

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

PRINTED: 02/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/03/2021
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint #: NJ147121, NJ146330, NJ148023, and NJ147262 Census: 149 Sample Size: 17 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 609		9/24/21	

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

TITLE

(X6) DATE

Electronically Signed

09/23/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	<p>Continued From page 1</p> <p>Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ148023</p> <p>Based on interviews, record reviews, and facility policy review, it was determined that the facility failed to report an allegation of abuse to the state survey agency for 1 of 2 abuse investigations reviewed, which involved 2 (Resident #1 and Resident #2) of 4 residents reviewed for abuse and misappropriation of property.</p> <p>Findings included:</p> <p>1. Resident #1 was admitted on [redacted] NJ Exec. Order 26:4.b.1. According to the September 2021 computerized physician order, diagnoses included NJ Exec. Order 26:4.b.1 [redacted]</p> <p>[redacted] 05/13/2021 quarterly Minimum Data Set (MDS) revealed the resident was [redacted] NJ Exec. Order 26:4.b.1</p> <p>The resident required NJ Exec. Order 26:4.b.1 [redacted]</p> <p>The resident required NJ Exec. Order 26:4.b.1 [redacted] The resident had NJ Exec. Order 26:4.b.1 directed towards others.</p> <p>Resident #2 was admitted on [redacted] NJ Exec. Order 26:4.b.1. According to the September 2021 computerized</p>	F 609	<p>Resident #1 and Resident #2 remain in the facility. There were no other residents effected by this deficient practice. All residents are at risk for this alleged deficiency. The Administrator called the DOH on 09/27/2021 and sent the AAS-45 on that day as well. We reeducated staff on reporting to the appropriate authority. We also reviewed and updated the abuse policy with our staff.</p> <p>To ensure that this does not reoccur, we will continue to educate staff on reporting to the appropriate authority.</p> <p>To monitor the corrective action: the Director of Nursing will continue to audit at least 2x a week randomly x6 weeks. These results will be reviewed by the QA meetings for the next 2 quarters. The Administrator and Director of Nursing will be responsible for this plan of correction. Substantial compliance will be achieved by 09/24/2021.</p>		

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F 609	<p>Continued From page 2</p> <p>physician order, diagnoses included NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]</p> <p>[REDACTED] 07/21/2021 admission Minimum Data Set (MDS) revealed the resident was NJ Exec. Order 26:4.b.1</p> <p>[REDACTED] resident required NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]</p> <p>The resident's care plan initiated on 07/18/2021 revealed the resident was on NJ Exec. Order 26:4.b.1. The resident was noted to have NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]</p> <p>The progress note dated 08/20/2021 at 8:34 PM charted by Licensed Practical Nurse (LPN) #2 indicated that Resident #1 was sitting at the table in the dining room (DR) #1 talking with Resident #2, when Resident #2 stood up suddenly and grabbed Resident #1's hair and began punching the resident on the face before staff could intervene. The record revealed the residents were swiftly separated and the nurse supervisor was notified. The record showed that Resident #1 was noted with NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]. The record indicated that Resident #1's vital signs were taken, and they were NJ Exec. Order 26:4.b.1 for the resident. The record indicated the facility got new orders to NJ Exec. Order 26:4.b.1 and to NJ Exec. Order 26:4.b.1. It was noted in the record that Resident #1</p>	F 609		

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F 609	<p>Continued From page 3</p> <p>NJ Exec. Order 26:4.b.1 [REDACTED] The record concluded that all responsible parties were notified.</p> <p>On 09/02/2021 at 1:13 PM, the resident was observed in bed in the resident's room with LPN #3 present. She assessed the resident's [REDACTED] NJ Exec. Order 26:4.b.1 [REDACTED] yet to resolve.</p> <p>The progress note charted by LPN #4 on 08/20/2021 at 8:36 revealed Resident #2 was seen hitting Resident #1. The note indicated that Residents #1 and #2 were initially observed speaking Spanish to each other and suddenly, Resident #2 stood up and started punching Resident #1 in the face before staff could react to the resident. The record indicated the nursing staff separated the residents and called the supervisor to evaluate the situation. It was noted that Resident #2 was taken to the resident's room and redirected to calm the resident down. The note concluded that Resident #1's vital signs were taken, and the facility notified the residents' families, attending physicians, and the facility's medical director. Families were made aware, and [REDACTED] NJ Exec. Order 26:4.b.1 [REDACTED] were noted on this time.</p> <p>On 09/02/2021 at 3:45 PM and on 09/02/2021 at 4:19 PM, LPN #2 and #5 were interviewed respectively. The LPNs reiterated the incident with Residents #1 and #2 as noted above. They clarified that it was Resident #2's first time physically assaulting another resident since being at the facility. They said that following the incident with Residents #1 and #2, they were re-educated on the seating arrangement in place for the residents on the unit. They said that the facility re-educated them on the need to closely monitor</p>	F 609			

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F 609	<p>Continued From page 4</p> <p>and identify residents who were likely to exhibit impulsive behavior that posed risk of injury to other residents or staff. They said they were trained to ensure that residents who appeared to be agitated or anxious were not within arm's length of another resident.</p> <p>The resident-to-resident altercation was not reported to the state survey agency.</p> <p>On 09/02/2021 at 2:15 PM, the Nursing Home Administrator (NHA) and the Director of Nursing (DON) were interviewed. The NHA said he was aware of the incident between Resident #1 and Resident #2. The NHA said when a physical type of resident-to-resident abuse was observed at the facility, nursing staff immediately assessed the residents and completed an incident report. The NHA acknowledged that the facility did not report the abuse incident between Resident #1 and Resident #2 to the New Jersey Department of Health (NJDOH) within the required time frame. He said the incident happened on a weekend when he was not working and was unable to access electronic devices which would have prompted a timely receipt of the report the nursing supervisor, who worked the shift on the day of the incident, sent to him. The NHA and the DON said they educated the nurse supervisors on the procedure of filing a reportable with the NJDOH. The NHA acknowledged that when he was eventually made aware of the incident, 11 days had passed, and the facility still had not filed a mandated reportable of resident-to-resident abuse with the NJDOH.</p> <p>The facility's Abuse and Neglect Policy was provided by the NHA on 09/03/2021 at 9:57 AM. The policy, updated 05/15/2021, read under the</p>	F 609			

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F 609	Continued From page 5 reporting portion of the policy that "...Any case in which abuse, neglect, mistreatment or misappropriation of residents' property has been suspected will be reported in accordance with State and Federal regulations ..." New Jersey Administrative Code 5.1(a)	F 609			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315280	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/27/2021	Y3
NAME OF FACILITY SILVER HEALTHCARE CENTER			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 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 F0609	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/24/2021	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 _____	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 _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/3/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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