

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2022
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NAME OF PROVIDER OR SUPPLIER BARCLAYS REHABILITATION AND HEALTHCA	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE CHERRY HILL, NJ 08034
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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) COMPLETE DATE
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ149816</p> <p>Based on facility document review on 1/21/2022 and 1/24/2022, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 13 of 14 day shifts and 4 of 14 overnight shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct</p>	S 560	<p>1)The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly</p> <p>2)All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>3)The facility will continue to post job openings on job sites to promote CNA openings The facility is offering a sign on bonus The facility has contracted with agency to assist with our staffing needs The administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>4)The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to</p>	2/18/22

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

TITLE

(X6) DATE

Electronically Signed

02/08/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of 09/26/2021 to 10/02/2021, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>On 09/26/21 had 7 CNAs for 94 residents on the day shift, required 12 CNAs. On 09/26/21 had 5 total staff for 94 residents on the overnight shift, required 7 total staff. On 09/27/21 had 7 CNAs for 94 residents on the day shift, required 12 CNAs. On 09/28/21 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 09/28/21 had 6 total staff for 94 residents on the overnight shift, required 7 total staff. On 09/29/21 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 09/30/21 had 10 CNAs for 94 residents on the day shift, required 12 CNAs. On 10/01/21 had 8 CNAs for 94 residents on the day shift, required 12 CNAs. On 10/01/21 had 6 total staff for 94 residents on the overnight shift, required 7 total staff. On 10/02/21 had 9 CNAs for 94 residents on the day shift, required 12 CNAs.</p> <p>2. For the week of 01/09/2022 to 01/15/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>On 01/09/22 had 8 CNAs for 90 residents on the day shift, required 12 CNAs. On 01/10/22 had 10 CNAs for 87 residents on the</p>	S 560	determine frequency of future audits.	

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S 560	Continued From page 2 day shift, required 11 CNAs. On 01/10/22 had 5 total staff for 87 residents on the overnight shift, required 7 total staff. On 01/11/22 had 9 CNAs for 87 residents on the day shift, required 11 CNAs. On 01/12/22 had 8 CNAs for 87 residents on the day shift, required 11 CNAs. On 01/14/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs. On 01/15/22 had 6 CNAs for 88 residents on the day shift, required 11 CNAs.	S 560		
S1015	8:39-11.1 Mandatory Resident Assessment and Care Plans A registered professional nurse (RN) shall assess the nursing needs of each resident, coordinate the written interdisciplinary care plan, sign and date the assessment to certify that it is complete, and ensure the timeliness of all services. This REQUIREMENT is not met as evidenced by: C#: NJ149816 Based on interviews, medical record (MR) review, and review of other pertinent facility documents on [redacted] and [redacted], it was determined that the facility failed to have a Registered Nurse (RN) complete an admission and readmission assessments for [redacted] of [redacted] residents sampled (Resident [redacted]). This deficient practice was evidenced by the following: Review of the Electronic Medical Records (EMR) were as follows: According to the [redacted] Record ([redacted]),"	S1015	1)Residents [redacted] no longer resides in the facility. 2)All residents have the potential to be affected by this deficient practice. 3)Nursing staff were in-serviced that a Registered Nurse must complete admission and readmission assessments. 4)DON or designee will audit monthly for three months resident admission assessments to ensure that they are completed by a registered nurse. Findings will be submitted quarterly to the QAPI committee for review.	2/18/22

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S1015	<p>Continued From page 3</p> <p>Resident [redacted] was Executive Order 26, 4.b. and [redacted] on [redacted] and [redacted] with diagnoses which included but were not limited to Executive Order 26, 4.b.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident [redacted] had a Brief Interview of Mental Status (BIMS) score of [redacted], indicating Resident [redacted] was Executive Order 26, 4.b. Further review of the MDS revealed the resident needed extensive assistance with Activities of Daily Living (ADLs) and was at Executive Order 26, 4.b.</p> <p>A review of the "[redacted] Screening (A/RS)" form dated [redacted], completed by a Licensed Practical Nurse (LPN #1) on [redacted], revealed Resident [redacted] was admitted with a Executive Order 26, 4.b.</p> <p>A review of Progress Notes (PNs) dated [redacted] for Resident [redacted] written by LPN #2, revealed the resident was Executive Order 26, 4.b.</p> <p>During an interview on 1/21/2022 at 3:08 p.m., LPN #2 stated she does admission assessments all the time. According to the LPN, the Unit Manager (UM) reviews the information after the assessment is completed. The LPN stated the UM might be either an RN or an LPN; it depends on who worked. She further stated it was normal practice for the LPN to complete the assessment.</p> <p>During an interview on 1/24/2022 at 1:33 p.m., the Director of Nursing (DON) stated the Supervisor or the UM completed the</p>	S1015		
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S1015	<p>Continued From page 4</p> <p>Executive Order 26, 4.b. assessment, done on _____ or the next day if the resident arrived on the 3-11 shift. The DON further stated that the supervisors and UMs are LPNs, and the facility has only a limited number of RNs in the building.</p> <p>Review of an undated "Basic Skills & Proficiencies: Duties per Positions" included: "Duties & Responsibilities include, but are not limited to:" "RN Supervisor" revealed the following: "...Performing accurate and timely assessments/reassessment of care needs. Completing the full admission assessment process...."</p>	S1015		
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315013	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/22/2022	Y3
NAME OF FACILITY BARCLAYS REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE CHERRY HILL, NJ 08034		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0641	Correction	ID Prefix F0658	Correction	ID Prefix	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed
LSC	02/18/2022	LSC	02/18/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/24/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		