

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

PRINTED: 03/26/2020
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 07/03/2019
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NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034
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F 000	INITIAL COMMENTS COMPLAINT: NJ124719, NJ116508 CENSUS: 195 SAMPLE: 8	F 000		
F 711 SS=B	Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Complaint: NJ116508 Based on observation, interviews and review of the medical records and other facility documentation, it was determined that the facility failed to follow their policy for Physician Order Process whereby the prescribing physician failed to sign and date the Physician's Order Form (POM) for 2 of 8 sampled residents (Resident #7, Resident #8). The deficient practice was evidenced by:	F 711	1. Resident #7 and 8's Physician Order Forms were signed by the physician on [REDACTED] -Physician was contacted to re-educate on facility P/P's regarding signing all Physician Orders in timely manner and based on facility's P/P's 2. All residents have the potential to be affected by the same deficient practice.	8/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/09/2019
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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 711	<p>Continued From page 1</p> <p>1. According to the Admission Record (AR), Resident #7 was admitted to the facility in [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Minimum data Set (MDS), an assessment tool dated [REDACTED], Resident #7 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated the resident had [REDACTED] cognitive impairment. The MDS also showed Resident #7 required total staff assistance for Activities of daily Living (ADLs).</p> <p>A review of the Physician Order Form for [REDACTED], in the "Reviewed by" section, the surveyor observed a nurse's signature and date of [REDACTED] on page 1, page 2 and page 3. In the "Physician signature" section, the surveyor observed a blank unsigned space and no date on page 1, page 2 and page 3.</p> <p>A review of the Physician Order Form for [REDACTED], in the "Review by" section, the surveyor observed a nurse's signature and a date of [REDACTED] on page 1, page 2 and page 3. In the "Physician Signature" section, the surveyor observed a blank unsigned space.</p> <p>2. According to the AR, Resident #8 was admitted to the facility [REDACTED], with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the MDS dated [REDACTED], Resident #8 had a BIMS score of [REDACTED] which indicated the</p>	F 711	<p>3. All medical records of the residents audited to ensure all Physician Order Forms were signed. -All facility physicians were provided with facility P/P's on Prescribing and Ordering of Medications in order to avoid deficient practice in the future. -All nurses were in-serviced on importance of getting physician signatures on Physician Order Forms as per facility P/P's.</p> <p>4. DON/Designee will conduct audits of Physician Order forms to ensure that all forms are signed by physician within 72 hours after admission. -DON/Designee will conduct audits weekly X 4 weeks, then bi-weekly X 4 weeks, then monthly. -DON/Designee will present results of the audits to the monthly QAPI meetings for review and revision as deemed appropriate.</p>		

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F 711	<p>Continued From page 2</p> <p>resident had [REDACTED] impairment. The MDS also showed Resident #8 required extensive staff assistance for ADLs.</p> <p>A review of the Physician Order Form for [REDACTED], in the "Reviewed by" section, the surveyor observed a nurse's signature and date of [REDACTED]. In the "Physician signature" section, the surveyor observed a blank unsigned space and no date.</p> <p>During an interview with the Director of Nursing (DON) on 7/3/19 at 4:50 PM, the DON stated that the Physician Order Form must be signed by a physician. The discussion further concluded that the physician's orders were not valid without the physician's signature.</p> <p>A review of the facility policy, "Prescribing and Ordering of Medications" dated January 2009, indicated the following:</p> <p>C. Receiving and Editing Monthly computer Physician's order sheets.</p> <p>1. Starting from the previous months POS, or admission POS, check that all new orders, changes or discontinued orders from the telephone order or physician interim orders have been made.</p> <p>3. After auditing, the nurse will sign and date at the bottom of the order sheet "Initial Review."</p> <p>5. On the last day of the month, all orders should be "Final Reviewed," by reviewing any changes from the initial review to the last day of the month. Any adjustments should be made following the procedures above, then sign and date the "Final Review."</p>	F 711			

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F 711	Continued From page 3 A review of the undated "Physician Interim Order Process" policy: 7. The order must be signed by the prescriber as required by state regulations. NJAC 8:39 - 23.2(b)	F 711			