New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:					
	060403			B. WING		11/30/2021		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BARCLAYS REHABILITATION AND HEALTHCARE CEI 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
S 000	Initial Comments			S 000				
	Code, Chapter 8:39, 3 Long Term Care Facil submit a plan of corre completion date, for e that the plan is impler deficiencies may resu accordance with the p Jersey Admiistrative (conforcement of License	Jersey Administrative Standards for Licensure lities. The facility must ection, including a each deficiecncy and ermented. Failure to correll in enforcement action provisisons of the New Code, Title 8, Chapter 4 sure.	nsure ect n in					
S 560	8:39-5.1(a) Mandator (a) The facility shall c Federal, State, and lo regulations.	omply with applicable		S 560			1/19/22	
	by: Based on interviews a facility documentation facility failed to mainta direct care staff to res the state of New Jers	is not met as evidence and review of pertinent and it was determined that ain the required minimulations as mandate and the regulations as mandate by. This was evident for a of 14 overnight shifts	it the im ed by		1)The staffing coordinator was educat on the required minimum direct care staff-to-resident ratios as mandated by the standard New Jersey. The facility will continue to reach out the existing staff to see if they want to pict overtime shifts and continue to try and staff accordingly	ate of o k up		
	(NJDOH) memo, date with N.J.S.A. (New Je 30:13-18, new minimuring homes," indic Governor signed into codified at N.J.S.A. 30	•	ance ed) ts for		2)All residents have the ability to be affected by the facility failing to maintathe required minimum direct care staff-to-resident ratios as mandated by the state of Ne Jersey. 3)The facility will continue to post job			

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

TITLE

(X6) DATE

Electronically Signed

12/21/21

PRINTED: 07/14/2022 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
060403		B. WING		11/30/2021			
	(EACH DEFICIENC)	D HEALTHCARE CEI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	1412 MARL CHERRY H	RESS, CITY, STA TON PIKE ILL, NJ 08034 ID PREFIX TAG		N (X5) BE COMPLETE	
\$ 560	nursing homes. The f effective on 02/01/202 One Certified Nurse A residents for the day a consider the day and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of all and the consideration of the ever fewer than half of the few and the ever fewer than half of the fewer than half of the fewer fewer than half of the fewer fewer than half of the ever fewer than half of the ever fewer fewer than half of the fewer f	collowing ratio(s) were 21: Aide (CNA) to every eighth. In member to every 10 aing shift, provided that staff members shall be at Staff member shall be at CNA and shall perform member to every 14 at shift, provided that eaper shall sign in to work A duties. In CNA staffing for day shifts and were for residents on 1 of 14 dows: CNAs for 94 residents CNAs. CNAs for 94 residents CNAs. CNAs for 92 residents ONAS. CNAs for 93 residents ONAS.	no ch cas a on the	S 560	openings on job sites to promote CN/openings The facility is offering a sign on bonus The facility has contracted with agend assist with our staffing needs The administrator/designee will review daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter. 4)The Administrator/designee will revany findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.	s cy to v the iew	

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			A. BOILDING.					
	060403		B. WING	B. WING		11/30/2021		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BARCLAYS REHABILITATION AND HEALTHCARE CEI 1412 MARLTON PIKE CHERRY HILL, NJ 08034								
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	TION	(X5)		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE		
S 560	Continued From page	e 2	S 560					
S 560	day shift, required 12 - 11/16/21 had 11 day shift, required 12 - 11/18/21 had 9 C day shift, required 12 - 11/19/21 had 8 C day shift, required 12 - 11/20/21 had 7 C day shift, required 12 - 11/20/21 had 7 C day shift, required 12 During an interview wat 12:12 PM, the Staff she was not aware of ratios however she do replace call outs and well. During an interview wat 12:15 PM, a CNA t that she had 11 reside the day which is not us that it affects resident care and monitoring for During an interview wat 1:20 PM, with the A Nursing (DON), the D staffing mandates. The added that they are most they can. A review of the facility	CNAs. CNAs for 91 residents on the CNAs. CNAs for 89 residents on the CNAs. CNAs for 89 residents on the CNAs. With the surveyor on 11/24/21 fing Coordinator stated that any mandated staffing ones attempt to find staff to will utilize agency staff as With the surveyor on 11/29/21 that works 7-3 shift stated ents on her assignment for unusual. The CNA added a care in providing timely for safety. With the surveyor on 11/29/21 Administrator and Director of DON stated he was aware of the DON and administrator meeting staffing ratios the	S 560					