

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

PRINTED: 07/15/2022  
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>C</b>  <b>08/26/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE</b> <b>CHERRY HILL, NJ 08034</b>		
(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	
F 000	INITIAL COMMENTS  COMPLAINT #138102, 138447  CENSUS: 87  SAMPLE SIZE: 4  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the	F 842		9/21/20	

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

TITLE

(X6) DATE

Electronically Signed

09/09/2020

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 842	<p>Continued From page 1</p> <p>records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, review of Medical Records (MRs) and review of other pertinent documentation, it was determined that the facility failed to accurately document the [REDACTED] Flow Sheet ([REDACTED]) for 1 of 4 sampled residents (Resident [REDACTED]). This deficient practice was evidenced by the following:</p> <p>1. According to the facility Admission Record (AR), Resident [REDACTED] was originally admitted on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to; [REDACTED].</p> <p>A Minimum Data Set (MDS), an assessment tool, dated [REDACTED], revealed the resident was [REDACTED] in Decision Making.</p> <p>Record Review of an Incident Report dated [REDACTED] revealed Resident [REDACTED] had an unwitnessed fall with no injury.</p> <p>On 8/25/2020 at 1:40 p.m., the Director of Nursing (DON) stated ongoing [REDACTED] ([REDACTED]) checks are done when a resident has a fall and the instructions for times are noted on top of the [REDACTED].</p> <p>At 1:55 p.m., surveyor reviewed the [REDACTED], "...the [REDACTED] Checks" are as follows: "- q (every) 15 mins. (minutes) x (1) hour, - q 30 mins. x (1) hour, - q 1 hour x (4) hours, then -q 4 hours x (24) hours ....".</p>	F 842	<p>Completed [REDACTED] Flow Sheet for resident [REDACTED] could not be located.</p> <p>All residents who would need a [REDACTED] Flow Sheet would have the potential to be affected by this deficient practice. Staff have identified some current residents that require a [REDACTED] Flow Sheet to ensure completion.</p> <p>Nursing staff were in-serviced on the importance of proper documentation &amp; completion of [REDACTED] Flow Sheet for residents requiring one.</p> <p>DON, ADON, or designee will conduct monthly audits to determine that nurses are properly documenting &amp; completing [REDACTED] Flow Sheet[s] for residents when necessary.</p> <p>Findings will be submitted to the quarterly to the QAPI committee for review.</p>		

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F 842	Continued From page 3 On 8/25/2020 at 2:00p.m., DON stated there are other ( ) checks for Resident .  On 8/26/2020 at 12:55 p.m., the DON stated there is no page 2 for the for Resident . She couldn't find it.  N.J.A.C.: 8:39-35.2(k)	F 842			