

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/27/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOORHEES CARE &amp; REHABILITATION CENTER, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1302 LAUREL OAK ROAD VOORHEES, NJ 08043</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 10/27/20  CENSUS: 163  SAMPLE: 35  The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)  §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/23/20, in the presence of facility Maintenance Director and Regional Plant Operation Director, it was determined that the facility failed to ensure that handrails were installed where required and free from sharp edges that could cause injury.  This deficient practice is evidenced by the following:  1. At 10:30 A.M., the surveyor observed a missing handrail corner cover, exposing a sharp metal edge, by resident rooms [redacted] and [redacted]  2. At 10:40 A.M., the surveyor observed a missing handrail corner cover, exposing a sharp metal edge, by elevator [redacted]  3. At 10:42 A.M., the surveyor observed a missing 3 foot section of handrail between	F 921	1. As of this date (11.20.20) the facility will have secured handrail covers and will install handrail covers wherever exposed handrails exist in the facility. 2. If this deficient practice (F921) were not corrected it would leave sharp edges exposed presenting a hazard to residents staff and the public. 3. Maintenance will round weekly x4 to ensure that all handrails and handrail covers are in place and there are no sections missing. 4. All findings and corrections will be presented at QA meeting monthly x3	11/20/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  10/30/2020
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 921	Continued From page 1 elevators 1 and 3.  The surveyor interviewed the Maintenance Director during the observation. The Maintenance Director acknowledged the surveyor's findings, and stated that the corners for the handrails needed to be repaired to cover the sharp metal edges and the section missing by the elevators had to be replaced.  The Administrator was informed of this finding at the Life Safety Code exit conference.  NJAC 8:39-31.2(e)	F 921			