be soft to the touch and not frozen. The surveyor then proceeded to open the refrigerator and observed an internal temperature of 52 F. There were approximately 6-8 bagged sandwiches, several 8oz cartons of milk and several plastic cups of pudding in the refrigerator. The surveyor then told LPN/UM #1 that there were concerns with the resident freezer and refrigerator temperatures. LPN/UM #1 told the surveyor that somebody probably unplugged the refrigerator. The surveyor and LPN/UM #1 went back into the pantry and observed that the resident refrigerator/freezer had been unplugged. LPN/UM #1 told the surveyor that sometimes staff unplug it to use the microwave, which needed to be plugged in. LPN/UM#1 then proceeded to remove all food products from the freezer and refrigerator and dispose of them.</p> <p>A review of the [facility name] Refrigerator/Freezer Temperature Log revealed the following Corrective Actions:</p> <p>A. Temperature turned up. Re-checked in 1 hour and returned to normal range.</p> <p>B. Temperature turned down. Re-checked in 1 hour and returned to normal range.</p> <p>C. Items removed from refrigerator and maintenance notified to malfunction.</p> <p>NJAC 8:39-17.2(g)</p>		