

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

PRINTED: 05/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE CHERRY HILL, NJ 08034</b>
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F 000	INITIAL COMMENTS  STANDARD SURVEY  CENSUS: 98  SAMPLE SIZE: 20 + 2 CLOSED RECORDS  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and	F 880		2/21/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/14/2020
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to a.) adhere to the accepted standards of infection control practices for the proper storage of respiratory equipment for 3 of 3 residents reviewed for use respiratory equipment (Residents #13, 250, 252), and b.) maintain appropriate infection control practices for [REDACTED] care for 1 of 5 residents reviewed for [REDACTED] (Resident #7).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. During the initial tour on 02/04/20 at 10:16 AM, the surveyor observed Resident #13 sitting in a wheelchair being wheeled into their room. The resident was not wearing a [REDACTED] and was breathing comfortably. Resident #13 had an [REDACTED] in the room with a [REDACTED] from the resident's [REDACTED]. The surveyor further observed the [REDACTED] had a piece of tape on it with a date of "1/30/20." During an interview Resident #13 told the surveyor he/she sometimes [REDACTED] at night.</p> <p>On 02/05/20 at 11:38 AM, the surveyor observed the [REDACTED] draped across the bed, uncovered and the [REDACTED] was running. Resident #13's roommate stated the resident was not in the room.</p> <p>On 02/05/20 at 11:44 AM, the surveyor returned to Resident #13's room and observed the resident in a wheelchair and interacting with the</p>	F 880	<p>1. [REDACTED] for residents 13, 250 &amp; 252 were changed, dated &amp; bagged. Nurse for resident #7 was in-serviced &amp; disciplined on following standard infection control procedure while doing [REDACTED] care treatment.</p> <p>2. All residents with [REDACTED] as well as all residents that receive wound treatment have the potential to be affected by this deficient practice. Staff have identified residents with [REDACTED] &amp; that receive [REDACTED] care treatment.</p> <p>3. Nurses were in-serviced on a) properly bagging [REDACTED] b) following standard infection control procedures when doing [REDACTED] care treatment. ADON or designee will monitor on a monthly basis nurses performance to ensure [REDACTED] are bagged &amp; that [REDACTED] care treatment is conducted using standard infection control procedures.</p> <p>4. DON, ADON, or designee will a) conduct monthly audits of residents that have [REDACTED] to ensure that they are bagged b) conduct monthly audits on residents that receive [REDACTED] care treatments to ensure that standard infection control procedures are followed during [REDACTED] care treatment. Findings will be submitted on a quarterly basis to the QAPI committee for review.</p>	

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F 880	<p>Continued From page 3</p> <p>Registered Nurse (RN). The RN left the room with the [REDACTED] running and the [REDACTED] draped across the bed.</p> <p>According to the Admission Record, Resident #13 was admitted to the facility on [REDACTED] with diagnosis which included [REDACTED]</p> <p>A review of the most recent Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], reflected that the resident was [REDACTED].</p> <p>A review of Resident #13's February 2019 View All Orders Report (VAOR) revealed a physician's order, dated 02/04/20, for [REDACTED]</p> <p>2. During the initial tour on 02/04/20 at 09:38 AM, the surveyor observed Resident #250 sitting in the bed in their resident's room, breathing comfortably. Resident #250 had an [REDACTED] in the back corner of the room against the wall. The resident's [REDACTED], exposed to air. Resident #250 stated he/she has not used [REDACTED] in a week.</p> <p>The surveyor made a similar observation on 02/02/20 at 09:58 AM. Resident #250 stated he/she only used [REDACTED] when the resident needed the humidity because the facility was dry.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>According to the Admission Record, Resident #250 was admitted to the facility on [REDACTED] with diagnosis which included [REDACTED]. A review of the View All Orders Report indicated the resident had a diagnosis of [REDACTED].</p> <p>A review of the admission MDS, dated [REDACTED], documented that the facility assessed the resident as having [REDACTED].</p> <p>A review of Resident #250's February 2019 VAOR revealed a physician's order, dated 02/06/20 for [REDACTED].</p> <p>A review of Resident #250's care plan revealed the resident was receiving [REDACTED] for [REDACTED].</p> <p>3. During the initial tour on 02/04/20 at 10:47 AM, the surveyor observed Resident #252 sitting in bed in their room breathing comfortably. Resident #252's [REDACTED] was located between the head of the bed and the bedside table. The [REDACTED] were coiled up and tucked into the elastic band on the [REDACTED] that would normally house a humidity bottle. The [REDACTED] was exposed to air. Resident #252 indicated that he/she used [REDACTED] every night. Resident #252 further revealed he/she coiled the tubing and tucked it into the elastic like he/she was shown by the Registered Nurse (RN) the previous day.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>Resident #252 indicated it was better tucked up then, "Ending up on the floor."</p> <p>According to the Admission Record, Resident #252 was admitted to the facility on [REDACTED] with diagnosis which included [REDACTED].</p> <p>A review of the admission MDS, dated [REDACTED], reflected that the resident was [REDACTED].</p> <p>The surveyor reviewed Resident #252's February 2019 VAOR, but was unable to locate a physician's order for [REDACTED].</p> <p>A review of Resident #252's care plan which revealed the resident was using [REDACTED] on an as needed basis for a related [REDACTED].</p> <p>During an interview at 12:40 PM on 02/02/20 with the Certified Nursing Assistant (CNA) #1 who cared for Residents #252 and #250, CNA #1 told the surveyor she had not seen Resident #252 using [REDACTED] and Resident #250 uses [REDACTED] occasionally. CNA #1 further stated a [REDACTED] should be stored in a plastic bag when not in use.</p> <p>During an interview at 12:32 PM on 02/06/20 with CNA #2 who cared for Resident #13, the surveyor was told that Resident #13 wore [REDACTED] at night, in the morning and as needed. CNA #2 confirmed a [REDACTED] should be stored in a plastic bag when not in use.</p> <p>During an interview with RN #1 on 02/06/20 at 12:15 PM, the RN told the surveyor [REDACTED] should be stored in a plastic bag when not</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>in use. The RN further revealed Resident #13, "Barely" uses [REDACTED] therapy during the day, Resident #250 uses [REDACTED] therapy, "Infrequently" during the day, and Resident #252 used [REDACTED] therapy at night.</p> <p>During an interview with the Licensed Practical Nurse Supervisor (LPNS) #1 on 02/06/20 at 12:55 PM, LPNS #1 confirmed [REDACTED] should be stored in a bag in the patient's room when not in use.</p> <p>On 02/07/20 the Assistant Director of Nursing provided the surveyor with staff education on storage of respiratory equipment, which was initiated on 2/6/20. This education confirmed respiratory equipment should be stored in plastic bags when not in use.</p> <p>A review of a facility policy titled, "Storage of Respiratory Equipment" with an initiation date of 02/06/2020, revealed equipment should be stored in a plastic bag when not in use.</p> <p>4. On 02/04/20 at 10:15 AM, during the initial tour of the facility the surveyor observed Resident #7 in the bed receiving back care by a [REDACTED]. The surveyor observed a dressing on the [REDACTED] of the resident with a date of 2/2/20 and the letters [REDACTED]. The dressing had [REDACTED]</p> <p>The surveyor reviewed Resident # 7 quarterly Minimum Data Set (MDS), an assessment tool, dated [REDACTED]. The MDS indicated that the facility was unable to complete a brief interview of mental status related to [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>██████████. The resident was a two-person physical assist for bed mobility and a one-person physical assist for dressing, eating and toileting. The MDS also indicated that Resident # 7 had a ██████████.</p> <p>Resident # 7 was admitted to the facility on ██████████. Medical diagnoses included ██████████</p> <p>On 02/04/20 at 10:20 AM, the surveyor called the nurse caring for the resident to come into the room. The surveyor asked the Licensed Practical Nurse (LPN) what the frequency of dressing changes were, and the nurse told the surveyor daily. The surveyor asked about the date of 02/02/20 and the LPN said she must have written the wrong date on the dressing the day before. The LPN stated the letters on the dressing were her initials.</p> <p>On 02/04/20 at 10:30 AM, the nurse completed Resident # 7 ██████████ care in the presence of the surveyor. The nurse took saline solution (a small bottle dated 2/2/20), a small white gauze dressing with a tape border and a plain 4 x 4 gauze from the treatment cart. The LPN brought the items into the resident's room and placed them on a nightstand. The nurse did not lay down a clean barrier or clean the area prior to setting the items down. The nurse then washed her hands, put on gloves and removed the ██████████ dressing dated 2/2/20. Next, the nurse took off the gloves. Without washing her hands, the LPN</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>opened the new dressing, removed a pen from a personal pouch the nurse was wearing around her waist. The LPN proceeded to write the date on new dressing and then placed pen back in the pouch. After placing the pen back into the bag, the nurse washed her hands a second time. The nurse placed on another pair of gloves and cleaned the [REDACTED] with a gauze dressing and normal saline solution. Without washing hands or changing gloves after cleansing the [REDACTED] the nurse applied the new dressing to the [REDACTED]</p> <p>On 02/04/20 at 12:43 PM, the surveyor reviewed the physician orders dated 2/1/2020. There was an order to [REDACTED] with normal saline solution, apply [REDACTED] base and pack with gauze including the area of undermining. Cover with dry dressing then cover with border dressing, daily.</p> <p>On 02/04/2020 at 01:30 PM, the surveyor interviewed the nurse who performed the [REDACTED] care. The surveyor questioned the physicians order and why the [REDACTED] was not applied, and the nurse said the facility was waiting for a delivery from the [REDACTED]</p> <p>On 02/06/20 at 10:22 AM, the surveyor reviewed the facilities policy titled [REDACTED] care. The policy was not dated. The policy read that prior to placing [REDACTED] care supplies down, an area must be cleaned, or a barrier was to be laid down. The policy also indicated that the nurse was to wash hands thoroughly after removing the old dressing.</p> <p>On 02/06/20 at 12:50 PM, the surveyor reviewed a [REDACTED] care competency for the LPN dated</p>	F 880			

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F 880	Continued From page 9 01/08/2020. The competency was completed by the Assistant Director of Nursing (ADON). The wound competency showed that the LPN had to be reminded by the ADON during [REDACTED] care to wash hands after removing old dressing and removing gloves.	F 880		
F 912 SS=E	NJAC 8:39-19.4 NJAC 8:39-27.1 (a) Bedrooms Measure at Least 80 Sq Ft/Resident CFR(s): 483.90(e)(1)(ii)  §483.90(e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms; This REQUIREMENT is not met as evidenced by: Based on observation on 2/05/20 in the presence of the facility management, it was determined that the facility failed to ensure that 12 of the 39 double occupancy resident rooms were provided with a minimum of 80 square feet of useable living space per bed. This deficient practice was evidenced by the following:  During the previous facility survey on 02/09/18, the facility had 30 rooms that did not meet the 80 square feet per resident in a multiple resident room requirement. All rooms were re-measured using a laser-guided measurement system. The following double occupancy resident rooms did not meet the required 80 square feet per resident:  -Resident Room [REDACTED] measured 150.033 square feet. -Resident Room [REDACTED] measured 152.066 square feet. -Resident Room [REDACTED] measured 155.971 square	F 912	We respectfully request a waiver as none of the residents residing in the cited rooms would like to move out of their respective rooms. Administrator or designee has individually inspected each room to ensure that each resident is not effected by this deficient practice of small rooms by ensuring that each resident is able to have complete and comfortable access throughout their respective rooms - to their belongings and equipment by arranging the bed & furniture in a way that each resident may have free access for themselves & to their belongings throughout the room. The admissions department or designee will only admit or transfer a resident by prior informing them that the room has less than the minimum square footage for reasonable accommodations & with their consent. Due to the architect of the facility, there is no constructive way to add space to the	2/21/20

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F 912	Continued From page 10 feet. -Resident Room [REDACTED] measured 149.662 square feet. -Resident Room [REDACTED] measured 153.281 square feet. -Resident Room [REDACTED] measured 156.243 square feet. -Resident Room [REDACTED] measured 156.621 square feet. -Resident Room [REDACTED] measured 153.714 square feet. -Resident Room [REDACTED] measured 151.888 square feet. -Resident Room [REDACTED] measured 156.691 square feet. -Resident Room [REDACTED] measured 153.975 square feet.  NJAC 8:39 - 31.2 (e).	F 912	Rooms.		