

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

PRINTED: 05/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/08/2020
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NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034
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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 COMPLAINTS: # NJ 134346, NJ 139194 Census: 116 Sample: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON VISIT.	F 000		
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area. §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: COMPLAINT# NJ 134346 Based on observations and review of pertinent facility documentation on 9/8/2020, it was determined that the facility failed to ensure that their resident call system was functioning properly, as well as follow the facility policy; "Guidelines For Call Light Response, for 3 of 8 Resident rooms/ bathrooms reviewed. This deficient practice is evidenced by the following:	F 919	1. - Sampled Resident #4's (SR#4) bathroom call bell was fixed immediately. - SR#2's bathroom call bell was fixed immediately - SR#3's bathroom call bell was fixed immediately - Maintenance completed the full audit of all call bells in the building immediately, no additional issues identified. - All staff were in-serviced on reporting any maintenance issues, including non-functional call bells, to the maintenance staff or into the maintenance	9/9/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/25/2020
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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 919	Continued From page 1 During the building tour starting at 12:08 p.m., in the presence of the Director of Environmental Services (DEVS) an inspection inside of 8 Resident rooms was performed. The surveyor asked the DEVS to perform a test of the room and bathroom call bell system, while the surveyor stood in the corridor at the rooms door to observe the indicating light and listen for the audio. The call bells did not function properly in the following locations: 1. At 1:01 p.m., when the DEVS performed a test inside Sampled Resident #4's (SR#4) bathroom, the call bell did not function and the pull cord was broken. 2. At 1:12 p.m., when the DEVS performed a test inside SR #2's bathroom, the call bell did not function properly. The surveyor observed that the call bell pull cord was missing. 3. At 1:16 p.m., when the DEVS performed a test inside SR #3's bathroom, the visual call bell light did not function properly. There were no alternative call system devices observed. Review of the facility policy titled: "Guidelines For Call Light Response," with a reviewed date of 01/2019, indicates that; "All residents will be provided with a call bell, or alternative means of alerting staff to their need for attention." The policy continued under "Guidelines" at #10: "If call system is defective, report immediately to maintenance and provide resident with an alternative device."	F 919	log book (based on urgency of the issue) immediately for resolving the issues in timely manner. 2. - All residents have the potential to be affected by the same deficient practice . 3. - All staff will be routinely in-serviced on importance of reporting maintenance issues, including non-functional call bells, to the maintenance staff/maintenance log book (based on urgency of the issue). - Maintenance staff will resolve all maintenance issues, including non-functional call bells if any, in timely manner. - Maintenance staff will continue to perform daily environmental service rounds, including call bells in the rooms/bathrooms, and record the result into the Environmental Daily Rounds form daily. - Maintenance staff will be in-serviced on timely response to all maintenance issues in the building based on urgency of the issues. 4. - Environmental Services Director (ESD)/Administrator will conduct random audits of the rooms/bathrooms, including call bells, to identify/report/record findings related to maintenance issues, timely reporting of the issues if any. - ESD/Department Heads will continue to complete routine rounds of the rooms/bathrooms/common areas, including call bells, to	

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F 919	Continued From page 2 N.J.A.C. 8:39 -31.2 (e).	F 919	identify/report/record any findings to the maintenance staff/maintenance log book based on urgency daily. - Audits will be conducted weekly X 4 weeks, then bi-weekly X 4 weeks, then monthly. - Results of the audits will be presented to the monthly QAPI meetings for review and revision as deemed appropriate.		