## Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335833	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024		
NAME OF PROVIDER OR SUPPLIER Jefferson's Ferry		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Mather Drive South Setauket, NY 11720			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)				
F 0804	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.				
Level of Harm - Minimal harm or potential for actual harm	45349 Based on observation, record review, and interviews during the Recertification Survey initiated on 5/28/2024,				
Residents Affected - Some	and completed on 5/31/2024, the facility did not ensure that food was served at a safe and appetizing temperature in accordance with professional standards for food service safety. This was identified for one (Unit 2 West) of two residents during the Dining Task. Specifically, the facility did not monitor the food temperatures of cold foods served to the residents. During a lunch meal observation on Unit 2 West, a tray of key lime pie with whipped cream measured a temperature of 66.5 degrees Fahrenheit.				
	The finding is:				
	An undated facility policy and procedure titled Log Recording and Thermometer Possession Culinary Management documented all food temperatures to be taken and logged immediately when food arrived at the designated unit. If food is in the Danger Zone (40-140 degrees Fahrenheit), the Executive Chef is to be contacted immediately to ensure the concern is corrected.				
	The Unit 2 [NAME] temperature logs were reviewed. Only the hot food temperatures were recorded on the log sheet. The cold food temperatures were not noted for the first two weeks of May 2024.				
	During the lunch meal observation on 5/28/2024 at 12:30 PM a tray containing multiple individual plates of key lime pie with whipped cream for the Unit 2 [NAME] residents was observed.				
	The Assistant Director of Culinary Services was interviewed on 5/28/2024 at the time of the observation and they stated that the Dietary Supervisors are responsible for taking the food temperatures in the dining room on the units. The Assistant Director of Culinary Services acknowledged that the food temperature logs for Unit 2 [NAME] only included hot food temperatures; cold food temperatures were not noted for the first two weeks of May 2024. The Assistant Director of Culinary Services stated that cold foods include milk, juice, pie, pudding, and sandwiches stated that they do not take the temperature of the cold foods.				
	On 5/28/2024 at 12:40 PM, at the request of the Surveyor, the Culinary Manager took the temperature of the key lime pie. The temperature registered 66.5 degrees Fahrenheit. The Culinary Manager stated that 66.5 degrees Fahrenheit temperature was too hot for any cold food item and the facility was not in compliance with temperature controls.				
	(continued on next page)				

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

Facility ID: 335833

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For information on the nursing home's plan to correct this deficiency, please cont				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some				