

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

PRINTED: 10/12/2023  
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>07/14/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAYS REHABILITATION AND HEALTHCARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1412 MARLTON PIKE EAST</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)			D 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 # NJ 152756  CENSUS: 93  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 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4)  §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.  §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.  §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.  §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution			F 585			8/13/22

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

TITLE

(X6) DATE

Electronically Signed

08/08/2022

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 585	<p>Continued From page 1</p> <p>of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately</p>			F 585			

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F 585	<p>Continued From page 2</p> <p>reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 152756</p> <p>Based on interviews, review of Medical Records and other facility documents on 7/14/2022, it was determined that the facility failed to resolve a Grievance for a resident's missing [REDACTED] personal property and failed to follow their policy titled "Grievance Policy" for 1 of 4</p>			F 585	<p>1) We will reach an agreement with resident #3 to their liking even it means that the facility must reimburse the resident for [REDACTED] missing [REDACTED].</p> <p>2) All residents that file a grievance have the potential to be affected by this deficient practice.</p> <p>3) Staff that are assigned to address grievances were in-serviced on ensuring</p>		

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F 585	<p>Continued From page 3</p> <p>residents (Resident #3) sampled. This deficient practice was further evidenced by the following:</p> <p>According to the Medical Record (MR) Resident #3 was admitted on [REDACTED], and discharged home on [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], the Brief Interview for Mental Status (BIMS) score was [REDACTED]/15, which, indicated the Resident was [REDACTED].</p> <p>A review of a Grievance Form dated [REDACTED], filed by the Resident Representative (RR) related to missing [REDACTED] revealed documentation by the staff as follows: [REDACTED] went missing in Resident #3's room. The Resident mentioned the [REDACTED] were put into a cup.</p> <p>During an interview on 7/14/2022 at 11:42 a.m., the [REDACTED] reported that he was aware of the missing [REDACTED] and was told that a family member put the [REDACTED] in a cup and the staff could have thrown them away. The staff searched for the [REDACTED] but were unable to locate them.</p> <p>Further interview with the [REDACTED] on 7/14/2022 at 12:15 p.m., the [REDACTED] stated, the staff probably had thrown the [REDACTED] away since they were in a [REDACTED]. The [REDACTED] also stated that in February he had a phone conversation with Resident #3's RR and they asked to be reimbursed for the [REDACTED]. The [REDACTED] stated, he did not feel the facility was responsible</p>	F 585	<p>that all resident grievances are resolved in agreement with the resident or their representative.</p> <p>4) Administrator or designee will conduct three monthly audits of grievances that have been received to ensure that they are resolved in agreement with the resident or their representative. Findings will be submitted quarterly to the QAPI committee for review.</p>		

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F 585	<p>Continued From page 4</p> <p>for the missing [REDACTED] since the Resident had an old pair of [REDACTED] to use. The [REDACTED] stated that no written grievance decision or resolution was sent to the family of Resident #3 or RR concerning the action, investigation, or final decision regarding the [REDACTED] that went missing while the Resident was at the facility.</p> <p>During an interview on 7/14/2022 at 12:42 p.m., the [REDACTED] stated, the Grievance process involved the staff filling out the Grievance form and the [REDACTED] is responsible to turn over the form to the [REDACTED] after the search and the investigation is complete.</p> <p>The [REDACTED] also reported an appointment was scheduled with the [REDACTED] for Resident #3 for replacement [REDACTED], however, when the [REDACTED] came to the facility to see Resident #3 the [REDACTED] left for an emergency and when he returned at a later date Resident #3 was no longer in the facility. The [REDACTED] failed to contact Resident #3 for a follow up.</p> <p>During an interview on 7/14/2022, at 1:04 p.m., the [REDACTED] reported, residents usually keep their [REDACTED] in their rooms in a [REDACTED] cup, which can be given to the resident if needed. The [REDACTED] was unable to verify if Resident #3 was provided a [REDACTED] cup during the facility stay.</p> <p>A review of the facility policy titled "Grievance Policy" with a revised date of 11-28-2019, revealed the following: The facility is committed to providing its residents with exceptional care and services. To ensure the continued provision of care and services, and to facilitate the prompt resolution of medical and non medical</p>	F 585			

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F 585	Continued From page 5 grievances, the facility has established a grievance process to address resident and family member concerns or dissatisfaction with the provision of care and/or services.  NJAC 8:39-13.2 (c)			F 585			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/1/2022
NAME OF FACILITY BARCLAYS REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE EAST 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 F0585	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(j)(1)-(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/13/2022	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/14/2022		<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			