PRINTED: 12/05/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING	;		C 02/28/2023	
NAME OF F	PROVIDER OR SUPPLIER	010233	<u> </u>	_	STREET ADDRESS, CITY, STATE, ZIP CODE	021	20/2023
SILVER I	HEALTHCARE CENT	ER		ı	1417 BRACE ROAD		
5,2,7					CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	тѕ	F	000			
		J160013, NJ160679, 662, NJ161679, NJ161680, 682, NJ161683					
	CENSUS: 118						
	SAMPLE SIZE: 13						
F 656 SS=D	COMPLIANCE WI 42 CFR PART 483 TERM CARE FACI COMPLAINT VISIT	t Comprehensive Care Plan	F	656			4/3/23
	§483.21(b)(1) The implement a complement a complement acomplement acomplement acomplement acomplement regident rights set if §483.10(c)(3), that objectives and time medical, nursing, an eeds that are identification assessment. The objective that are identification in the following of the services that or maintain the resphysical, mental, alternative under §483.24, §48 provided due to the	ehensive Care Plans facility must develop and rehensive person-centered resident, consistent with the forth at §483.10(c)(2) and includes measurable eframes to meet a resident's and mental and psychosocial attified in the comprehensive comprehensive care plan must ing - at are to be furnished to attain ident's highest practicable and psychosocial well-being as i3.24, §483.25 or §483.40; and at would otherwise be required i3.25 or §483.40 but are not a resident's exercise of rights luding the right to refuse					
I ABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE

Electronically Signed

O3/23/2023

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 pursing homes, the findings stated above are disclosable 90 days.

Any deliciency statement ending with an asterisk (*) denotes a deliciency 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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		315280	B. WING _		C 02/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034	02/20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTION
F 656	treatment under §4 (iii) Any specialized rehabilitative serving provide as a result recommendations findings of the PAS rationale in the resident's represent (A) The resident's desired outcomes. (B) The resident's future discharge. For whether the resident community was as local contact agent entities, for this put (C) Discharge plant, as appropriating requirements set of section. §483.21(b)(3) The by the facility, as one care plant, mustified in the properties of the propert	483.10(c)(6). d services or specialized ces the nursing facility will t of PASARR . If a facility disagrees with the SARR, it must indicate its sident's medical record. with the resident and the intative(s)- goals for admission and preference and potential for facilities must document ent's desire to return to the ssessed and any referrals to cies and/or other appropriate	F 65	Element One R2 had no negative outcome rela	ted to
	review of other per 2/24/2023, 2/27/20 determined that th Care Plan (CP) int function, placement resident (Resident and to implement	rtinent facility documents on 023, and 2/28/2023, it was e facility a) failed to implement terventions to check the ont, and the Ex Order 26. 4B1 of a 1#2) and b) failed to develop a baseline CP for a resident an active diagnosis of		the deficient practice. R2s orders immediately updated to reflect the following: Resident will show no s Ex Order 26. 4BI, free from [Ex Order 26. 4BI] related trauma, change for kinks ea ensure [Ex Order 26. 4BI] is positioned and off the floor. Monitor document s/s of pain or discomfo	were e d d d d d d d d d d d d d d d d d

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		СОМ	(X3) DATE SURVEY COMPLETED C	
		315280	B. WING _			28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 656	facility also failed Plan." This deficie 13 care plans (Re evidenced by the evidence of the evidence eviden	to follow its policy titled "Care ent practice was evident in 2 of sident #2 & Resident #8), as following: ectronic Medical Record (EMR) e "Admission record (AR)," originally admitted on Ex Order 26. 481 with nocluded but were not limited to Minimum Data Set (MDS), an dated 11/28/2022, Resident #2 view of Mental Status (BIMS) are Resident had a Ex Order 26. 481 mitted with an	F 65	the MD, such as, pain, burning, Ex Order 26. 4B1, cloudiness, r deep discoloration of ex Order 26. 4B1 increased pulse, increased temp frequency, Ex Order 26. 4B1, few altered mental status, change in change in eating patterns. R2s chas been updated to reflect curr Updated care plan added intervesize of Ex Order 26. 4B1, Ex Order 26. 4B1 care every shift, check placeme function every shift. R8 has been discharged from the on Ex Order 26. 4B1 and correction acont occur. Element Two All residents with Ex Order 26. 4B ensure compliance. Element Three On 3/23/2023 nursing staff begated deducation on the policy of ender 26. 4B ender 2	not output, perature, ver, chills, behavior, care plan rent status. ention of: r 26. 4B1 nt and I have the ame occur with I to an	
	dislodgement, Ch	eck contest of for kinks each shift,		reoccurring Ex Order 26, 4B1 date 3/23/2023).	(start	

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F 656	q (every) sh pain/discomfort du Monitor/record/repos/s/s/xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	floor, Monitor for iff, Monitor /document for e to content of the form of the	F6	\$56	Element Four On 3/1/2023 the facility began to at residents with Ex Order 26. 4B1 to en interventions in the resident's plan are being monitored. Assistant Dire Nursing/designee will audit 5 reside with Ex Order 26. 4B1 to ensure interventions in the residents □ plan care are being monitored, orders rethe plan of care weekly for four weethen monthly for one month to ensure compliance. Assistant Director of Nursing/designed audit 5 residents with a diagnosis of recurring Ex Order 26. 4B1 to a comprehensive care plan was developed to reflect the resident's estatus weekly for four weeks then refor one month to ensure compliance. Audit start date 3/1/23.	sure of care ector of ents n of eflect eks ure nee will of ensure current monthly	
	#8 had a BIMS score Resident had Ex Of MDS also showed staff for all ADLs and A review of Reside 10/9/2021 indicated in place for an activation buring an interview when asked if there diagnosis of	S, dated 10/11/2022, Resident ore of 1/15, which indicated the order 26. 4B1. The Resident #8 was dependent on and had an Ex Order 26. 4B1. Int #8's CP initiated on that Resident #8 had no CP we diagnosis of Ex Order 26. 4B1. If on 2/27/2023 at 12:01 p.m., the should be a CP for an active the Unit Manager/Licensed M/LPN) responded by saying,			The finding of these audits will be reviewed with the Interdisciplinary monthly during the facility Quality Improvement meetings.	Team	

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F 656		age 4 nas an active diagnosis of	F6	56			
	further stated all de nurses, can update explained the CP sas there is any chatreatment, and "the diagnosis to have a During an interview when the Surveyor documenting Ex Ord know the policy for documents input a on the Treatment A but I don't know the Separate monitorin "there is no sheet the for kinks or Ex Order	ould be on the CP." She epartment heads, including their sections of the CP. She should also be updated as sooning in the Resident's expectation is for all active a CP." You on 2/27/2023 at 2:40 p.m., asked the ADON about the ADON about the ADON about the ADON about the ADON asked the ADON stated to monitor, to check the the ADON stated to monitor, to check the the ADON asked t					
	p.m., the ADON inf should be a CP init active diagnosis lis also stated the imp helps with the goal needed for the Res baseline for the Res any abnormalities a treatments and into working for the Res "my expectation is a CP." She further initiate and update	terview on 2/28/2023 at 1:04 formed the Surveyor there tiated upon admission for all ted for a resident. The ADON portance of the CP because it and interventions and what is sident. The CP also sets the exident to be able to identify and to be able to see if the erventions that are in place are sident. The ADON continued, for all active diagnosis to have stated that all nurses could the CP, including the Unit of Nursing (DON), ADON, and ds.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 656	with a reviewed dat following: Under "F policy of The Facilit the facility will have care plans that prov timely manner." Un Care Plans for all n within 48 hours of a initial goals, MD ord dietary orders, there and PASARR recor	lity policy titled "Care Plan" e of May 2022 revealed the Policy: included: "It is the ly that all residents admitted to adequate person-centered vide for all their needs in a der "Procedure," "1. Baseline ew admissions will be initiated admission. 2. They will include ders, medications, treatments, apy orders, social services, mmendations11. Care Plans ely and necessary revisions	Fe	56			
F 686 SS=D	CFR(s): 483.25(b)(§483.25(b) Skin Int §483.25(b)(1) Press Based on the compresident, the facility (i) A resident receiv professional standar pressure ulcers and ulcers unless the indemonstrates that to (ii) A resident with precessary treatments	egrity sure ulcers. orehensive assessment of a	Fé	86			4/3/23

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 686	promote healing, promote healing, promote healing, promote new ulcers from de This REQUIREMED by: COMPLAINT#: NJ Based on interview review of other performed that the Ex Order 26. 4B1 on real placement and function resident readmitted 13 residents (Resident readmitted 13 residents (Resident practifollowing: A review of the Electural National Promote National	revent infection and prevent veloping. NT is not met as evidenced	F6	\$86	Element 1 An Ex Order 26. 4BI was placed on R2 of 12/05/2022. R2s plan of care was updated on 12/05/2023 to reflect the current status. R2 had no negative outcomes related to not having an for two days and for not checking the placement and function the xorder 26.4(b)(1). Element 2 All residents have the potential to be affected by the same deficient prace. Element 3 Licensed Nursing staff will be educated on the staging of xorder 26.4(b)(1). Licensed Professionals will be educated on the facilities Ex.Order 26.4(b)(1). Professionals will be educated on the staff began education on checking placement and functioning of xorder 26.4(b)(1) on utilizing based off of resident or and Ex.Order 26.4(b)(1) on utilizing based off of resident with the potential to be affected by the same deficient prace. The professionals will be educated on the facilities Ex.Order 26.4(b)(1) on utilizing based off of resident with the professional will be adverted by the same deficient or and Ex.Order 26.4(b)(1) on utilizing based off of resident with the professional will be adverted by the same deficient will be adverted by the same deficient prace. The professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be adverted by the same deficient prace the professional will be advert	eir oning of e tice. ated on vs. he tocol. Nursing ders,	
	. The MDS was totally dependent	also showed the Resident ent on staff for most ex Order 26, 4B1 admitted with an ex Order 26, 4B1 that required a			Element 4 Unit Managers or Designee will ran	domly	

STATEMENT OF DEFICIENCIES (X	(1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _		l	PLETED
	315280	B. WING			l	28/2023
NAME OF PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
SILVER HEALTHCARE CENTER				117 BRACE ROAD HERRY HILL, NJ 08034		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL EIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
12/11/2022, included #2 has Ex Order 26. 41 an for Ex Order 26. 4B1 dev Ex Order 26. 4B1 Under "Goal": include and Ex Order 20. 4B1 and remain free of inf date." Under "Interve "Administer treatment for effectivenessLC" A review of Resident Resident was admitte Ex Order 26. 4B1 and readment for effective free free free free free free free fr	for the bed. #2's Care Plan date initiated under "Focus,": "Resident #1 Ind he/she remains potential velopment r/t (related/to) #2's "Resident #2's ** ** ** ** ** ** ** ** ** ** ** ** **	F 6	686	audit 5 residents with to ensure that prevents measures are in place weekly for for weeks then monthly for one month ensure compliance. The findings of audits will be discussed monthly at the facility quality improvement pro This auditing began on 2/28/2023 trensure compliance.	ative our to f these during gram.	

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1417 BRACE ROAD CHERRY HILL, NJ 08034		2012020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 686	On 12/5/2022 at 2 revealed, " Ex Ord On 2/05/2022 at 0 Visit Report (WCN Practice Nurse (A Care Physician Reincluded: Ex Order Orders" included: Recommend a Ex turning and repositioning and repositioning the Ex Order 2 readmission. A review of Reside 12/5/2022 through adverse outcome having the Ex Order 2 readmission. A review of Reside (POs) dated 12/6/2022 through adverse outcome having the Ex Order 2 readmission. During an interview LPN#3, who care oppositioning in plate protocol for an Ex Order 2 readmission on Ex Order 2 readmission. During a telephone p.m. with the Resistated when Resided when Resided the Assistated when Resided the Assistated with the Assistant on the beautified the Assistant with the Assistant with the Assistant	8:31 p.m., the Core 26.481 in place" 8:31 p.m., the Core 26.481 in place" 8:31 p.m., the Core 26.481 Care (R) written by the Advanced (PN) revealed, under Commendation Details" (P. 26.481	F 68	6			

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F 686	order 20.481, she state order [Physician's of functionality and plawill check to see if the There should be treplacement and functionality order 20.481. There should continued the protocol of the nurse should continued the protocol of the placement and put[s]. There the protocol of the	d, "Yes, there should be an order] to check for [the] acement [of the acement [of the acement order on the POs. It is an order on the POs. It is an order on the POs. It is an order sto check for etion every shift for Resident in ADON stated, "there is a for [the] Ex Order 26. 4B1] on order 26. 4B1 is on the care plan. The heck for the placement of the should be an order for it." The Surveyor asked the ADON for an Ex Order 26. 4B1, she stated, and be used for preventive breakdown, [the] nurse lent], gets doctor [physician] are plan, then put the order ent Administration Record) to and function [that the acement Administration Record) to and function [that the acement and functionality acement	F 6	86			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		COM	C (X3) DATE SURVEY	
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F 686	what happened. I was Resident #2 on interview. A review of the faci 5/2022, titled "Skin following: Under "PCare Protocol" Under Provide a plan of not treatment of skin by residents/patients wo for wound or ulcer of healing of wounds." Under residents/ patients assessment upon a initial review reveal the potential for brewill be implemented Licensed Nurse to Preventative Measi Program. All Nursir Physicians shall be planning." Under "Preventive Measu"	urvey, the LPN who readmitted was unavailable for an lity policy with a revised date of & Wound Care," revealed the olicy" included: "Skin & Wound ler "Purpose" included: ursing care in prevention and reakdown for all which promotes the prevention evelopment, enhances the and to prevent re-occurrence "Scope" included: "all will have a documented admission to the facility. If the is either an existing wound or eakdown, preventive measures d. It is the responsibility of a implement both the ures and the Wound Care in Personnel, Dieticians, & involved in wound care procedure" included: res are implemented for all ints Ex Order 26. 4BI for existing	F 68	36			
	CFR(s): 483.25(e)(§483.25(e) Inconting §483.25(e)(1) The	ontinence, Catheter, UTI 1)-(3) hence. facility must ensure that	F 69	90		4/3/23	
	resident who is con	tinent of bladder and bowel on					

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F 690	Continued From pa	age 11	F6	90		
	maintain continence condition is or beed not possible to mai §483.25(e)(2)For a incontinence, base comprehensive assensure that- (i) A resident who e indwelling catheter resident's clinical ocatheterization was (ii) A resident who e indwelling catheter is assessed for remas possible unless demonstrates that and (iii) A resident who receives appropriate	resident with urinary d on the resident's sessment, the facility must enters the facility without an is not catheterized unless the ondition demonstrates that				
	incontinence, base comprehensive assensure that a residence receives appropriate restore as much no possible. This REQUIREMED by: COMPLAINT#: NJ Based on observate record reviews, and facility documents of	a resident with fecal		Element 1 R2 had an order obtained on 3/01/23. R8 no at this facility and corrective not occur.	o lon <mark>ger re</mark> sides	

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F 690	failed to obtain a P Ex Order 26. 4B1 management of the (Resident #2 & Resfailed to follow its fa Orders" and Ex Order "Licensed Practice This deficient pract following: A review of the Elewas as follows: 1. According to the Resident #2 was of and readmitted on diagnoses which in Ex Order 26. 4B1 According to the Massessment tool da had Brief Interviscore indicating the The MDS was dependent on and Ex Order 26. 4B1 A review of Resider for the Facility" under the Facility and Taylor and	and the care and and the care and and the care and and the care and and the sident #8). The facility also acility policies titled "Physician and the Nurse (LPN)" job description. ice was evidenced by the actronic Medical Record (EMR) "Admission record (AR)," reginally admitted on and and active and and active active and active active active and active active active active and active acti	F 6		All residents have the potential to be affected by the same deficient practice. Element 3 Licensed Professionals will be educed on the facility's policy on Ex Order 20 obtaining a physician order for and care and management and Ex Order 26. 4B1 and care and management of 2/28/2023. Element 4 Infection Prevention Nurse/designer audit 5 residents with a Ex Order 26. 4 ensure orders are obtained weekly four weeks, then monthly for one mensure proper care management of Ex Order 26. 4B1 and The findings of audits will be discussed monthly at the facility quality improvement programment began on 2/28/2023.	cated 5. 481, or 26. 481 ent of egan ee will 481 to for nonth to f the these during	

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NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER	र		STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034			
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A review of the MDS #8 had a BIMS score Resident had Ex Ord MDS also showed R staff for all of the Application of the Applicati	AR, Resident #8 was admitted with diagnoses which of limited to Ex Order 26. 4B1 Index 26. 4B1	F 69	0			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		315280	B. WING			1	28/2023
	PROVIDER OR SUPPLIER	ER		1417 E	T ADDRESS, CITY, STATE, ZIP CODE BRACE ROAD RRY HILL, NJ 08034	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ĸ	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 690	review of Resident showed no docume Resident #2. During a second in p.m., when the Sur the Ex Order 26. 4B be a PRN (as need to change the weekly. There also should weekly. There also should weekly. There are care." The ADON further the POS [physician or the mark or the ADON responds should be on the Pafter reviewing the should ensure these Resident and the Uto the ADON, "[The should be a Physician the urine output, provided the urine output, prov	#2's and Resident #8's kiosk entation for Ex Order 26. 4B1 for terview on 2/28/2023 at 1:04 eveyor asked the ADON about she stated, "there could led) order [Physician's Order] fithere is a conder 26.4B1. There er to monitor the extra monitor the exhauld also be conder should be on the POS/TAR, led, "Yes [,] these interventions OS/TAR." She further stated chart, the admitting nurse she orders are in place for the DM [Unit Manager]. According to expectation is that there ian's Order in place to check to ovide conder save [and] change	F 6	90			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315280	B. WING			C 28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034	, 32.	2012020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 690	when they must be documented medic physician10. Ex O properly secured to Ex Order 26. 4B112 regularly (every shir graduate for each r and Ex Order 26. 4B1 A review of the facil reviewed 05/2022 trevealed Under "Po of this facility to sec and services for resand federal law. Ph and signed according uidelines." Under Physician orders with and/or treatment ar diagnosis or reason A review of the LPN revealed Under "Duresponsibility and a services delivered to care, Administers to Organizes and distributed in the comprehension of the comprehension	used, and only with al justification by a should be prevent movement and a Empty order 26. 4B1 should be prevent movement and a Empty order 26. 4B1 st., using a separate measuring esident)14. Keep order 26. 4B1 st. (a) the policy with a last date sitled "Physician Orders" olicy" included: "It is the policy oure physician orders for care sidents as required by state ysician orders will be dated ing to state and federal "Procedure" included: "1. It include the medication and a correlating medical	F6	90		
	CFR(s): 483.20(f)(5	Identifiable Information	F8	42		4/3/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION ING	CON	(X3) DATE SURVEY COMPLETED	
	315280	B. WING		l l	C /28/2023	
NAME OF PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP C 1417 BRACE ROAD CHERRY HILL, NJ 08034		120/2525	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
resident-identifial (ii) The facility ma resident-identifial accordance with agrees not to use except to the exte to do so. §483.70(i) Medic §483.70(i)(1) In a professional stan must maintain me that are- (i) Complete; (ii) Accurately do (iii) Readily acces (iv) Systematicall §483.70(i)(2) The all information co regardless of the records, except v (i) To the individu representative wh (ii) Required by L (iii) For treatment operations, as pe with 45 CFR 164 (iv) For public he neglect, or dome activities, judicial law enforcement purposes, resear medical examine a serious threat to	not release information that is ple to the public. By release information that is ple to an agent only in a contract under which the agent or disclose the information ent the facility itself is permitted all records. Coordance with accepted dards and practices, the facility edical records on each resident cumented; sible; and y organized If facility must keep confidential intained in the resident's records, form or storage method of the when release isal, or their resident inere permitted by applicable law; aw; In payment, or health care remitted by and in compliance	F8	342			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L. IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	СОМ	(X3) DATE SURVEY COMPLETED C	
		315280	B. WING _			28/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	§483.70(i)(3) The frecord information unauthorized use. §483.70(i)(4) Medifor- (i) The period of tir (ii) Five years from there is no required (iii) For a minor, 3 legal age under St. §483.70(i)(5) The file (ii) Sufficient inform (ii) A record of the (iii) The comprehe provided; (iv) The results of and resident review determinations cor (v) Physician's, nur professional's prog(vi) Laboratory, rac services reports as This REQUIREME by: Complaint#: NJ16 NJ161679, NJ1616	racility must safeguard medical against loss, destruction, or cal records must be retained me required by State law; or the date of discharge when ment in State law; or years after a resident reaches ate law. medical record must containation to identify the resident; resident's assessments; resident's resident's resident's assessments; resident's assessments; resident's	F 84	Element 1 Nursing staff will be educa on compliance with Residents #1, #2, #3, #4, #11, #12 & #13 who had many negative effects.	ocumentation. #5, #8, #10, nissing		
	Report v2" for 10 of #2, #3, #4, #5, #8, for <i>Ex Order 26. 4B</i>	dent's "Documentation Survey of 13 residents (Resident #1, #10, #11, #12 & #13) reviewed The facility of its policy titled "Resident		All residents have the pote affected by the same deficients			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING			02/2	28/2023
	PROVIDER OR SUPPLIER			14	TREET ADDRESS, CITY, STATE, ZIP CODE 417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	Care-Grooming" as Description for the (CNA)." This deficit the following: A review of the Elewas as follows: 1. According to the Resident #1 was on and readmitted on which included but assessment tool do had a Brief Interview score of 1/15, indicex Order 26. 4B1 showed the Reside with one-person procumentation Sucare task provided documented by the (CNAs) during their December 1, 2022 revealed the follow A review of the DS documentation of I Bathing, dated 12/ revealed blank spawas not document	certified Nursing Assistant ent practice was evidenced by ctronic Medical Record (EMR) "Admission Record (AR)," riginally admitted on control with diagnoses were not limited to certified Nursing Assistance enysical assist with most expected of the Resident and control of the Resid	F8	342	Element 3 Certified Nursing Assistants and Nustaff will be educated on the facility of documentation regarding activity daily living. Education began 3/4/20 Unit managers, nursing supervisors charge nurses will be educated on system of checking document compliance prior to shift change to all documentation is completed reflect the care provided to the residuring the shift. Nursing leadership will review documentation compliance during meetings. Element 4 Unit Manager/designee will audit 5 resident per unit for a total of 20 resper week documentation by care giver occurs every shift weekly for four withen monthly for one month. Audits 3/4/2023. The finding of these audits will be reviewed with the Interdisciplinary monthly during the facility Quality Improvement meetings.	policy of 023. s and the ation ensure d to dent clinical sidents nsure s yeeks, began	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING	i		l	C 28/2023
	PROVIDER OR SUPPLIER			141	REET ADDRESS, CITY, STATE, ZIP CODE 17 BRACE ROAD IERRY HILL, NJ 08034	1 021	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	12/5/2022, 12/6/20212/9/2022, 12/10/2022, 12/15/212/20/2022, 12/25/212/29/2022, 12/26/2022, 12/26/2022, 12/26/2022, 12/26/2022, 12/20/2020/20/20/20/20/20/20/20/20/20/20/	22, 12/3/2022, 12/4/2022, 22, 12/17/2022, 12/8/2022, 12/17/2022, 12/18/2022, 2022, 12/17/2022, 12/23/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/26/2022, 12/2/2022, 12/27/2022, 2022, 12/2022, 12/8/2022, 12/11/2022, 12/12/2022, 2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/27/2022, 2022, 12/27/2022, 2022, 12/27/2022, 2022, 12/28/2022, 12/28/2022, 12/28/2022, 12/27/2022, 2022, 12/17/2022, 12/18/2022, 2022, 12/17/2022, 12/18/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/17/2022, 12/8/2022, 2022, 12/17/2022, 12/18/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/26/2022, 12/27/2022, 2022, 12/17/2022, 12/8/2022, 2022, 12/28/20	F	342			
	Ex Order 26. 4B1 12/31/2022 reveale	R form used for control of the contr					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315280	B. WING				28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, S 1417 BRACE ROAD CHERRY HILL, NJ 08		· -	0,2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD CED TO THE APPROPR EFICIENCY)	BE	(X5) COMPLETION DATE
F 842	completed as followshift, on 12/1/2022, 12/8/2022, 12/9/20/12/12/2022, 12/20/2/12/12/2022, 12/20/2/12/20/2/2/20/2/2/20/2/2/20/2/2/20/2/2/20/2/2/2/20/2	vs: on the 7:00 a.m3:00 p.m. 12/2/2022, 12/3/2022, 22, 12/6/2022, 12/7/2022, 22, 12/10/2022, 12/11/2022, 2022, 12/15/2022, 12/17/2022, 2022, 12/25/2022, 12/26/2022, 2022, 12/30/2022, and 2 the 3:00 p.m11:00 p.m. 21/3/2022, 12/6/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/26/2022, 2022, 12/30/2022, and R form used for tervention/Tasks, 2022, 12/30/2022, and R form used for tervention/Tasks, 2022, 12/30/2022, and 22, 12/30/2022, 12/26/2022, 22, 12/6/2022, 12/3/2022, 22, 12/10/2022, 12/11/2022, 22, 12/10/2022, 12/11/2022, 2022, 12/15/2022, 12/11/2022, 2022, 12/25/2022, 12/26/2022, 2022, 12/30/2022, and 2 3:00 p.m11:00 p.m. shift, 2022, 12/6/2022, 12/11/2022, 2022, 12/18/2022, 12/11/2022, 2022, 12/18/2022, 12/11/2022, 2022, 12/18/2022, 12/22/2022, 2022, 12/18/2022, 12/22/2022, 2022, 12/18/2022, 12/28/2022, 2022, 12/18/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/18/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/30/2022, 12/28/2022, 2022, 12/30/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022,	F8	42			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING			l	28/2023
	PROVIDER OR SUPPLIER	iR		14	TREET ADDRESS, CITY, STATE, ZIP CODE 417 BRACE ROAD HERRY HILL, NJ 08034	UZI	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	revealed blank space was not documented follows: on the 7:00 12/1/2022, 12/2/20212/5/2022, 12/6/20212/9/2022, 12/15/2022, 12/15/212/20/2022, 12/15/212/29/2022, 12/25/212/9/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/29/2022, 12/30/20	ces which indicated the task as being completed as a.m3:00 p.m. shift, on 22, 12/3/2022, 12/4/2022, 22, 12/7/2022, 12/8/2022, 2022, 12/11/2022, 12/12/2022, 2022, 12/12/2022, 12/23/2022, 12/26/2022, 12/27/2022, 2022, and 12/31/2022; and 12/31/2022; and 12/31/2022, 2022, 12/12/2022, 2022, 12/11/2022, 2022, 12/11/2022, 2022, 12/11/2022, 2022, 12/18/2022, 2022, 12/18/2022, 12/28/2022, 2022, 12/26/2022, 12/28/2022, 2022, and 12/31/2022, 2022, and 12/31/2022, 2022, and 12/31/2022.	F8	342			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION G		E SURVEY PLETED
		315280	B. WING	·		1	28/2023
	PROVIDER OR SUPPLIER	iR			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034	1 02/1	20/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROFILITION DEFICIENCY)		BE	(X5) COMPLETION DATE
F 842	Use, dated 12/1/20 revealed blank sparwas not documented follows: on the 7:00 12/1/2022 through 12/17/2022, through 12/17/2022, 12/30/2 p.m11:00 p.m. shi 12/6/2022, 12/17/2022, 12/18/2022, 12/26/2022, 12/28/2022, 12/26/2022, 12/28/2022, 12/31/2022, revealed indicated the task vompleted as followshift, on 12/1/2022, 12/4/2022, 12/12/2022, 12/12/2022, 12/13/2022, 12/13/2022, 12/27/2022, 12/29/2022, 12/27/2022, 12/29/2022, 12/2/2022, 12/2/2022, 12/2/2022, 12/2/2022, 12/2/2022, 12/2/2022, 12/2/2022, 12/2/2/2022, 12/2/2/2022, 12/2/2/2022, 12/2/2/2022, 12/2/2/2022, 12/2/2/2/2/2022, 12/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	22 through 12/31/2022 ces which indicated the task ed as being completed as a.m3:00 p.m. shift, on 12/13/2022, 12/15/2022, the 12/18/2022, 12/27/2022, 2022, and 12/31/2022; at 3:00 ft, on 12/2/2022, 12/3/2022, 22, 12/8/2022, 12/9/2022, 2022, 12/12/2022, 12/17/2022, 2022, 12/24/2022, 12/25/2022, 2022, 12/29/2022, 12/30/2022, 2022, 12/29/2022, 12/30/2022, 2022, 12/29/2022, 12/30/2022, 2022, 12/29/2022, 12/30/2022, 2022, 12/29/2022, 12/30/2022, 2022, 12/29/2022, 12/30/2022,	F8	842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL' A. BUILD	TIPLE CONSTRUCTION ING	CON	(X3) DATE SURVEY COMPLETED C		
		315280	B. WING			28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP C 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	completed as followshift, on 12/1/2022, 12/4/2022, 12/5/20/12/8/2022, 12/9/20/12/12/2022, 12/13//12/18/2022, 12/20//12/2022, 12/20//12/31/2022, 12/20//12/31/2022, 12/2//2022, 12/11/2022, 12/11/2022, 12/11/2022, 12/11/2022, 12/11/2022, 12/11/2022, 12/11/2022, 12/24//12/28/2022, 12/29//12/31/2022. 2. According to the admitted on	vs: on the 7:00 a.m3:00 p.m. 12/2/2022, 12/3/2022, 22, 12/6/2022, 12/7/2022, 22, 12/10/2022, 12/11/2022, 2022, 12/15/2022, 12/17/2022, 2022, 12/25/2022, 12/26/2022, 2022, 12/30/2022, and on the 3:00 p.m11:00 p.m. 12/3/2022, 12/6/2022, 22, 12/9/2022, 12/10/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/18/2022, 2022, 12/30/2022, 12/26/2022, 2022, 12/30/2022, 12/26/2022, 2022, 12/30/2022, and AR, Resident #2 was originally and readmitted on with diagnoses which	F8	42			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		LE CONSTRUCTION		E SURVEY PLETED
		315280	B. WING			1	28/2023
NAME OF F	PROVIDER OR SUPPLIER	0.10200	<u> </u>	_	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0212	20/2023
	HEALTHCARE CENTE	ER		1	1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	A review of the DSF documentation of Ir Bathing dated 12/1/ revealed blank spawas not documenter follows: on the 7:00 12/5/2022, 12/16/2022, 12/16/2022, 12/16/2022, 12/16/2022, 12/12/2022, 12/15/2022, 12/12/2022, 12/15/2022, 12/16/202	R form used for 1/2022 through 12/31/2022 ces which indicated the task ed as being completed as 1/2022, 12/8/2022, 12/10/2022, 12/15/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/25/2022, 12/25/2022, 12/25/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/10/2022, 12/20/2022,	F8	342			
	documentation of Ir	ntervention/Tasks, and the dated 12/1/2022 through					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	TE SURVEY MPLETED
		315280	B. WING			/28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 842	12/31/2022 revealed indicated the task was completed as followshift, on 12/5/2022, 12/10/2022, 12/11/20/2022, 12/16/20/2022-12/25/20/2022, 12/10/2022, 12/10/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/10/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/2022, 12/20/20/20/20/20/20/20/20/20/20/20/20/20	ed blank spaces which was not documented as being ws: on the 7:00 a.m3:00 p.m., 12/6/2022, 12/8/2022, 2022, 12/12/2022, 12/13/2022, 2022 and 12/30/2022; on the m. shift, on 12/6/2022, 12/15/2022, 2022, 12/12/2022, 12/15/2022, 12/23/2022, 12/24/2022, 2022, 12/27/2022, 12/28/2022, 12/27/2022, 12/28/2022, 12/16/2022, 12/16/2022, 12/16/2022, 12/24/2022 and R form used for tervention/Tasks, 12/14/2022 through and spaces which was not documented as being ws: on the 7:00 a.m., 12/6/2022, 12/8/2022, 2022, 12/12/2022, 12/8/2022, 2022, 12/12/2022, 12/8/2022, 2022, 12/12/2022, 12/13/2022, 2022, 12/13/2022, 2022, 12/12/2022, 12/13/2022, 2022, 12/12/2022, 12/13/2022, 2022, 12/12/2022, 12/13/2022, 2022, 12/12/2022, 2022, 12/13/2022, 2022, 2022, 12/12/2022, 2022,	F8	42		
	documentation of li -Dressing dated 12 revealed blank spa was not documente follows: on the 7:00	R form used for the state of th				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X:	(X3) DATE SURVEY COMPLETED	
		315280	B. WING	1		C 02/28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034	CODE	OZIZOIZOZO	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIAT		
F 842	12/16/2022, 12/17// and 12/30/2022; ar shift, on 12/6/2022, 12/12/2022, 12/12/2022, 12/20/2022, 12/20/2022, 12/20/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/10/2022, 12/20/20/20/20/20/20/20/20/20/20/20/20/20	2022, 12/13/2022, 12/15/2022, 2022, 12/20/2022, 12/25/2022 and on the 3:00 p.m11:00 p.m., 12/10/2022, 12/11/2022, 2022, 12/18/2022, 12/20/2022, 2022, 12/25/2022, 12/25/2022, 12/25/2022, 12/25/2022, 12/26/2022, 2022, and 12/29/2022. R form used for tervention/Tasks, tervention/Tasks, and the death of the tervention/Tasks, and the death of the tervention of tervention of the tervention of tervention of the tervention of the tervention of the tervention of tervention of the tervention of tervention of the tervention of tervention of tervention of the tervention of ter	F	342			
	Use dated 12/1/202 revealed blank spa was not documente follows: on the 7:00 12/5/2022, 12/6/202 12/11/2022, 12/17/2 and 12/30/2022; or	ntervention/Tasks, - Toilet 22 through 12/31/2022 ces which indicated the task ed as being completed as 3 a.m3:00 p.m. shift, on 22, 12/8/2022, 12/10/2022, 12/20/2022, 12/20/2022, 12/20/2022-12/25/2022 on the 3:00 p.m11:00 p.m. 12/10/2022, 12/11/2022,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDIN		TIPLE CONSTRUCTION ING	CON	TE SURVEY MPLETED
		315280	B. WING			/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1417 BRACE ROAD CHERRY HILL, NJ 08034	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 842	12/28/2022, 12/29/a.m. shift, on 12/3/12/20/2022, 12/22/12/31/2022. A review of the DS documentation of I Transferring dated revealed blank spawas not document follows: on the 7:0/12/5/2022, 12/6/202, 12/11/2022, 12/12/30/2022; or shift, on 12/6/2022, 12/12/2022, 12/15/12/2022, 12/24//12/27/2022, 12/28/11:00 p.m7:00 a.1 12/14/2022, 12/16/	2022, 12/26/2022, 12/27/2022, /2022; and 11:00 p.m7:00 /2022, 12/14/2022, 12/16/2022, /2022, 12/24/2022 and R form used for	F8	42		
	documentation of I Turning and Reposithrough 12/31/202 indicated the task of completed as followshift, on 12/5/2022 12/10/2022, 12/11/12/15/2022, 12/16/12/20/2022-12/25/23:00 p.m11:00 p.m. 12/10/2022, 12/11/12/18/2022, 12/20/12/25/2022, 12/26/2022, 12/26/2022, 12/26/2022	R form used for ntervention/Tasks, sitioning dated 12/1/2022 2 revealed blank spaces which was not documented as being ws: on the 7:00 a.m3:00 p.m., 12/6/2022, 12/18/2022, 12/13/2022, 12/13/2022, 12/13/2022, 12/13/2022,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		315280	B. WING			1	28/2023
	PROVIDER OR SUPPLIER	:R		1	TREET ADDRESS, CITY, STATE, ZIP CODE 417 BRACE ROAD CHERRY HILL, NJ 08034	, 32	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 842	12/20/2022, 12/22/2 12/31/2022. The DSR for Reside through January 31 A review of the DSF documentation of Ir-Bathing dated 1/1/2 revealed blank space was not documente follows: on the 7:00 1/1/2023, 1/29/2023-1/31/2023, 1/14/2023, 1/15/2023, 1/16/2023-1/10/2023, 1/28/2023, 1/30/2023 1/28/2023, 1/22/2023 A review of the DSF documentation of Ir Mobility dated 1/1/2 revealed blank space was not completed a.m3:00 p.m. shift	12/14/2022, 12/16/2022, 2022, 12/24/2022 and ent #2 from January 1, 2023, 2023, revealed the following: R form used for 2023 through 1/31/2023 ces which indicated the task as being completed as 2 a.m3:00 p.m. shift, on 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, and 23, on the 3:00 p.m11:00 p.m. 1/3/2023, 1/5/2023, 1/27/2023, 23 and 1/31/2023; and the 2 shift, on 1/2/2023, 1/4/2023, 3, and 1/27/2023, 3, and 1/27/2023, 3, and 1/27/2023, 3, and 1/27/2023.	F8	342			
	1/20/23-1/22/2023, the 3:00 p.m11:00 1/3/2023, 1/5/2023, 1/22/2023, 1/27/202 1/31/2023; the 11:0 1/2/2023, 1/4/2023, 1/27/2023. A review of the DSF	and 1/29/2023-1/31/2023, on p.m. shift, on 1/1/2023, 1/8/2023-1/10/2023, 23, 1/28/2023, 1/30/2023 and 0 p.m7:00 a.m. shift, on 1/9/2023, 1/22/2023, and					
		ntervention/Tasks Ex Order 26					

· , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C		
		315280	B. WING_			/28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EA		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 842	Ex Order 26, 4B1 1/31/2023 revealed the task was not do as follows: on the 7 1/1/2023, 1/2/2023 1/14/2023, 1/15/202 1/29/2023-1/31/202 shift, on 1/1/2023, 1/8/2023-1/10/2023	dated 1/1/2023 through blank spaces which indicated ocumented as being completed :00 a.m3:00 p.m. shift, on 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, and 23, on the 3:00 p.m11:00 p.m. 1/3/2023, 1/5/2023, 3, 1/22/2023, 1/27/2023, 23 and 1/31/2023; and the n. shift, on 1/2/2023, 1/4/2023,	F 84	12			
	dated revealed blank spa was not documente follows: on the 7:00 1/1/2023, 1/2/2023, 1/14/2023, 1/15/2023, 1/29/2023-1/31/2023, 1/8/2023-1/10/2023, 1/28/2023, 1/30/2023	ntervention/Tasks, accept and the task and as being completed as a man and a					
	documentation of li-Dressing dated 1/2 revealed blank spa was not documente follows: on the 7:00 1/1/2023, 1/2/2023, 1/14/2023, 1/15/2023, 1/29/2023-1/31/2023 shift, on 1/1/2023, 2	R form used for htervention/Tasks, he which indicated the task ed as being completed as 0 a.m3:00 p.m. shift, on 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, and 23, on the 3:00 p.m11:00 p.m. 1/3/2023, 1/5/2023, 3. 1/27/2023					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		315280	B. WING			1	28/2023	
	PROVIDER OR SUPPLIER	ER		1417 BRAC	DRESS, CITY, STATE, ZIP CODE E ROAD HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	K (EA	PROVIDER'S PLAN OF CORRECTI ACH CORRECTIVE ACTION SHOUL SS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 842	1/28/2023, 1/30/2020 11:00 p.m7:00 a.m. 1/9/2023, 1/22/2020 A review of the DSI documentation of lingers of the task was not do as follows: on the 7 1/1/2023, 1/2/2023, 1/29/2023-1/31/2023, 1/30/2	23 and 1/31/2023; and the n. shift, on 1/2/2023, 1/4/2023, 3, and 1/27/2023. R form used for tervention/Tasks, dated 1/1/2023 through blank spaces which indicated becomented as being completed 2:00 a.m3:00 p.m. shift, on 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, and 23, on the 3:00 p.m11:00 p.m. 1/3/2023, 1/5/2023, 3, 1/22/2023, 1/27/2023, 23 and 1/31/2023; and the n. shift, on 1/2/2023, 1/4/2023, 3, and 1/27/2023. R form used for tervention/Tasks, completed as follows: on p.m. shift, on 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/1/2023, 1/2/2023, 1/2/2023, 1/2/2023, 23 and 1/31/2023; and the n. shift, on 1/2/2023, 1/4/2023, 23 and 1/31/2023; and the n. shift, on 1/2/2023, 1/4/2023	F8	42				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		C (X3) DATE SURVEY				
		315280	B. WING _		I	8/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDERSON CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 842	1/1/2023, 1/2/2023 1/14/2023, 1/15/20 1/29/2023-1/31/2023 1/8/2023-1/10/2023 1/8/2023, 1/30/20 A review of the DS documentation of Iterrory and Repothrough 1/31/2023 indicated the task ocompleted as followshift, on 1/1/2023, 1/14/2023, 1/15/20 1/29/2023-1/31/2023 indicated the task ocompleted as followshift, on 1/1/2023, 1/14/2023, 1/15/20 1/29/2023-1/31/2023 1/8/2023-1/10/2023 1/8/2023-1/10/2023 1/9/2023, 1/22/202 The DSR for Reside through February 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following: A review of the DS documentation of Iterrory 2 following:	D a.m3:00 p.m. shift, on 1, 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, 23, at 3:00 p.m11:00 p.m. on 1, 1/5/2023, 3, 1/22/2023, 1/27/2023, 23 and 1/31/2023. R form used for tervention/Tasks, sitioning dated 1/1/2023 revealed blank spaces which was not documented as being ws: on the 7:00 a.m3:00 p.m. 1/2/2023, 1/4/2023, 1/9/2023, 23, 1/20/23-1/22/2023, and 23, on the 3:00 p.m11:00 p.m. 1/3/2023, 1/5/2023, 3, 1/22/2023, 1/27/2023, 23 and 1/31/2023; and the m. shift, on 1/2/2023, 1/4/2023, 3, and 1/27/2023. Ilent #2 from February 1, 2023, 28, 2023, revealed the	F 84	2		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		315280	B. WING _		l l	/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1417 BRACE ROAD CHERRY HILL, NJ 08034		ZGIZGZG
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		SHOULD BE	(X5) COMPLETION DATE		
F 842	2/24/2023-2/28/20 A review of the DS documentation of Mobility dated 2/1/revealed blank spowas not document follows: on the 7:0 2/1/2023, 2/4/2023 2/13/2023, 2/18/2023, 2/10/202 2/18/2023, 2/10/202 2/18/2023-2/28/2023-2/28/2023-2/28/2023-2/28/2023 revealed the task was not das follows: on the 2/1/2023, 2/4/2023 2/13/2023, 2/4/2023 2/13/2023, 2/18/202	SR form used for lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Tasks, lintervention/Iasks, lintervention	F 84	2		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315280	B. WING		l l	C /28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP O 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 842	the task was not do as follows: on the 7 2/1/2023, 2/4/2023, 2/13/2023-2/25/2023-2/28/202 shift, on 2/3/2023, 2/13/2023, 2/12/2023 and the 11:00 p.m. 2/8/2023, 2/12/2023, 2/12/2023, 2/12/2023, and 2/22/23/2023, and 2/22/23/2023 revealed the task was not do as follows: on the 7 2/1/2023, 2/4/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/12/2023, 2/13/2023, 2/18/2023, 2/13/2023, 2/18/2022, 2/25/2023-2/28/2022 shift, on 2/3/2023-2/28/2023 shift, on 2/3/2023-2/28	commented as being completed (:00 a.m3:00 p.m. shift, on , 2/5/2023, 2/8/2023, 23, 2/22/2023, and 23; on the 3:00 p.m11:00 p.m. 2/5/2023, 2/7/2023, 2/18/2023, 23 and 2/24/2023-2/28/2023; -7:00 a.m. shift, on 2/6/2023, 3, 2/17/2023, 2/19/2023, 5/2023-2/28/2023. R form used for dated 2/1/2023 through blank spaces which indicated becomented as being completed (:00 a.m3:00 p.m. shift, on , 2/5/2023, 2/8/2023, and 2/24/2023, and 2/23/2023, and 2/24/2023, 2/8/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/	F8	42		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L. TIDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315280	B. WING				C 28/2023
	PROVIDER OR SUPPLIER	ER .		1417	EET ADDRESS, CITY, STATE, ZIP CODE 7 BRACE ROAD ERRY HILL, NJ 08034	, ozn	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 842	2/21/2023, 2/22/2020 A review of the DSI documentation of In Personal Hygiene of 2/28/2023 revealed the task was not do as follows: on the 7 2/1/2023, 2/4/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/12/2023 and the 11:00 p.m. 2/8/2023, 2/12/2023 and the 11:00 p.m. 2/8/2023, 2/12/2023 blank spaces which documented as beinthe 7:00 a.m3:00 2/4/2023, 2/5/2023, 2/10/2023, 2/5/2023, 2/10/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/12/2023, 2/13/2023, 2/12/2	23, and 2/24/2023-2/28/2023. R form used for tervention/Tasks, tated 2/1/2023 through blank spaces which indicated ocumented as being completed 2:00 a.m3:00 p.m. shift, on 2/5/2023, 2/8/2023, 2/3; on the 3:00 p.m11:00 p.m. 2/5/2023, 2/7/2023, 2/18/2023, 2/3, 2/17/2023, 2/18/2023, 2/3, and 2/24/2023-2/28/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/17/2023, 2/8/2023, 2/18/2023, 2/17/2023, 2/8/2023, 2/18/2023, 2/17/2023, 2/8/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/19/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/19/2023, 2/19/2023, 3, 2/17/2023, 2/19/2023	F8	342			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION		E SURVEY PLETED
		315280	B. WING			1	28/2023
	PROVIDER OR SUPPLIER			14	TREET ADDRESS, CITY, STATE, ZIP CODE 417 BRACE ROAD CHERRY HILL, NJ 08034	VZ/	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	follows: on the 7:00 2/4/2023, 2/5/2023 2/18/2023, 2/5/2023 2/18/2023, 2/22/20 on the 3:00 p.m1*2/3/2023-2/5/2023, 2/13/202 2/21/2023, 2/12/202 2/23/2023, and 2/2 A review of the DS documentation of I Turning and Repost through 2/28/2023 indicated the task of completed as followshift, on 2/1/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/13/2023, 2/12/2023 and the 11:00 p.m. 2/8/2023, 2/12/2022 2/23/2023, and 2/2 3. According to the on 3. Ac	D a.m3:00 p.m. on 2/1/2023, 2, 2/8/2023, 2/13/2023, 23, and 2/25/2023-2/28/2023; 1:00 p.m. shift, on 2/17/2023, 2/8/2023, 23, 2/17/2023, 2/18/2023, 23, and 2/24/2023-2/28/2023; -7:00 a.m. shift, on 2/6/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/18/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023, 2/17/2023, 2/19/2023,	F	342			
	#3 had a BIMS sco	ore of a nindicating the					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C	
		315280	B. WING			/28/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	Resident was Ex O MDS also showed Ex.Order 26.4(b)(1) assist with most staff for transfers. The Surveyor review care task prodocumented by the shift. The DSR from February 28, 2023 A review of the DS documentation of 1-Bathing dated 2/1 revealed blank spawas not document follows: on the 7:0/2/1/2023, 2/2/2023, 2/1/2023, 2/12/2023, and 2/2/2/2/2023, and 2/2/2/2/2023, and 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	•	F8	342			

AND DLAN OF CODDECTION INDENTIFICATION NUMBED:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315280	B. WING		02	C 2/28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, 2 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 842	2/12/2023-2/14/2022/2/27/2023, and 2/2/2 p.m7:00 a.m. shift A review of the DSF documentation of Infex Order 26. 4B1 2/28/2023 revealed the task was not do as follows: on the 72/1/2023, 2/2/2023, 2/9/2023, 2/11/2023, 2/11/2023, 2/12/2023, 2/12/2023, and 2/2/2 p.m11:00 p.m. shift A review of the DSF documentation of Infex DSF documentation	23, 2/16/2023, 2/18/2023, 23, 2/24/2023, 2/25/2023, 8/2023; and the 11:00 t, on 2/20/2023 and 2/28/2023.	F8	342		

` <i>'</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	FIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED	
		315280	B. WING		I	C /28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP C 1417 BRACE ROAD CHERRY HILL, NJ 08034		20,2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 842	-Dressing dated 2/7 revealed blank spa was not documented follows: on the 7:00 2/1/2023, 2/2/2023, 2/9/2023, 2/11/2023, 2/11/2023, 2/12/2023-2/6/2023, 2/12/2023-2/14/2023-2/19/2023, 2/22/2023, and 2/20 p.m7:00 a.m. shift A review of the DSI documentation of Ir-Personal Hygiene 2/28/2023 revealed the task was not do a.m3:00 p.m. on 2/6/2023, 2/8/2023 2/11/2023, 2/2/2023, 2/2/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/12/2023, 2/27/2023, 2/12/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/27/2023, 2/2/2023, 2/4/2023, 2/11/2023-2/13/2022/26/2023-2/28/2022/26/2023-2/28/2022/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2023/2/26/2023-2/28/2022/2/26/2023-2/28/2022/2/26/2023-2/28/2023/2/26/2023-2/28/2023/2/26/2023-2/28/2022/26/2023-2/28/2022/26/2023-2/28/2023/2/26/2023/2/26/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/28/2023/2/26/2023/2/26/2023/2/28/2023/2/26/2023/2/26/2023/2/28/2023/2/26/2023/2/2/26/2023/2/2/26/2023/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	1/2023 through 2/28/2023 ces which indicated the task ed as being completed as a.m3:00 p.m. shift, on 2/4/2023, 2/6/2023, 2/8/2023, 3-2/13/2023, 2/19/2023, 6/2023-2/28/2023; on the 3:00 fft, on 2/1/2023, 2/2/2023, 2/8/2023, 2/9/2023, 2/8/2023, 2/9/2023, 2/18/2023, 2/18/2023, 2/24/2023, 2/25/2023, 8/2023; and the 11:00 t, on 2/20/2023 and 2/28/2023. R form used for the trivention/Tasks, and the 2/1/2023 through a blank spaces which indicated ocumented as follows: at 7:00 2/1/2023, 2/2/2023, 2/4/2023, 2/4/2023,	F8	42			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
		315280	B. WING _		l l	/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 842	2/8/2023, 2/9/2023 2/16/2023, 2/18/20 2/24/2023, 2/25/20 and the 11:00 p.m. and 2/28/2023. A review of the DS documentation of -Transferring date revealed blank spa was not document follows: on the 7:0 2/1/2023, 2/2/2023 2/9/2023, 2/11/202 2/22/2023, and 2/2 3:00 p.m11:00 p. 2/4/2023-2/6/2023 2/12/2023-2/14/20 2/19/2023, 2/22/20 A review of the DS documentation of -Turning and Report through 2/28/2023 indicated the task completed as follo shift, on 2/1/2023, 2/8/2023, 2/9/2023 2/19/2023, 2/9/2023 2/19/2023, 2/22/20	3, 2/12/2023-2/14/2023, 2/22/2023, 2/3, 2/19/2023, and 2/28/2023;7:00 a.m. shift, on 2/20/2023 5R form used for the line of the line o	F 84			
	2/2/2023, 2/4/2023 2/12/2023-2/14/20 2/19/2023, 2/22/20 2/27/2023, and 2/2 p.m7:00 a.m. shi	3-2/6/2023, 2/8/2023, 2/9/2023, 23, 2/16/2023, 2/18/2023, 2/24/2023, 2/25/2023, 2/8/2023; and the 11:00 ft, on 2/20/2023 and 2/28/2023. • AR, Resident #4 was originally and readmitted on				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	TIPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
		315280	B. WING			C 02/28/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE		
F 842	According to the M Resident #4 had a the Resident had The MDS also show the Surveyor review of the DS documentation of L-Bathing dated 2/1 revealed blank spawas not document follows: on the 7:00 2/1/2023, 2/3/2023 2/12/2023, 2/3/2023 2/12/2023, 2/15/20 2/25/2023-2/28/20 D.m. shift, on 2/4/2 2/14/2023, 2/18/20 A review of the DS documentation of Mobility dated 2/1/2 revealed blank spawas not document follows: on the 7:00 2/1/2023, 2/3/2023 2/12/2023, 2/3/2023 2/12/2023, 2/15/20 2/25/2023-2/28/20 D.m. shift, on 2/4/2 2/14/2023, 2/18/20 A review of the DS documentation of Mobility dated 2/1/2 revealed blank spawas part dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation of Mobility dated 2/1/2 revealed blank spawas not documentation dated 2/1 revealed blank spawas	noses which included but were rater 26. 4B1 IDS, dated 11/29/2022, BIMS score of 7/15, indicating	F	342			

	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	315280	B. WING			C / 28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID SUMMARY STATEMEI PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE		ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
shift, on 2/4/2023, 2/9/2021/4/2023, 2/18/2023, 2/21/2023, 2/21/2023, 2/21/2023, 2/21/2023, 2/28/2023 revealed blanthe task was not documentation of the task was not documented as a.m3:00 p.m. shift, on 2/4/2023, 2/10/2023, 2/12/21/2023, 2/25/2023-2/2 p.m11:00 p.m. shift, on 2/13/2023, 2/14/2023, 2/14/2023, 2/28/2023; and the 11:00 2/28/2023; and the 11:00	2023, 2/10/2023, and a the 3:00 p.m11:00 p.m. 023, 2/13/2023, and 2/28/2023; a.m. shift, on 2/18/2023, a.m. shift, on 2/18/2023. In used for cention/Tasks, and cention/Tasks, and cented as being completed a.m3:00 p.m. shift, on 2/21/2023, and a the 3:00 p.m11:00 p.m. 023, 2/10/2023, and a the 3:00 p.m11:00 p.m. 023, 2/13/2023, and a shift, on 2/18/2023; and a shift, on 2/18/2023, and a shift, on a shift, a shift, on a shift, a shif	F8	42		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		315280	B. WING		02	2/28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	was not documented follows: on the 7:00 2/1/2023, 2/3/2023, 2/15/202 2/25/2023-2/28/202 shift, on 2/4/2023, 2/14/2023, 2/18/202 the 11:00 p.m7:00 2/21/2023, 2/23/202 A review of the DSF documentation of Ir-Personal Hygiene 2/28/2023 revealed the task was not do a.m3:00 p.m. on 2/210/2023, 2/12/2023, 2/12/2023, 2/25/2023-2/28/202 2/4/2023, 2/25/2023, 2/25/2023 A review of the DSF documentation of Ir Use dated 2/1/2023 blank spaces which documented as followed by 2/12/2023, 2/15/202 2/25/2023, 2/15/202 2/25/2023, 2/25/20	ces which indicated the task of as being completed as a.m3:00 p.m. shift, on 2/4/2023, 2/10/2023, 23, 2/21/2023, and 23; on the 3:00 p.m11:00 p.m. 2/9/2023, 2/13/2023, 2/28/2023; and 2.a.m. shirt, on 2/18/2023, 2/3, 2/25/2023, 2/28/2023. R form used for attervention/Tasks, and 2/1/2023, 2/3	F8	342			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L. IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED	
		315280	B. WING				C /28/2023	
	PROVIDER OR SUPPLIER			1417	EET ADDRESS, CITY, STATE, ZIP CODE 7 BRACE ROAD ERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 842	-Transferring date revealed blank spawas not document follows: on the 7:0 2/1/2023, 2/3/2023 2/12/2023, 2/15/20 2/25/2023-2/28/20 p.m. shift, on 2/4/2023, 2/14/2023, 2/18/20 A review of the DS documentation of -Turning and Reporthrough 2/28/2023 indicated the task completed as folloshift, on 2/1/2023, 2/12/2023, 2/15/20 2/25/2023-2/28/20 shift, on 2/4/2023, 2/14/2023, 2/18/20 and the 11:00 p.m. 2/21/2023, 2/23/20 5. According to the on Staff and a sloo showed the Fon staff and a st	d 2/1/2023 through 2/28/2023 aces which indicated the task ted as being completed as 0 a.m3:00 p.m. shift, on 3, 2/4/2023, 2/10/2023, 2/23, 2/21/2023, 2/23, and on the 3:00 p.m11:00 2023, 2/9/2023, 2/13/2023, 2/27/2023, and 2/28/2023. 3R form used for action of the second of t	F	342				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	СОМ	E SURVEY PLETED
		315280	B. WING			1	C 28/2023
	PROVIDER OR SUPPLIER	ER .		141	REET ADDRESS, CITY, STATE, ZIP CODE 17 BRACE ROAD IERRY HILL, NJ 08034	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 842	documentation of Ir-Bathing dated 12/1 revealed blank spa was not documented follows: on the 7:00 12/1/2022, 12/3/20/212/2022-12/31/2 p.m. shift, on 12/1/2 and 12/16/2022-12/25/2 and 12/31/2022. A review of the DSF documentation of Ir Mobility dated 12/1/2 revealed blank spa was not documented follows: on the 7:00 12/1/2022, 12/3/20/212/22/2022-12/31/2 p.m.shift, on 12/1/2 12/16/2022-12/20/2 12/28/2022, 12/30/2 11:00 p.m7:00 a.m. A review of the DSF documentation of Ir Iz/31/2022 revealed indicated the task v completed as followshift, on 12/1/2022, 12/22/2022-12/31/2 p.m. shift, on 12/1/2022, 12/22/2022-12/31/2 p.m. shift, on 12/1/2022, 12/28/2022, 12/30/212/28/2022, 12/30/212/28/2022, 12/30/211:00 p.m7:00 a.m.	htervention/Tasks, 1/2022 through 12/31/2022 ces which indicated the task ed as being completed as 0 a.m3:00 p.m. shift, on 22-12/19/2022, and 2022; on the 3:00 p.m11:00 2022-12/11/2022, 12/13/2022,	F8	42			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING			1	C /28/2023
	PROVIDER OR SUPPLIER	ER .		1417	ET ADDRESS, CITY, STATE, ZIP CODE BRACE ROAD RRY HILL, NJ 08034	1 02	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 842	documentation of Indated 12/31/2022 revealed indicated the task who completed as followshift, on 12/1/2022-12/16/2022-12/16/2022-12/16/2022-12/28/2022-12/30/21:00 p.m7:00 a.m. A review of the DSI documentation of In-Dressing dated 12 revealed blank spawas not documente follows: on the 7:00 12/1/2022, 12/32/2022-12/31/2 p.m11:00 p.m. shift 12/13/2022, 12/16/2022-12/25/212/30/2022 revealed indicated the task who completed as followshift, on 12/1/2022, 12/16/2022-12/31/2 p.m. shift, on 12/1/2022, 12/16/2022-12/31/2 p.m. shift, on 12/1/2022, 12/16/2022-12/20/21/28/2022, 12/30/2011:00 p.m7:00 a.m.	Intervention/Tasks, and the revention/Tasks, and to blank spaces which was not documented as being ws: on the 7:00 a.m3:00 p.m. 12/3/2022-12/19/2022, and 2022; on the 3:00 p.m11:00 12/11/2022, 12/13/2022, 2022, 12/23/2022-12/25/2022, 2022, and 12/31/2022; and the n. on 12/22/2022. R form used for an	F	342			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315280	B. WING		0:	C 2/28/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034		212012023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 842	Use dated 12/1/202 revealed blank spawas not documented follows: at 7:00 a.m. 12/3/2022-12/19/203:00 p.m11:00 p.m. 12/13/2022, 12/16/21/23/2022-12/25/212/31/2022; at 11:012/22/2022. A review of the DSF documentation of Ir-Transferring dated 12/31/2022 revealed indicated the task vompleted as followshift, on 12/1/2022, 12/22/2022-12/31/2 p.m11:00 p.m. shift 12/13/2022, 12/16/2022-12/25/2 and 12/31/2022. A review of the DSF documentation of Ir-Turning and Report through 12/31/2022 indicated the task vompleted as followshift, on 12/1/2022, 12/22/2022-12/31/2 p.m. shift, on 12/1/2022, 12/16/2022-12/20/21/28/2022, 12/30/21:00 p.m7:00 a.m.	ntervention/Tasks, and a Toilet 22 through 12/31/2022 ces which indicated the task ed as being completed as 13:00 p.m. on 12/1/2022, 2022, 12/22/2022-12/31/2022; at 2.0. on 12/1/2022-12/11/2022, 2022-12/20/2022, 12/30/2022, 2022, 12/28/2022, 12/30/2022, 2022-12/20/2022 through and blank spaces which was not documented as being exist on the 7:00 a.m3:00 p.m. 12/3/2022-12/19/2022, 2022-12/20/2022, 2022-12/20/2022, 2022-12/20/2022, 2022, 12/28/2022, 12/30/2022, 2		342			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C	
		315280	B. WING			/28/2023	
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034		<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE	
F 842	to the facility on included but were resident had Ex Order 26. 41 AND Ex Order 26. 42 had an Ex Order 26. 44 had an Ex Order 26. 45 had an Ex Order 26. 46 had an Ex Order 26. 46 had an Ex Order 26. 47 had an Ex Order 26. 48 had an Ex Order 26. 49 had an Ex Order 26. 40 had an Ex Order 26. 41 had a	S, dated 10/11/2022, Resident for of 1/15, which indicated the order 26. 4B1 S, dated 10/11/2022, Resident for of 1/15, which indicated the order 26. 4B1 The Resident #8 was dependent on B1 B1 For all 1/2042 and and 1/2022, through revealed the following: R form used for 1/2022, through 10/31/2022 ces which indicated the task as being completed as 1/2022, 10/16/2022, 10/19/2022, 20/22, 20/30/2022 and 1/2022, 10/19/2022, 20/22, 10/30/2022 and 1/2022, 10/30/2022, 10/30/2022 and 1/2022, 10/30/2022 and 1/2022	F8	42			
	Mobility dated 10/7 revealed blank spa	/2022 through 10/31/2022 ces which indicated the task ed as being completed as					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		DATE SURVEY COMPLETED
		315280	B. WING			C 02/28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, Z 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 842	follows: on the 7:00 10/9/2022, 10/15/20 10/20/2022, 10/15/20 10/31/2022; on the 10/9/2022, 10/15/20 10/31/2022; and the on 10/11/2022. A review of the DSR documentation of In Ex Order 26. 4B1 10/31/2022 reveale indicated the task v completed as followshift, on 10/9/2022, 10/19/2022, 10/20/20/20/20/20/20/20/20/20/20/20/20/20	a.m 3:00 p.m. shift, on 022, 10/16/2022, 10/19/2022, 2022, 10/30/2022 and 3:00 p.m11:00 p.m. shift, on 022 through 10/20/2022, 2022, 10/30/2022 and e 11:00 p.m7:00 a.m. shift, on 11:00 p.m10/15/2022, 10/16/2022, 10/29/2022, 10/30/2022 and a p.m11:00 p.m10/15/2022 through 11:00 p.m7:00 a.m. on 11:00 p.m10/15/2022 through 11:00 p.m7:00 a.m. on 10/15/2022, 10/16/2022, 10/16/2022, 10/16/2022, 10/15/2022, 10/16/2022, 10/15/2022, 10/16/2022, 10/15/2022 through 10/15/202	F8	342		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315280	B. WING			I	28/2023
	PROVIDER OR SUPPLIER	:R		141	REET ADDRESS, CITY, STATE, ZIP CODE 17 BRACE ROAD IERRY HILL, NJ 08034	, UZI	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	Dressing dated 10/revealed blank sparwas not documented follows: on the at 7: 10/9/2022, 10/15/20/20/2022, 10/29/20/20/2022, 10/20/20/2022, 10/15/20/20/20/20/20/20/20/20/20/20/20/20/20/	ge 49 7/2022 through 10/31/2022 ces which indicated the task ed as being completed as 00 a.m 3:00 p.m. shift, on 022, 10/16/2022, 10/19/2022, 2022, 20/30/2022 and of the 3:00 p.m11:00 p.m. shift 022 through 10/20/2022, 2022, 10/30/2022 and R form used for tervention/Tasks, accordingly through	F8	342			
	10/31/2022 reveale indicated the task wifollows: on the 7:00 10/9/2022, 10/15/20 10/20/2022, 10/29/2 10/31/2022; and the on 10/9/2022, 10/15/2022, 10/	d blank spaces which was not documented as a.m 3:00 p.m. shift, on 022, 10/16/2022, 10/19/2022, 2022, 10/30/2022 and a 3:00 p.m11:00 p.m. shift, 5/2022 through 10/20/2022, 2022, 10/30/2022 and					
	documentation of Ir Use dated 10/7/202 revealed blank spar was not documente follows: on the 7:00 10/9/2022, 10/15/20 10/20/2022, 10/29/2 10/31/2022; on the 10/9/2022, 10/15/20 10/23/2022, 10/29/2 10/31/2022; and the on 10/11/2022.	R form used for cheeven the form used for ch					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		COMPLETI	
		315280	B. WING _		02/28/2	023
	PROVIDER OR SUPPLIER		A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034 DPREFIX TAG PREFIX TAG F 842 DEFICIENCY) F 842 DEFICIENCY The The The The Street Sk			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE COM	(X5) IPLETION DATE
F 842	Turning and Reposithrough 10/31/202 indicated the task completed as follo shift on 10/9/2022, 10/19/2022, 10/20/2022, 10/20/2022, 10/20/2022, 10/23, and 10/31/2022; a shift on 10/11/2022 7. According to the admitted to the factoric indicates the same shift on the factoric transfer of the same shift on the same shift o	Intervention/Tasks, sitioning dated 10/7/2022 2 revealed blank spaces which was not documented as being ws: on the 7:00 a.m 3:00 p.m., 10/15/2022, 10/16/2022, 10/29/2022, 10/30/2022 n the 3:00 p.m11:00 p.m. 2, 10/15/2022 through 1/2022, 10/29/2022, 10/30/2022 nd the 11:00 p.m7:00 a.m.	F 84	12		
	Resident #10 had indicated the Resident MDS also showed assistance with x and was at rand was admitted A review of the DS documentation of Bathing, dated 1/1 revealed blank spawas not document follows: on the 7:01/1/2023, 1/2/2023 1/14/2023, 1/20/20 1/26/2023, 1/29/20 and the 3:00 p.m	ADS, dated 10/12/2022, a BIMS score of [accord*] /15, which dent was Ex Order 26. 4BI . The Resident #10 needed [accord* 26.4(b)(1)] assist with risk for Ex Order 26. 4BI without any [accord* 26.4(b)(1)] SR form used for [accord* 26.4BI without any [accord* 26.4(b)(1)] SR form used for [accord* 26.4BI without any [accord* 26.4(b)(1)] SR form used for [accord* 26.4BI without any [accord* 26.4(b)(1)] SR form used for [accord* 26.4BI without any [accord* 26.4(b)(1)] SR form used for [accord* 26.4BI without any [accord* 26.4BI				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	CON	TE SURVEY MPLETED C
		315280	B. WING _			/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP O 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 842	1/10/2023, 1/19/20 1/30/2023. A review of the DS documentation of Mobility, dated 1/1 revealed blank spawas not document follows: on the 7:0 1/1/2023, 1/2/2023 1/14/2023, 1/29/20 on the 3:00 p.m1 1/3/2023, 1/5/2023 1/10/2023, 1/19/20 1/30/2023; and the 1/3/2023 reveale the task was not das follows: on the 1/1/2023, 1/20/20 1/26/2023, 1/20/20 1/26/2023, 1/20/20 1/26/2023, 1/20/20 1/26/2023, 1/20/20 1/30/2023; and the 1/1/2023, 1/19/20 1/30/2023; and the 1/3/2023, 1/14/2023 A review of the DS documentation of Ex Order 26, 4BI 1/31/2023, 1/14/2023 A review of the DS documentation of Ex Order 26, 4BI 1/31/2023, 1/14/2023 Teveale 1/30/2023; and the 1/3/2023 reveale 1/3/2023 reveale 1/3/2023 reveale 1/31/2023 reveale	GR form used for http://dx.doi.org/10.23, 1/22/2023, 1/26/2023, and for http://dx.doi.org/10.23 http:/	F 84	2		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	\ /	TE SURVEY MPLETED
		315280	B. WING		02	C 2/28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, Z 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 842	1/2/2023, 1/8/2023, 1/20/2023, 1/20/2023, 1/30/2020, p.m11:00 p.m. on 1/8/2023, 1/9/2023, 1/22/2023, 1/26/2023, 1/28/2023. A review of the DSF documentation of Ir Dressing, dated 1/1 revealed blank sparwas not documente follows: on the 7:00 1/1/2023, 1/20/203, 1/26/2023, 1/28/2023, 1/14/2023, 1/2023, 1/10/2023, 1/10/2023, 1/19/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/20/203, 1/10/2023,	1/9/2023, 1/14/2023, 23, 1/22/2023, 1/31/2023; at 3:00 1/1/2023, 1/3/2023, 1/5/2023, 1/10/2023, 1/19/2023, 23, 1/30/2023; at 11:00 1/3/2023, 1/14/2023, 1/19/2023, 23, 1/30/2023; at 11:00 1/3/2023, 1/14/2023, 1/3/2023 1/3/2023 through 1/31/2023 1/3/2023 through 1/31/2023 1/3/2023, 1/9/2023, 23, 1/21/2023, 1/9/2023, 23, 1/21/2023, 1/30/2023, and 3:00 p.m11:00 p.m. shift, on 1/5/2023, 1/8/2023, 1/9/2023, 23, 1/22/2023, 1/26/2023, and 3:00 p.m11:00 p.m. shift, on 1/5/2023, 1/30/2023, and 3:00 p.m11:00 p.m. shift, on 1/15/2023, 1/9/2023, 23, 1/22/2023, 1/26/2023, and 3:00 p.m. shift, on 1/1/2023, 23, 1/30/2023, and 1/31/2023, 23, 1/30/2023, and 1/31/2023, 23, 1/30/2023, and 1/31/2023, 23, 1/30/2023, and 1/31/2023, 23, 1/8/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/9/2023, 23, 1/22/2023, 1/26/2023, and 11:00 p.m7:00 a.m. shift, on	F8	342		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	CON	TE SURVEY MPLETED
		315280	B. WING_			/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 842	documentation of Personal Hygiene, 1/31/2023 revealed the task was not das follows: on the 1/1/2023, 1/2/2023 1/14/2023, 1/26/2023, 1/5/2023 1/10/2023, 1/19/2023, 1/10/2023, 1/19/2023, 1/10/2023, 1/14/2023 A review of the DS documentation of Use, dated 1/1/2025 blank spaces whice documented as follown. shift, on 1/1/21/9/2023, 1/26/2023, 1/26/2023, 1/26/2023, 1/26/2023, 1/2023 indicated the task completed as folloshift, on 1/1/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/14/2023, 1/26/2023, 1/26/2023, 1/28/2021, 1/26/2023, 1/28/2021, 1/26/2023, 1/28/2023, 1/2	Intervention/Tasks, dated 1/1/2023 through d blank spaces which indicated ocumented as being completed 7:00 a.m3:00 p.m. shift, on 3, 1/8/2023, 1/9/2023, 223, 1/21/2023, and 1/31/2023; 1:00 p.m. shift, on 1/1/2023, 3, 1/8/2023, 1/9/2023, 1/9/2023, 1/22/2023, 1/9/2023, 1/22/2023, 1/26/2023, and 2:11:00 p.m7:00 a.m. shift, on 23, and 1/28/2023. SR form used for an	F 84			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		315280	B. WING		0:	C 2/28/2023
	PROVIDER OR SUPPLIER	:R		STREET ADDRESS, CITY, STATE, ZIF 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 842	1/10/2023, 1/19/2021/30/2023; and the 1/3/2023, 1/14/2023 8. According to the originally admitted the and readmitted on which included but the Ex Order 26. 4B1 According to the MIResident #11 had a indicated the Resident #11 had a indicated the Resident #12 had a indicated the Resident #13 had a indicated the Resident #14 had a indicated the Resident #15 had a indicated the Resident #16 had a indicated the Resident #17 had a indicated the Resident #18 had a	1/5/2023, 1/8/2023, 1/9/2023, 23, 1/22/2023, 1/26/2023, and 11:00 p.m7:00 a.m. shift, on 3, and 1/28/2023. AR, Resident #11 was to the facility on Ex Order 26. 4B1 with diagnoses were not limited to: DS, dated 11/13/2022, BIMS score of Example which the sales showed Resident #13 also showed Resident #13 also stance with Extorder 26. 4B1 and Extorder 26. 4B1 an	F8	342		
	documentation of Ir Mobility, dated 12/1 revealed blank spac was not documente p.m. on 12/1/2022-	R form used for tervention/Tasks, and a second of tervention and a second of tervetion and a second of terv				
	A review of the DSF	? form used for ExOrder 26				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	CON	TE SURVEY MPLETED
		315280	B. WING_		I	/28/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1417 BRACE ROAD CHERRY HILL, NJ 08034		ZGIZGZG
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 842	documentation of Dressing, dated 12 revealed blank spawas not document p.m. on 12/1/2022 p.m. on 12/1/2022 p.m. on 12/1/2022 p.m. on 12/1/2022 p.m. on 12/1/2022, reveal indicated the task follows: at 7:00 a.r. 12/1/2022-12/15/2 12/1/2022-12/12/2/2 A review of the DS documentation of Bathing, dated 12/2 revealed blank spawas not document p.m. on 12/1/2022 p.m. on 12/1/20	Intervention/Tasks, 2011/2022 through 12/31/2022 acces which indicated the task ted as follows: at 7:00 a.m3:00 2-12/15/2020; at 3:00 p.m11:00 2-12/12/2022, 12/15/2022. SR form used for 2011/2022 through led blank spaces which was not documented as 2020; at 3:00 p.m. on 2020; at 3:00 p.m11:00 p.m. on 2022, 12/15/2022. SR form used for 2011/2022 through led blank spaces which was not documented as 2020; at 3:00 p.m11:00 p.m. on 2022, 12/15/2022. SR form used for 2011/2022 through 12/31/2022 acces which indicated the task ted as follows: at 7:00 a.m3:00 2-12/15/2020; at 3:00 p.m11:00 2-12/12/2022, 12/15/2022. SAR, Resident #12 was 2012/15/2022. SAR, Resident #12 was 302 to the facility on 2012/2023, Resident 2013/2023, Re	F 84			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315280	B. WING		02	C /28/2023	
	PROVIDER OR SUPPLIER	:R		STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 842	Bathing, dated 1/1/2 revealed blank space was not documented p.m. on 1/1/2023-1/1/12/2023-1/16/2023 1/12/2023, 1/2023, 1/12/2023, 1/12/2023-1/24/2022 p.m7:00 a.m. on 1 A review of the DSF documentation of In Ex Order 26. 4B1 1/31/2023 revealed the task was not do as follows: on the 7 1/1/2023-1/16/2023 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023 revealed the task was not do as follows: on the 7 1/1/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023 revealed the task was not do as follows: on the 7 1/1/2023-1/16/2023, 1/12/2023-1/16/2023, 1/12/2023-1/16/2023, 1/12/2023-1/16/2023, 1/12/2023, and 1/28/2023, and 1/28/20		F8	342			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315280	B. WING			l '	28/2023
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 417 BRACE ROAD CHERRY HILL, NJ 08034	02/	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	1/9/2023, 1/10/202 1/19/2023, 1/12/20 and the 11:00 p.m. A review of the DS documentation of ID Dressing, dated 1/2 revealed blank spawas not documente follows: on the 7:00 1/1/2023-1/4/2023, 1/12/2023-1/16/2023, 1/12/2023, 1/19/2023, 1/19/2023-1	3, 1/13/2023-1/17/2023, 23-1/24/2023, and 1/26/2023; -7:00 a.m. shift, on 1/15/2023. R form used for tervention/Tasks, 200603 - 1/2023 through 1/31/2023 ces which indicated the task ed as being completed as 0 a.m3:00 p.m. shift, on 1/7/2023, 1/10/2023, 23, 1/20/2023, 1/22/2023, 8/2023; and the 3:00 ifft, on 1/1/2023, 1/2/2023, 1/10/2023, 1/10/2023, 23, 1/10/2023, 23, 1/10/2023, 23, 1/10/2023, 23, 1/10/2023, 23, 1/10/2023, 23, 1/19/2023,	F	342			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING	CON	TE SURVEY MPLETED C
		315280	B. WING			/28/2023
	PROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP C 1417 BRACE ROAD CHERRY HILL, NJ 08034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD BE	(X5) COMPLETION DATE
F 842	According to the MI Resident #13 had a indicated the Resident #13 had a indicated the Resident #13 had a indicated the Resident #15 had a indicated the Resident #16 had a sindicated the Resident #17 had a sindicated the Resident #18 had a sindicated the DSF documentation of Ir Bathing, dated 1/1/2 revealed blank spawas not document follows: on 7:00 a.n. 1/1/2023-1/4/2023, 1/22/2023, 1/23/2023 hr11:00 p.m. on 1/9/2023-1/11/2023 revealed the task was not do as follows: on the 7 1/1/2023-1/4/2023, 1/22/2023, 1/23/2023 hr11:00 p.m. shi 1/6/2023, 1/9/2023-1/13/2023-1/18/2023-1/13/2023-1/18/2023-1/22/2023-1/24/2023 hr11:00 p.m. shi 1/6/2023, 1/9/2023-1/13/2023-1/18/2023-1/22/2023-1/24/2023 hr1/24/2023-1/2	DS, dated 12/13/2022, a BIMS score of 7/15, which ent was Ex Order 26. 4B1 also showed Resident #13 5.4(b)(1) of c excrete 1. A form used for excrete 1. A f	F8	42		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED	
		315280	B. WING		02	C 2/28/2023	
	NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 842 Continued From page 59 A review of the DSR form used for documentation of Intervention/Tasks, prevaled blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/22/2023, 1/23/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/12/2023, 1/28/2023, 1/28/2023, 1/28/2023, 1/22/2023, 1/			STREET ADDRESS, CITY, STATE, ZIP 1417 BRACE ROAD CHERRY HILL, NJ 08034			
PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	A review of the DSf documentation of In Dressing, dated 1/1 revealed blank spa was not documente follows: on the 7:00 1/1/2023-1/4/2023, 1/12/2023-1/17/202 1/22/2023, 1/23/202 p.m11:00 p.m. shi 1/6/2023, 1/9/2023-1/13/2023-1/13/2023-1/24/202 During an interview when the Surveyor Manager/Licensed about the expectati sheets, she stated, sheets are to I of every shift." The UM/LPN further	R form used for the revention/Tasks, and 1/2023 through 1/31/2023, ces which indicated the task ed as being completed as 0 a.m3:00 p.m. shift, on 1/7/2023, 1/10/2023, 23, 1/19/2023, 1/20/2023, 23, 1/28/2023; and on the 3:00 lift, on 1/1/2023, 1/2/2023, 1/2/2023, 23, 1/20/2023, 23, 1/20/2023, 23, 1/20/2023, 23, and 1/26/2023. You con 2/27/2022 at 12:01 p.m., asked the Unit Practice Nurse (UM/LPN) con to complete the the completed fully at the ender stated, " there should not		342			
	the CNA informed to CNAs] document in the residents. Certa after it [task] is don of the shift." She further its blank, that mean that shift." When as should be any blank responded, saying, blanks on the control of the Assistant Direction.	the Surveyor saying, "we [the in the kiosk for care provided to ain tasks must be documented e and others [tasks] at the end rther stated, "If the control sheet is the task was not done on sked by the Surveyor if there is on the control sheet, the CNA "No, there should not be any					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C		
		315280	B. WING			/28/2023	
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	they [CNAs] provided She further stated, sheet is comp. When the Surveyor the blank spaces, it sheet is not in composite with the blank that the task was not stated that the "Unifor compliance daily sheets are filled out A review of the faci Care-Grooming," who 10/2022, revealed the Hygiene: "4. Do "Bathing/Shower:" in Document care provincluded: "7.Doc "Nail Care: " "Proced Document care provincluded: "7.Doc "Nail C	e at the end of every shift." "the expectation is that the leted at 100% by the CNA." "presented the sheet with the ADON said, "No, the shift of the ADON said, "No, the shift of the ADON said, "No, the shift of the ADON further that the shift of the ADON further that Manager (UM) should check by and ensure that the shift of the following: Under "Oral cument care provided." Under included: "Procedure:" "23. by ovided" Under "Hair Care:" cument care provided." Under edure:" included: "11.	F 8-	42			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315280	B. WING		I	C /28/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (1417 BRACE ROAD CHERRY HILL, NJ 08034			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 842	Document care residents and the Fresponse to the tre residents are given	and treatment provided to Resident's response or lack of eatment providedAssure a adequate assistance with and transportation to meal	F8	342			

New Jersey Department of Health

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			LETED
		060407	B. WING		C 02/28/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1417 BRA	CE ROAD			
SILVER	HEALTHCARE CENTE	CHERRY I	HILL, NJ 08	034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
H5790	FORM:MANDATOR A licensed healthca retain a completed Form sent with a pa	/ERSAL TRANSFER RY USE OF FORM are facility or program shall copy of the Universal Transfer atient when a patient is of the patient's medical	H5790			4/3/23
	by: COMPLAINT#: NJ 2 Based on interview Record (MR), and r documents on 2/24 2/28/2023, it was d failed to complete t (UTF) as part of the residents (Resident was evidenced by t Reference: New Je "Provider Resource Universal Transfer all licensed healthc when a patient is tr setting to another.	s, review of the Medical review of other pertinent facility /2023, 2/27/2023, and etermined that the facility he Universal Transfer Form e medical record for 1 of 13 t #2). This deficient practice		Element 1 The resident was sent to the hosp exorder 26.4(b)(1) and this issue could not immediately corrected for R2. No outcomes reported related to not huniversal transfer sheet upon disc from facility. Element 2 All residents have the potential to affected by the same deficient prathe facility will audit all resident transferred to an acute care facility 30 days to ensure that a Universal Transfer Form was completed. Element 3 Nursing staff will be re-educated of	not be negative naving a harge be octice.	
	According to the "A	dmission Record (AR),"		clinical operations policy of Univer		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed

TITLE

(X6) DATE 03/23/23

New Jer	sey Department of F	lealth				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X			SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·	COMPI	TETED
					С	
		060407	B. WING			8/2023
NAME OF I		OTDEET AD	DDEGG OFFICE	OTATE ZID CODE		
NAME OF R	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SILVER I	HEALTHCARE CENTE	FR .	CE ROAD			
		CHERRY	HILL, NJ 08	034		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
⊔570 0	Cantinuad From no	4	H5790			
H5790	Continued From pa	ige 1	H3/30			
		riginally admitted on Ex Order 26. 4B1		Transfer Forms. Education initiate	ed on	
	and readmitted on	Ex Order 26. 4B1 and Ex Order 26. 4B1 with		3/23/2023.		
	diagnoses which in	cluded but were not limited to				
	Ex Order 26. 4B1			Element 4		
				<u></u>		
				Assistant Director of Nursing/desig		
				audit 5 transfers from the facility to		ı
	Asserting to the M	inimum Data Cat (MDC) on		acute care hospital to ensure an U		
		inimum Data Set (MDS), an		completed weekly for 4 weeks the		
		ated 11/28/2022, Resident #2		monthly for one month. Audits init 3/19/2023.	lated on	
		e indicating the Resident had a The MDS also showed the		3/19/2023.		ı
		endent on staff for most		The finding of these audits will be		
	admitted with an	Order 26. 4B1 and Ex Order 26. 4B1		reviewed with the Interdisciplinary	Team	
	that required a Ex C			monthly during the facility Quality	ICam	
	bed.	raci zo. ibi		Improvement meetings.		
	A review of Resider	nt #2's medical record showed				
	the Resident was s	ent to the Econder 26.4(b)(1) on				
	Ex Order 26. 4B1					
		nt #2's "New Jersey Universal				ı
		had no date and time				l
		er the instructions on the New				ı
		orm "(Items 1-29 must be				
		ver it revealed the form				l
		aces under the following				ı
		ATE OF TRANSFER:",				l
		"TIME OF TRANSFER:" "6.				
		'8. REASONS FOR N:" "15. SKIN CONDITION:",				l
		ACCESS", "18. PERSONAL				
	ITEMS SENT WITH	H PATIENT:", "19. ATTACHED				l
		IST ATTACH CURRENT				l
		ORMATION", "21. MENTAL				
		SRR [Preadmission Screening				ı
		ew] LEVEL 1 COMPLETED",				ı
	"23. FUNCTION:					ı
		SENDING FACILITY				ı
		Init, Phone, RECEIVING				

New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		OOMI EETED	
		060407	B. WING		C 02/28/2023	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SILVER	SILVER HEALTHCARE CENTER 1417 BR			034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
H5790	ра		H5790			
	FACILITY CONTACT (if known): Title, Unit, Phone", "28. FORM PREFILLED BY (if applicable): Title, Unit, Phone", "29. FORM COMPLETED BY: Title."					
	when the Surveyor Nurse (LPN) about should be complete	on 2/27/2023 at 11:56 a.m., asked the Licensed Practice the UTF, she stated, "a UTF ed for a resident to go out to				
the ER (Emergency Room) [and] [it is] completed by the Unit Manager or the nurse responsible for that side [of the hallway]. She further stated the form should be completely filled out, and the						
	bottom should be s return phone numb	igned and dated with the er.				
	During an interview on 2/27/2023 at 2:40 p.m., the Assistant Director of Nursing (ADON) stated, "[The] UTF is [a] communication from here [facility] to hospital. [The] nurse completes it, the bottom section should be completed with the name, title, and date, it [UTF] should be fully completed even if [the] Resident [is] sent to the ER, there should be one."					
	Transfer Forms" las revealed Under "PO should send a com	policy titled "Universal st date reviewed: 05/2022 DLICY" included: "The facility pleted universal transfer form				
	transferred to, to pr information." Unde	d entity a resident is being ovide up to date clinical r "Procedure," included: "The fer Form (UTF) must be used				
	in the facility when a one care setting to To access the form	a patient is transferred from another, hospital specifically. , see attachment 1. The is to ensure that accurate				
	communication of printed information is conve	pertinent clinical patient care eyed at the time of transfer e facilities or programs. The				

New Jersey Department of Health

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		060407	B. WING		02/2	8/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SILVER I	HEALTHCARE CENTE	ER .	CE ROAD			
		CHERRY I	HILL, NJ 08	034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED TO THE	(X5) COMPLETE DATE	
H5790	Continued From pa	ige 3	H5790			
	UTF conveys patient information that a physician or nurse need to appropriately begin caring for a patient when the patient arrives to a new facility. This includes codes status. All sections must thoroughly be completed with correct and the most acute information, like [the] latest vital signs (VS) reading. NJ UTF might be generated in Point Click Care system, and it is prefilled with some information. However, it is the nurses' and/or Nursing Supervisors' responsibility to ensure completion of the entire form (numbers 1-29)NJ UTF shall clearly state contact information to our facility and name of [the] nurse/supervisor to be contacted if more information is needed by hospital or receiving facilityIf [the] form is being prefilled by a person other than primary, charge or supervising nurse, name, and title of the person must be written under number 28"					
S 000	COMPLAINT #: NJ	160013, NJ160679, 62, NJ161679, NJ161680,	S 000			
	NJ161681, NJ1616					
	CENSUS: 118					
	SAMPLE SIZE: 13					
	standards in the Ne 8:39, standards for Facilities. The facili Correction, includin deficieny and ensur implemented. Failu	in compliance with the ew Jersey Administrative code, licensure of Long Term Care ty must submit a Plan of a completion date for each re that the plan is re to correct deficiencies may ent action in accordance with				

New Jer	<u>sey Department of F</u>	lealth				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		060407	B. WING		1	8/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	INDESS CITY (STATE, ZIP CODE		
NAME OF I	- NOVIDER OR SUFFEIER		ACE ROAD	STATE, ZIF GODE		
SILVER I	HEALTHCARE CENTE	R	HILL, NJ 08	034		
040.15	CHMMADV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Continued From pa	ge 4	S 000			
	the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.					
S 560	8:39-5.1(a) Mandatory Access to Care		S 560			4/3/23
		l comply with applicable local laws, rules, and				
	by: COMPLAINT #: NJ	NT is not met as evidenced 160013, NJ160679, 62, NJ161679, NJ161680, 82, NJ161683		Element 1 There was no negative outcome to residents on the shifts identified per to the New Jersey staffing requirer	ertaining ments	
	2/27/2023, and 2/28 the facility failed to met to maintain the	ocument review on 2/24/2023, 8/2023, it was determined that ensure staffing ratios were required minimum io as mandated by the State of f 28 day shifts.		during the day shift (7am-3pm) on 10/09/2022, 10/17/2022, and 12/04 Element 2 All residents have the potential to laffected by the deficient practice of meeting the New Jersey staffing	4/2022. be	
	(NJDOH) memo, da with N.J.S.A. (New 30:13-18, new mini nursing homes," ind Governor signed in codified at N.J.S.A. established minimular nursing homes. The effective on 02/01/2	rsey Department of Health ated 01/28/2021, "Compliance Jersey Statutes Annotated) mum staffing requirements for dicated the New Jersey to law P.L. 2020 c 112, 30:13-18 (the Act), which im staffing requirements in e following ratio(s) were 2021:		requirement ratios. Element 3 The following measures are in place prevent the deficient practice from reoccurring. Advertisements and J postings for C.N.A.s have been por recruitment platforms. C.N.A. rate been evaluated and compared to neighboring facilities. The facility of an assessment and determine if the	lob ested on es have will do	

New Jersey Department of Health

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			>
		060407	B. WING		02/2	8/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
SILVER I	HEALTHCARE CENTE	R 1417 BRA CHERRY I	CE ROAD HILL, NJ 08	034		
(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) COMPLETE DATE
S 560	Continued From pa	ge 5	S 560			
	member to every 10 shift, provided that members shall be 0 member shall be signurse aide and sha and One direct care residents for the nigdirect care staff me CNA and perform 0	icient in CNA staffing for 3 of		salaries are comparable to like factories are awarded to encourage shift coverage. Staffing are discussed during the morning operations meeting to evaluate compliance. A weekly staffing me occur to ensure all recruitment pla available are being utilized, that all candidates are being interviewed it timely manner and weekly orientaticlasses occur. The facility has mulagency contracts to ensure complimith F 560.	eting will tforms n a ion attiple	
	DAY SHIFT			Element 4		
		taff was 14 for 120 should have been 15.		The Administrator/designee will re staffing schedule weekly to monito staffing on the 7-3pm shift for 8 we	r the	
		taff was 11 for 115 should have been 14.		The finding of these audits will be reviewed with the Interdisciplinary monthly during the facility Quality		
		taff was 14 for 117 should have been 15.		Improvement meetings.		
S1015	8:39-11.1 Mandator Care Plans	y Resident Assessment and	S1015			4/3/23
	the nursing needs of the written interdisc date the assessmen	sional nurse (RN) shall assess of each resident, coordinate iplinary care plan, sign and nt to certify that it is complete, eliness of all services.				
	This REQUIREMEN by: Complaint #: NJ161	NT is not met as evidenced		Step 1		

New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER 1417 BRACE ROAD CHERRY HILL, NJ 08034 CHERRY HILL, NJ 08034 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE SEQULATORY OR ISC IDENTIFYNO INFORMATION) Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 2/24/20/23, 2/27/20/23, and 2/28/20/22, it was determined that the facility failed to have a Registered Nurse (RN) complete an assessment after a (RN) complete an assessment (Resident #6 & #7). This deficient practice was evidenced by the following: A review of the Electronic Medical Records (EMRs) was as follows: 1. According to the "Admission Record (AR)," Resident #6 was admitted to the facility on assessment tool dated 1/26/2023, Resident #6 was admitted to the facility on assessment tool dated 1/26/2023, Resident #6 was affective or Mental Status (BIMS)" score of [15, indicating Resident #6 was affective or Mental Status (BIMS)" score of [15, indicating Resident #6 was admitted to ward others. 2. According to the AR," Resident #7 was admitted to the facility on assistance with [15] and has [15, 07/07/20/20/20/20/20/20/20/20/20/20/20/20/20/	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER CHERRY HILL, NJ 98034 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL RATE OF DEFICIENCIES) TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RATE OF DEFICIENCY) TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RATE OF DEFICIENCY) S1015 Continued From page 6 Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2022, it was determined that the facility failed to have a Registered Nurse (RN) complete an assessment after a X 07/dor 20.481 A review of the Electronic Medical Records (EMRs) was as follows: 1. According to the "Admission Record (AR)," Resident #6 was admitted to the facility on 300000000000000000000000000000000000			1			С	
SILVER HEALTHCARE CENTER 1417 BRACE ROAD CHERRY HILL, NJ 08034 (A) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG			060407	B. WING	<u> </u>	02/2	8/2023
EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S1015 Continued From page 6 Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2022, it was determined that the facility failed to have a Registered Nurse (RN) complete an assessment after a 5 07467 26.481 A review of the Electronic Medical Records (EMRs) was as follows: 1. According to the "Admission Record (AR)," Resident #6 was admitted to the facility on assessment to dated 1/26/2023, 2/27.20.481 According to the Minimum Data Set (MDS), an assessment to dated 1/26/2023, Resident #6 was admitted to fix Order 26.4(b)(1) directed toward others. 2. According to the AR," Resident #7 was admitted to the facility on increase with the facility on increase with the facility on and has 50.07der 26.4(b)(1) directed toward others. 2. According to the AR," Resident #7 was admitted to the facility on increase with the same admitted to the facility on increase with the same admitted to the facility on increase with the same admitted to the facility on increase with the same admitted to the facility on increase with the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to the facility on increase of the same admitted to			1417 BRA	CE ROAD	•		
Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2022, it was determined that the facility failed to have a Registered Nurse (RN) complete an assessment after a (RN) complete an assessment (Resident #6 & #7). This deficient practice was evidenced by the following: A review of the Electronic Medical Records (EMRs) was as follows: 1. According to the "Admission Record (AR)," Resident #6 was admitted to the facility on (EMRs) was as follows: According to the "Admission Record (AR)," Resident #6 was admitted to the facility on (EMRs) was admitted to the facility on (EMRs) was a follows: According to the Minimum Data Set (MDS), an assessment tool dated 1/26/2023, Resident #6 had a "Brief Interview of Mental Status (BIMS)" score of [115, indicating Resident #6 was assistance with (EMRS) assistance with (EMRS) assistance with (EMRS) and has (EMRS)	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
According to the MDS, dated 11/30/2022, Resident #7 had a BIMS score of [808]/15,	S1015	Based on interviews and review of other on 2/24/2023, 2/27/determined that the Registered Nurse (lafter a Ex Order 26. 2 of 13 residents sa (Resident #6 & #7). evidenced by the formal of the Resident #6 was as follows: 1. According to the Resident #6 was as follows: 1. According to the Resident #6 was as follows: 2. According to the Miles of the MDS revealed the MDS revealed the sasistance with the MDS revealed the admitted to the facility directed to the facility of the MILES or or formal of the MILES or or formal of the MILES or or formal of the miles of the MILES or or formal of the miles of the MILES or or formal of the MILES or or formal of the MILES or or formal of the MILES or formal of the MI	s, medical record (MR) review, pertinent facility documents (2023, and 2/28/2022, it was a facility failed to have a RN) complete an assessment (ABI) for ampled for assessment (ABI) for ampl	S1015	adverse effect was noted concernand R7 from the Ex Order 26. 4B1 Step 2 All residents have the potential to affected by the same deficient practices and the facilities Policy of Nursing Asse. & Reassessment to ensure complete with state deficiency 1015. Step 4 Director of Nursing/designee will a residents involved in a Ex.Order 26 to ensure the initial asses completed by a registered nurse we for four weeks then monthly for on to ensure compliance. The finding these audits will be discussed morduring the facility quality improvement.	be ctice. cated on essment iance audit all 5.4(5)(1) sment is veekly the month is of inthly at	

PRINTED: 12/05/2023 FORM APPROVED New Jersey Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING 060407 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD SILVER HEALTHCARE CENTER CHERRY HILL, NJ 08034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S1015 Continued From page 7 S1015 Further review of the MDS revealed the Resident needed minimal assistance with Ex Order 26. 4B1 and had Ex Order 26. 4B1 directed toward others. A review of Resident #6 and #7's PNs revealed both residents had a Ex Order 26. 4B1 on 12/17/2022 at 7:45 p.m. Further review revealed both residents were assessed by LPN #3 post incident revealing no At the time of the survey, there was no documented evidence that the residents (Resident #6, and #7) were assessed by a Registered Nurse (RN) after a During an interview on 2/27/2023 at 4:20 p.m., the Assistant Director of Nursing (ADON) stated, Ex Order 26. 4B1

During an interview on 2/28/2023 at 1:04 p.m., the ADON stated, "the nurse (Registered Nurse/RN) should be assessing an incident." She further stated, "post ", a Licensed Practical Nurse (LPN) can chart and check on the resident but have the Supervisor, who is an RN, do the assessment." The ADON continued, "if there is a Ex Order 26. 4B1 incident, the LPN can chart, and the Supervisor/RN has to do the assessment on the residents involved." When asked if there is always a Supervisor/RN in the building, the ADON replied, "from what I know, there is always an RN in the building." She also agreed, saying, "Yes, there should have been an assessment done by the Supervisor/RN for the mentioned incidents."

New Jersey Department of Health

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		060407	B. WING		02/28/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
NAME OF I	NOVIDEN ON SOIT EIEN	1417 BRA		51A1E, 211 000E		
SILVER	HEALTHCARE CENTE	R	HILL, NJ 08	034		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				52.15.2.16.17		
S1015	Continued From pa	ige 8	S1015			
	Δ review of the faci	lity policy titled "Nursing				
		eassessment" with the last				
		2022 revealed the following:				
		To determine the care required				
		s initial needs, as well as				
		s the Resident responds to				
		der "Policy:" Under "Initial				
	Nursing Assessment," it included: "A Registered					
Nurse (RN) will carry out Admission Nursing						
	Evaluation within one hour of Admission or Readmission and to document the same within the 24 hours of Admission/Readmission." Under					
		ment" included: Nursing				
		ongoing process. Each				
		ssed at regular intervals; the				
		assessment shall be based				
		ement, physician order, and/or				
		eassessment is to be				
		red by the Resident's needs				
		umented in the Nurse's Notes.				
		be performed to identify and				
		Resident's response to				
	care/treatment"					

POST-CERTIFICATION REVISIT REPORT

	FOST-CERTIFICATION REVISIT REPORT								
	MULTIPLE CONSTRUCTION A. Building		DATE OF REVISIT						
315280 _{Y1}	B. Wing	Y2	4/3/2023 _{Y3}						
NAME OF FACILITY SILVER HEALTHCARE CENTE	:R	STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034							
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments									

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 04/03/2023	ID Prefix F06 Reg. # 483. LSC	586 25(b)(1)(i)(ii)	Correction Completed 04/03/2023	ID Prefix Reg. # LSC	F0690 483.25(e)(1)-(3)	Correction Completed 04/03/2023
ID Prefix F0842 Reg. # (5) LSC	Correction 3.70(i)(1)- Completed 04/03/2023	ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC	Correction	ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC	Correction	ID Prefix Reg. # LSC		Correction	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC	Correction	ID PrefixReg. #		Correction	ID Prefix Reg. # LSC		Correction Completed
REVIEWED BY STATE AGENCY REVIEWED BY CMS RO	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) Y COMPLETED ON		TITLE FOR ANY UNCOR	OF SURVEYOR RECTED DEFICIEN NCIES (CMS-2567)			

STATE FORM: REVISIT REPORT MULTIPLE CONSTRUCTION DATE OF REVISIT PROVIDER / SUPPLIER / CLIA / **IDENTIFICATION NUMBER** A. Building 4/3/2023 060407 B. Wing **Y3** NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD SILVER HEALTHCARE CENTER CHERRY HILL, NJ 08034 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 **Y5** Y4 Y5 Y4 **Y**5 ID Prefix H5790 **ID Prefix ID Prefix** Correction Correction Correction 8:43E-13.4(d) Reg. # Completed Reg. # Completed Reg. # Completed 04/03/2023 LSC LSC LSC **ID Prefix ID Prefix ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix ID Prefix ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY **REVIEWED BY** CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

Page 1 of 1 EVENT ID: 2XQ312

YES NO

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

2/28/2023

STATE FORM: REVISIT REPORT MULTIPLE CONSTRUCTION DATE OF REVISIT PROVIDER / SUPPLIER / CLIA / **IDENTIFICATION NUMBER** A. Building 4/3/2023 060407 B. Wing **Y3** NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD SILVER HEALTHCARE CENTER CHERRY HILL, NJ 08034 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE **Y4 Y5** Y4 Y5 Y4 **Y**5 ID Prefix S0560 Correction ID Prefix S1015 **ID Prefix** Correction Correction 8:39-5.1(a) 8:39-11.1 Reg. # Completed Reg. # Completed Reg. # Completed 04/03/2023 04/03/2023 LSC LSC LSC **ID Prefix ID Prefix ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix ID Prefix ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY **REVIEWED BY** CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

Page 1 of 1 EVENT ID: 2XQ312

YES NO

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

2/28/2023