

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

PRINTED: 12/05/2023
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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT #: NJ160013, NJ160679, NJ161661, NJ161662, NJ161679, NJ161680, NJ161681, NJ161682, NJ161683 CENSUS: 118 SAMPLE SIZE: 13 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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656		4/3/23	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2023

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 656	<p>Continued From page 1</p> <p>treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>COMPLAINT#: NJ160013, NJ160679</p> <p>Based on interviews, medical records review, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility a) failed to implement Care Plan (CP) interventions to check the function, placement, and the Ex Order 26. 4B1 of a resident (Resident #2) and b) failed to develop and to implement a baseline CP for a resident (Resident #8) with an active diagnosis of Ex Order 26. 4B1 The</p>	F 656	<p>Element One</p> <p>R2 had no negative outcome related to the deficient practice. R2s orders were immediately updated to reflect the following: Resident will show no s/s of Ex Order 26. 4B1, free from Ex Order 26. 4B1 related trauma, change Ex Order 26. 4B1 as needed, check Ex Order 26. 4B1 for kinks each shift, ensure Ex Order 26. 4B1 is positioned below Ex Order 26. 4B1 and off the floor. Monitor and document s/s of pain or discomfort r/t</p>		

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F 656	<p>Continued From page 2</p> <p>facility also failed to follow its policy titled "Care Plan." This deficient practice was evident in 2 of 13 care plans (Resident #2 & Resident #8), as evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the "Admission record (AR)," Resident #2 was originally admitted on <u>Ex Order 26.4B1</u> and readmitted on <u>Ex Order 26.4B1</u> and <u>Ex Order 26.4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26.4B1</u></p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 11/28/2022, Resident #2 had <u>Ex Order 26.4B1</u> Brief Interview of Mental Status (BIMS) score indicating the Resident had a <u>Ex Order 26.4B1</u> problem. The MDS also showed the Resident was dependent on staff for most <u>Ex Order 26.4B1</u> <u>Ex Order 26.4B1</u>, admitted with an <u>Ex Order 26.4B1</u> and <u>Ex Order 26.4B1</u> that required a <u>Ex Order 26.4B1</u> for the bed.</p> <p>A review of the Resident #2's CP initiated on 08/01/2022 revealed under "Focus": "Resident #2 has an <u>Ex Order 26.4B1</u> (IC): Dx. [Diagnosis] <u>Ex Order 26.4B1</u>." The CP also included under "Goal": "Resident #2 will show no s/sx (sign/symptoms) of <u>Ex Order 26.4B1</u> through review date. Resident #2 will be/remain free from <u>Ex Order 26.4B1</u>-related trauma through [the] review date." Also, under "Interventions": included "change <u>Ex Order 26.4B1</u> PRN (as needed) for dislodgement, Check <u>Ex Order 26.4B1</u> for kinks each shift, Ensure <u>Ex Order 26.4B1</u> is positioned below the</p>	F 656	<p><u>Ex Order 26.4B1</u> use, report any abnormalities to the MD, such as, pain, burning, <u>Ex Order 26.4B1</u>, cloudiness, not output, deep discoloration of <u>Ex Order 26.4B1</u>, increased pulse, increased temperature, frequency, <u>Ex Order 26.4B1</u>, fever, chills, altered mental status, change in behavior, change in eating patterns. R2s care plan has been updated to reflect current status. Updated care plan added intervention of: size of <u>Ex Order 26.4B1</u>, <u>Ex Order 26.4B1</u> care every shift, check placement and function every shift.</p> <p>R8 has been discharged from the facility on <u>Ex Order 26.4B1</u> and correction action could not occur.</p> <p>Element Two</p> <p>All residents with <u>Ex Order 26.4B1</u> have the potential to be affected by the same deficient practice. An audit will occur with all residents with <u>Ex Order 26.4B1</u> to ensure compliance.</p> <p>Element Three</p> <p>On 3/23/2023 nursing staff began education on the policy of <u>Ex Order 26.4B1</u>, following the comprehensive plan of care, understanding and following interventions listed on the residents' comprehensive care plan.</p> <p>Nursing staff will be re-educated on comprehensive care plans related to reoccurring <u>Ex Order 26.4B1</u> (start date 3/23/2023).</p>		

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F 656	<p>Continued From page 3</p> <p>Ex Order 26.4B1 and off the floor, Monitor for Ex Order 26.4B1 q (every) shift, Monitor /document for pain/discomfort due to Ex Order 26.4B1, Monitor/record/report to MD (Medical Doctor) for s/sx Ex Order 26.4B1 pain, burning, Ex Order 26.4B1, cloudiness, no output, deepening of Ex Order 26.4B1, increased pulse, increased temp (temperature), Ex Order 26.4B1 frequency, Ex Order 26.4B1, fever, chills, altered mental status, change in behavior, change in eating patterns, pain assessment q shift, administer medication as ordered ..."</p> <p>Review of Resident #2's medical record showed no evidence that the CP interventions were being implemented.</p> <p>2. According to the AR, Resident #8 was admitted to the facility on Ex Order 26.4(b)(1) with diagnoses which included but were not limited to Ex Order 26.4B1</p> <p>Ex Order 26.4B1</p> <p>A review of the MDS, dated 10/11/2022, Resident #8 had a BIMS score of Ex Order 26.4B1/15, which indicated the Resident had Ex Order 26.4B1. The MDS also showed Resident #8 was dependent on staff for all ADLs and had an Ex Order 26.4B1.</p> <p>A review of Resident #8's CP initiated on 10/9/2021 indicated that Resident #8 had no CP in place for an active diagnosis of Ex Order 26.4B1.</p> <p>During an interview on 2/27/2023 at 12:01 p.m., when asked if there should be a CP for an active diagnosis of Ex Order 26.4B1, the Unit Manager/Licensed Practical Nurse (UM/LPN) responded by saying,</p>	F 656	<p>Element Four</p> <p>On 3/1/2023 the facility began to audit residents with Ex Order 26.4B1 to ensure interventions in the resident's plan of care are being monitored. Assistant Director of Nursing/designee will audit 5 residents with Ex Order 26.4B1 to ensure interventions in the residents' plan of care are being monitored, orders reflect the plan of care weekly for four weeks then monthly for one month to ensure compliance.</p> <p>Assistant Director of Nursing/designee will audit 5 residents with a diagnosis of recurring Ex Order 26.4B1 to ensure a comprehensive care plan was developed to reflect the resident's current status weekly for four weeks then monthly for one month to ensure compliance. Audit start date 3/1/23.</p> <p>The finding of these audits will be reviewed with the Interdisciplinary Team monthly during the facility Quality Improvement meetings.</p>	

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F 656	<p>Continued From page 4</p> <p>"yes, if a resident has an active diagnosis of Ex Order 26. 4B1, it should be on the CP." She further stated all department heads, including nurses, can update their sections of the CP. She explained the CP should also be updated as soon as there is any change in the Resident's treatment, and "the expectation is for all active diagnosis to have a CP."</p> <p>During an interview on 2/27/2023 at 2:40 p.m., when the Surveyor asked the ADON about documenting Ex Order 26. 4B1, she stated, "I don't know the policy for Ex Order 26. 4B1. If [the] facility documents input and output, [it] is documented on the Treatment Administration Record (TAR), but I don't know the policy off [the] top of my head." When the Surveyor asked if there was a separate monitoring sheet, the ADON stated "there is no sheet to monitor, to check the Ex Order 26. 4B for kinks or Ex Order 26. 4B1. There's no documentation. [The] interventions are on the care plan to monitor."</p> <p>During a second interview on 2/28/2023 at 1:04 p.m., the ADON informed the Surveyor there should be a CP initiated upon admission for all active diagnosis listed for a resident. The ADON also stated the importance of the CP because it helps with the goal and interventions and what is needed for the Resident. The CP also sets the baseline for the Resident to be able to identify any abnormalities and to be able to see if the treatments and interventions that are in place are working for the Resident. The ADON continued, "my expectation is for all active diagnosis to have a CP." She further stated that all nurses could initiate and update the CP, including the Unit Manager, Director of Nursing (DON), ADON, and all department heads.</p>	F 656			

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F 656	Continued From page 5 A review of the facility policy titled "Care Plan" with a reviewed date of May 2022 revealed the following: Under "Policy:" included: "It is the policy of The Facility that all residents admitted to the facility will have adequate person-centered care plans that provide for all their needs in a timely manner." Under "Procedure," "1. Baseline Care Plans for all new admissions will be initiated within 48 hours of admission. 2. They will include initial goals, MD orders, medications, treatments, dietary orders, therapy orders, social services, and PASARR recommendations...11. Care Plans will be updated timely and necessary revisions will be made..." N.J.A.C.: 8:39-11.2(d)(2) N.J.A.C.: 8:39 -27.1 (a)	F 656			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to	F 686		4/3/23	

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F 686	<p>Continued From page 6</p> <p>promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ160013</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility failed a) to provide an Ex Order 26.4B1 on readmission and b) to check placement and function of an Ex Order 26.4B1 for a resident readmitted with a Ex Order 26.4B1 for 1 of 13 residents (Resident #2). The facility also failed to follow its policy titled "Skin & Wound Care." This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the "Admission record (AR)," Resident #2 was originally admitted on Ex Order 26.4B1 and readmitted on Ex Order 26.4B1 and Ex Order 26.4B1 with diagnoses which included but were not limited to Ex Order 26.4B1.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 11/28/2022, Resident #2 had Ex Order 26.4B1 Brief Interview of Mental Status (BIMS) score indicating the Resident had a Ex Order 26.4B1. The MDS also showed the Resident was totally dependent on staff for most Ex Order 26.4B1 and Ex Order 26.4B1 admitted with an Ex Order 26.4B1 and Ex Order 26.4B1 that required a</p>	F 686	<p>Element 1</p> <p>An Ex Order 26.4B1 was placed on R2 on 12/05/2022. R2s plan of care was updated on 12/05/2023 to reflect their current status. R2 had no negative outcomes related to not having an Ex Order 26.4B1 for two days and for not checking the placement and functioning of the Ex Order 26.4(b)(1).</p> <p>Element 2</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>Element 3</p> <p>Licensed Nursing staff will be educated on descriptive documentation of Ex Order 26.4(b)(1) vs. staging of Ex Order 26.4(b)(1). Licensed Professionals will be educated on the facilities Ex Order 26.4(b)(1) Protocol. On February 27th, 2023 Licensed Nursing staff began education on checking placement and functioning of Ex Order 26.4B1 based off of resident orders, and Ex Order 26.4(b)(1) on utilizing Ex Order 26.4B1 based off of resident with Ex Order 26.4B1, Ex Order 26.4B1, or Ex Order 26.4B1.</p> <p>Element 4</p> <p>Unit Managers or Designee will randomly</p>		

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F 686	<p>Continued From page 7</p> <p><i>Ex Order 26. 4B1</i> for the bed.</p> <p>A review of Resident #2's Care Plan date initiated 12/11/2022, included under "Focus,": "Resident #2 has <i>Ex Order 26. 4B1</i> and he/she remains potential for <i>Ex Order 26. 4B1</i> development r/t (related/to) <i>Ex Order 26. 4B1</i> ..."</p> <p>Under "Goal": included: "Resident #2's <i>Ex Order 26. 4B1</i> and <i>Ex Order 20. 4B1</i> will show signs of healing and remain free of infection by/through review date." Under "Interventions": included: "Administer treatments as ordered and monitor for effectiveness ...LOW [low] <i>Ex Order 26. 4B1</i> ..."</p> <p>A review of Resident #2's MR showed the Resident was admitted to the hospital on <i>Ex Order 26. 4B1</i> and readmitted to the facility on <i>Ex Order 26. 4B1</i>.</p> <p>Review of Resident #2's Progress Notes (PNs) revealed the following:</p> <p>On 12/3/2022 at 9:02 p.m. written by the Licensed Practice Nurse (LPN #1) included, "Received [the] resident from [the] <i>Ex Order 26.4(b)(1)</i> ...has <i>Ex Order 26. 4B1</i> currently at Stage 3 with treatment in place ..."</p> <p>On 12/5/2022 at 12:43 p.m., the Nurse Practitioner Progress Note (NPPN) "Readmission Notes" revealed, "... Reported just seen by <i>Ex Order 26.4(b)(1)</i> today ... He/She continues to have <i>Ex Order 26. 4B1</i> ..."</p>	F 686	<p>audit 5 residents with <i>Ex Order 26.4(b)(1)</i> requiring an <i>Ex Order 26. 4B1</i> to ensure that preventative measures are in place weekly for four weeks then monthly for one month to ensure compliance. The findings of these audits will be discussed monthly at during the facility quality improvement program. This auditing began on 2/28/2023 to ensure compliance.</p>		

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F 686	<p>Continued From page 8</p> <p>On 12/5/2022 at 2:17 p.m. written by LPN #2 revealed, " .. Ex Order 26. 4B1 in place ..."</p> <p>On 2/05/2022 at 08:31 p.m., the Ex Order 26.4(0)(1) Care Visit Report (WCVR) written by the Advanced Practice Nurse (APN) revealed, under Ex Order 26.4(0)(1) Care Physician Recommendation Details" included: Ex Order 26. 4B1 , Under "Additional Orders" included: "Other Orders" "Off-loading[-] Recommend a Ex Order 26. 4B1 with turning and repositioning measures in place ..."</p> <p>A review of Resident #2's WCVRs dated 12/5/2022 through 2/20/2023 revealed no adverse outcome to the Ex Order 26. 4B1 from not having the Ex Order 26. 4B1 at the time of readmission.</p> <p>A review of Resident #2's "Physician's Orders (POs) dated 12/6/2022 revealed an order for Ex Order 26. 4B1 c (with) turning and repositioning in place [.]</p> <p>During an interview on 2/23/2023 at 2:55 p.m., LPN#3, who cared for Resident #2, stated, "the protocol for an Ex Order 26. 4B1 is for a resident to be bed bound or [to] have a Ex Order 26.4(0)(1)."</p> <p>During a telephone interview on 2/23/2023 at 2:20 p.m. with the Resident's representative, she stated when Resident #2 returned from the Ex Order 26.4(0)(1) on Ex Order 26. 4B1, there was a regular mattress on the bed until 12/5/2022 when she notified the Assistant Director of Nursing (ADON)."</p> <p>During an interview on 2/27/2023 at 8:35 a.m. with the Assistant Director of Nursing (ADON), when the Surveyor asked her about the Ex Order 26. 4B1</p>	F 686			

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F 686	<p>Continued From page 9</p> <p>Ex Order 26.4B1, she stated, "Yes, there should be an order [Physician's order] to check for [the] functionality and placement [of the Ex Order 26.4B1]. I will check to see if there is an order on the POs. There should be treatment orders to check for placement and function every shift for Resident #2." At 9:20 a.m., the ADON stated, "there is a Physician's order for [the] Ex Order 26.4B1 on 12/6/2022 ...the Ex Order 26.4B1 is on the care plan. The nurse should check for the placement of the Ex Order 26.4B1. There should be an order for it."</p> <p>At 2:40 p.m., when the Surveyor asked the ADON about the protocol for an Ex Order 26.4B1, she stated, "[the] Ex Order 26.4B1 can be used for preventive measures, for skin breakdown, [the] nurse assesses [the resident], gets doctor [physician] order and put[s] order to be initiated [in the chart] and [puts] on [the] care plan, then put the order on the TAR (Treatment Administration Record) to check placement and function [that the Ex Ord Ex Order 26.4B1 is in place." She continued to say "the order is written, on [the] care plan, but the nurse did not transcribe it [the order] on[to] TAR, I didn't see it. The check placement and functionality should be on the TAR. [A] resident comes in [to the facility] from [the] hospital with a Ex Order 26.4B1 Ex Order 26.4B1 needs an Ex Order 26.4B1 ..."</p> <p>During an interview on 2/28/2023 at 1:04 p.m., the ADON explained that if a resident is on an Ex Ord Ex Order 26.4B1 before going to the hospital, they should be placed on the Ex Order 26.4B1 upon returning to the facility. She stated that if Resident #2 went into the same room when he/she returned from the Ex Order 26.4(b)(1) the Resident was likely on an Ex Ord Ex Order 26.4B1. At 2:35 p.m., the ADON stated Resident #2 went to another room upon returning from the Ex Order 26.4(b)(1) in December. "So I don't know</p>	F 686			

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PRINTED: 12/05/2023
FORM APPROVED
OMB NO. 0938-0391

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F 686	Continued From page 10 what happened. I will have to do an audit." At the time of the survey, the LPN who readmitted Resident #2 on Ex Order 26. 4B1 was unavailable for an interview. A review of the facility policy with a revised date of 5/2022, titled "Skin & Wound Care," revealed the following: Under "Policy" included: "Skin & Wound Care Protocol" Under "Purpose" included: Provide a plan of nursing care in prevention and treatment of skin breakdown for all residents/patients which promotes the prevention of wound or ulcer development, enhances the healing of wounds and to prevent re-occurrence of wounds." Under "Scope" included: "all residents/ patients will have a documented assessment upon admission to the facility. If the initial review reveals either an existing wound or the potential for breakdown, preventive measures will be implemented. It is the responsibility of a Licensed Nurse to implement both the Preventative Measures and the Wound Care Program. All Nursing Personnel, Dieticians, & Physicians shall be involved in wound care planning." Under "Procedure" included: "Preventive Measures are implemented for all patients and residents- Ex Order 26. 4B1 for existing and pressure injuries ..."	F 686			
F 690 SS=D	N.J.A.C.:8:39-27.1 (e) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on	F 690		4/3/23	

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F 690	<p>Continued From page 11</p> <p>admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ160013, NJ160679</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility</p>	F 690	<p>Element 1</p> <p>R2 had an order obtained for a [REDACTED] on 3/01/23. R8 no longer resides at this facility and corrective action could not occur.</p>		

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F 690	<p>Continued From page 12</p> <p>failed to obtain a Physician's Order (PO) for a <u>Ex Order 26. 4B1</u> and the care and management of the <u>Ex Order 26. 4B1</u> for 2 of 13 residents (Resident #2 & Resident #8). The facility also failed to follow its facility policies titled "Physician Orders" and <u>Ex Order 26. 4B1</u> and the "Licensed Practice Nurse (LPN)" job description. This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the "Admission record (AR)," Resident #2 was originally admitted on <u>Ex Order 26. 4B1</u> and readmitted on <u>Ex Order 26. 4B1</u> and <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 11/28/2022, Resident #2 had <u>Ex Order 26. 4B1</u> Brief Interview of Mental Status (BIMS) score indicating the Resident had a <u>Ex Order 26. 4B1</u>. The MDS also showed the Resident was dependent on staff for most <u>Ex Order 26. 4B1</u> <u>Ex Order 26. 4B1</u>, admitted with an <u>Ex Order 26. 4B1</u> and <u>Ex Order 26. 4B1</u> that required a <u>Ex Order 26. 4B1</u> device for the bed.</p> <p>A review of Resident #2's "MDS Kardex Report for the Facility" undated revealed Under "Appliances" included: <u>Ex Order 26. 4B1</u></p> <p>A review of Resident #2's Physician's Orders (POs) dated 12/6/22 revealed no POs for a <u>Ex Order 26. 4B1</u>, to check the placement every shift, and</p>	F 690	<p>Element 2</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>Element 3</p> <p>Licensed Professionals will be educated on the facility's policy on <u>Ex Order 26. 4B1</u>, obtaining a physician order for <u>Ex Order 26. 4B1</u> and care and management of an <u>Ex Order 26. 4B1</u>. Education began on 2/28/2023.</p> <p>Element 4</p> <p>Infection Prevention Nurse/designee will audit 5 residents with a <u>Ex Order 26. 4B1</u> to ensure orders are obtained weekly for four weeks, then monthly for one month to ensure proper care management of the <u>Ex Order 26. 4B1</u>. The findings of these audits will be discussed monthly at during the facility quality improvement program. Audits began on 2/28/2023.</p>	

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F 690	<p>Continued From page 13 to monitor and record output for the [REDACTED].</p> <p>2. According to the AR, Resident #8 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED], [REDACTED].</p> <p>A review of the MDS, dated 10/11/2022, Resident #8 had a BIMS score of [REDACTED]/15, which indicated the Resident had [REDACTED]. The MDS also showed Resident #8 was dependent on staff for all [REDACTED] and had an [REDACTED].</p> <p>A review of Resident #8's Physician's Orders (POs) dated 10/7/2022 through 10/31/2022 revealed no POs for a [REDACTED] and to check the placement every shift, to monitor and record output for the [REDACTED].</p> <p>During an interview on 2/24/2023 at 2:55 p.m., the Licensed Practice Nurse (LPN) who cared for Resident #2 stated, "the CNAs (Certified Nursing Assistants) empty the [REDACTED] as needed and during rounding every 2 hours and the nurse checks the placement every shift and documented in the treatment book, the TAR (Treatment Administration Record).</p> <p>During an interview on 2/24/2023 at 3:46 p.m., the Assistant Director of Nursing (ADON) stated, "[the] nurse provides [REDACTED] care, [the] nurse checks placement every shift is the expectation and documented on the treatment [record][and] the CNAs empty the [REDACTED] every shift and document on the plan of care (kiosk)." However,</p>	F 690			

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F 690	<p>Continued From page 14</p> <p>review of Resident #2's and Resident #8's kiosk showed no documentation for Ex Order 26. 4B1 for Resident #2.</p> <p>During a second interview on 2/28/2023 at 1:04 p.m., when the Surveyor asked the ADON about the Ex Order 26. 4B1 she stated, " there could be a PRN (as needed) order [Physician's Order] to change the Ex Order 26. 4B1 if there is a Ex Order 26. 4B1. There should be [an] order to monitor the Ex Order 26.4(b)(1). There also should [be] orders to change the Ex Order 26. 4B1 weekly. There should also be Ex Order 26. 4B1 orders for Ex Order 26. 4B1 care."</p> <p>The ADON further stated there were no orders on the POS [physician order sheet] for the Ex Order 26. 4B1 or the management and care of the Ex Order 26. 4B1. When asked by the Surveyor if the Ex Order 26. 4B1 and its interventions should be on the POS/TAR, the ADON responded, "Yes [,] these interventions should be on the POS/TAR." She further stated after reviewing the chart, the admitting nurse should ensure these orders are in place for the Resident and the UM [Unit Manager]. According to the ADON, "[The] expectation is that there should be a Physician's Order in place to check the urine output, provide Ex Order 26. 4B1 care [and] change the Ex Order 26. 4B1 weekly."</p> <p>A review of the facility policy dated 5-2022 titled Ex Order 26. 4B1 revealed Under "Policy" included: "To provide guidance in the preventive measures for controlling common infections for residents with a Ex Order 26. 4B1 as part of the overall infection control program. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections." Under "Procedure" included: "...2. Use Ex Order 26. 4B1 only</p>	F 690			

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F 690	Continued From page 15 when they must be used, and only with documented medical justification by a physician...10. Ex Order 26. 4B1 should be properly secured to prevent movement and Ex Order 26. 4B1 ..12. Empty Ex Order 26. 4B1 regularly (every shift, using a separate measuring graduate for each resident) ...14. Keep Ex Order 26. 4B1 and Ex Order 26. 4B1 free from kinking ..." A review of the facility policy with a last date reviewed 05/2022 titled "Physician Orders" revealed Under "Policy" included: "It is the policy of this facility to secure physician orders for care and services for residents as required by state and federal law. Physician orders will be dated and signed according to state and federal guidelines." Under "Procedure" included: "1. Physician orders will include the medication and/or treatment and a correlating medical diagnosis or reason ..." A review of the LPN job description undated revealed Under "Duties:" included: "...Assumes responsibility and accountability for nursing services delivered to residents, Provides direct care, Administers treatments, and medications, Organizes and distributes daily assignments to direct care staff consistent with each individual resident's comprehensive assessment and plan of care, ...Ensures the "Flow of Care" is followed ..."	F 690			
F 842 SS=E	N.J.A.C. 8:39-27.1 (a) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information.	F 842		4/3/23	

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F 842	<p>Continued From page 16</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(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.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§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 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>	F 842			

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F 842	<p>Continued From page 17</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> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ160013, NJ160679, NJ161662, NJ161679, NJ161680, NJ161681, NJ161683</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility failed to consistently complete the Resident's "Documentation Survey Report v2" for 10 of 13 residents (Resident #1, #2, #3, #4, #5, #8, #10, #11, #12 & #13) reviewed for <i>Ex Order 26. 4B1</i>. The facility also failed to follow its policy titled "Resident</p>	F 842	<p>Element 1</p> <p>Nursing staff will be educated immediately on compliance with <i>Ex Order 26</i> documentation. Residents #1, #2, #3, #4, #5, #8, #10, #11, #12 & #13 who had missing <i>Ex Order 26</i> documentation were not noted to have any negative effects.</p> <p>Element 2</p> <p>All residents have the potential to be affected by the same deficient practice.</p>		

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F 842	<p>Continued From page 18</p> <p>Care-Grooming" as required by the "Job Description for the Certified Nursing Assistant (CNA)." This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #1 was originally admitted on ^{Ex Order 26. 4B1} and readmitted on ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to ^{Ex Order 26. 4B1}.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 1/12/2023, Resident #1 had a Brief Interview of Mental Status (BIMS) score of ^{Ex Order 26. 4B1} /15, indicating the Resident was ^{Ex Order 26. 4B1}. The MDS also showed the Resident needed limited assistance with one-person physical assist with most ^{Ex Order 26. 4B1}.</p> <p>The Surveyor reviewed Resident #1's Documentation Survey Report v2 (DSR), an ^{Ex Order 26. 4B1} care task provided to the Resident and documented by the Certified Nursing Assistants (CNAs) during their assigned shift. The DSR from December 1, 2022, through December 31, 2022, revealed the following:</p> <p>A review of the DSR form used for ^{Ex Order 26. 4B1} documentation of Intervention/Tasks, ^{Ex Order 26. 4B1} - Bathing, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on</p>	F 842	<p>Element 3</p> <p>Certified Nursing Assistants and Nursing staff will be educated on the facility policy of documentation regarding activity of daily living. Education began 3/4/2023.</p> <p>Unit managers, nursing supervisors and charge nurses will be educated on the system of checking ^{Ex Order 26. 4B1} documentation compliance prior to shift change to ensure all ^{Ex Order 26. 4B1} documentation is completed to reflect the care provided to the resident during the shift.</p> <p>Nursing leadership will review ^{Ex Order 26. 4B1} documentation compliance during clinical meetings.</p> <p>Element 4</p> <p>Unit Manager/designee will audit 5 resident per unit for a total of 20 residents per week ^{Ex Order 26. 4B1} documentation to ensure timely documentation by care givers occurs every shift weekly for four weeks, then monthly for one month. Audits began 3/4/2023.</p> <p>The finding of these audits will be reviewed with the Interdisciplinary Team monthly during the facility Quality Improvement meetings.</p>	

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F 842	<p>Continued From page 19</p> <p>12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 - Bed Mobility dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 - Ex Order 26. 4B1, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being</p>	F 842			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 20</p> <p>completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 - Ex Order 26. 4B1, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 - Dressing, dated 12/1/2022 through 12/31/2022</p>	F 842			

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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		
(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 842	<p>Continued From page 21</p> <p>revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Personal Hygiene, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shifts, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Toilet</p>	F 842			

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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		
(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 842	<p>Continued From page 22</p> <p>Use, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022 through 12/13/2022, 12/15/2022, 12/17/2022, through the 12/18/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; at 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for [redacted] - documentation of Intervention/Tasks, [redacted] - Transferring, dated 12/1/2022 through 12/31/2022, revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for [redacted] - documentation of Intervention/Tasks, [redacted] - Turning and Repositioning, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being</p>	F 842			

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 23</p> <p>completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/2/2022, 12/3/2022, 12/4/2022, 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/17/2022, 12/18/2022, 12/20/2022, 12/21/2022, 12/22/2022, 12/23/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/29/2022, 12/30/2022, and 12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/2/2022, 12/3/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/17/2022, 12/18/2022, 12/22/2022, 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022, 12/30/2022, and 12/31/2022.</p> <p>2. According to the AR, Resident #2 was originally admitted on ^{Ex Order 26. 4B1} and readmitted on ^{Ex Order 26. 4B1} and ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to ^{Ex Order 26. 4B1}</p> <p>[REDACTED]</p> <p>According to the MDS, dated 11/28/2022, Resident #2 had ^{Ex Order 26. 4B1} BIMS score indicating the Resident had a ^{Ex Order 26. 4B1}. The MDS also showed the Resident was totally dependent on staff for most ^{Ex Order 26. 4B1}, admitted with an ^{Ex Order 26. 4B1} and ^{Ex Order 26. 4B1} that required a ^{Ex Order 26. 4B1} for the bed.</p> <p>The Surveyor reviewed Resident #2's DSR, an ^{Ex Order 26. 4B1} care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from December 1, 2022, through December 31, 2022, revealed the following:</p>	F 842			

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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		
(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 842	<p>Continued From page 24</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bathing dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022, and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/28/2022, 12/29/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Bed Mobility dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m.shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; on the 3:00 p.m.-11:00 p.m.shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 12/1/2022 through</p>	F 842			

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F 842	<p>Continued From page 25</p> <p>12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022,12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} ^{Ex Order 26, 40} dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022, and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022,12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Dressing dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022,</p>	F 842			

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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		
(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 842	<p>Continued From page 26</p> <p>12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022,12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} -Personal Hygiene dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022,12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022; on the 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Toilet Use dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022,</p>	F 842			

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

PRINTED: 12/05/2023
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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 27</p> <p>12/20/2022-12/25/2022, 12/26/2022, 12/27/2022, 12/28/2022, 12/29/2022; and 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Transferring dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022 and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Turning and Repositioning dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/5/2022, 12/6/2022, 12/8/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/15/2022, 12/16/2022, 12/17/2022, 12/20/2022-12/25/2022, and 12/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/6/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/20/2022, 12/23/2022 12/24/2022, 12/25/2022, 12/26/2022, 12/27/2022, 12/28/2022, and 12/29/2022; and the 11:00 p.m.-7:00 a.m.</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 28</p> <p>shift, on 12/3/2022, 12/14/2022, 12/16/2022, 12/20/2022, 12/22/2022, 12/24/2022 and 12/31/2022.</p> <p>The DSR for Resident #2 from January 1, 2023, through January 31, 2023, revealed the following:</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Bathing dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Bed Mobility dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted]</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 29</p> <p>Ex Order 26. 4B1 dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 -Dressing dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023,</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 30</p> <p>1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Personal Hygiene dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Toilet Use dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Transferring dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as</p>	F 842			

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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		
(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 842	<p>Continued From page 31</p> <p>follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, 1/29/2023-1/31/2023, at 3:00 p.m.-11:00 p.m. on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} -Turning and Repositioning dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/4/2023, 1/9/2023, 1/14/2023, 1/15/2023, 1/20/23-1/22/2023, and 1/29/2023-1/31/2023, on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023-1/10/2023, 1/22/2023, 1/27/2023, 1/28/2023, 1/30/2023 and 1/31/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/2/2023, 1/4/2023, 1/9/2023, 1/22/2023, and 1/27/2023.</p> <p>The DSR for Resident #2 from February 1, 2023, through February 28, 2023, revealed the following:</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Bathing dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and</p>	F 842			

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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		
(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 842	<p>Continued From page 32 2/24/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bed Mobility dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Behavior Symptoms dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023 and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u> dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated</p>	F 842			

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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		
(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 842	<p>Continued From page 33</p> <p>the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023 and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u> dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Dressing dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023,</p>	F 842			

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

PRINTED: 12/05/2023
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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 34 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023.</p> <p>A review of the DSR form used for [redacted] - documentation of Intervention/Tasks, [redacted] - Personal Hygiene dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for [redacted] - documentation of Intervention/Tasks, [redacted] - Toilet Use dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for [redacted] - documentation of Intervention/Tasks, [redacted] - Transferring dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 35</p> <p>follows: on the 7:00 a.m.-3:00 p.m. on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Turning and Repositioning dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/4/2023, 2/5/2023, 2/8/2023, 2/13/2023, 2/18/2023, 2/22/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/3/2023-2/5/2023, 2/7/2023, 2/8/2023, 2/10/2023, 2/13/2023, 2/17/2023, 2/18/2023, 2/21/2023, 2/22/2023, and 2/24/2023-2/28/2023; and the 11:00 p.m. -7:00 a.m. shift, on 2/6/2023, 2/8/2023, 2/12/2023, 2/17/2023, 2/19/2023, 2/23/2023, and 2/25/2023-2/28/2023.</p> <p>3. According to the AR, Resident #3 was admitted on ^{Ex Order 26, 4B1} with diagnoses which included but were not limited to ^{Ex Order 26, 4B1}</p> <p>According to the MDS, dated 2/2/2023, Resident #3 had a BIMS score of ^{Ex Ord}, indicating the</p>	F 842			

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 36</p> <p>Resident was Ex Order 26. 4B1. The MDS also showed the Resident required Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1) assist with most Ex Order 26. 4 and Ex.Order 26.4(b)(1) on staff for transfers.</p> <p>The Surveyor reviewed Resident #3's DSR, an Ex Order 26 care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from February 1, 2023, through February 28, 2023, revealed the following:</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26. 4 -Bathing dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 -Bed Mobility dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023,</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 37</p> <p>2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p>	F 842			

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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		
(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 842	<p>Continued From page 38</p> <p>-Dressing dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} -Personal Hygiene dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, 2/26/2023-2/28/2023; at 3:00 p.m.-11:00 p.m. on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, 2/28/2023; at 11:00 p.m.-7:00 a.m. on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} -Toilet Use dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023,</p>	F 842			

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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		
(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 842	<p>Continued From page 39</p> <p>2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Transferring dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; and on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Turning and Repositioning dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023, 2/6/2023, 2/8/2023, 2/9/2023, 2/11/2023-2/13/2023, 2/19/2023, 2/22/2023, and 2/26/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/1/2023, 2/2/2023, 2/4/2023-2/6/2023, 2/8/2023, 2/9/2023, 2/12/2023-2/14/2023, 2/16/2023, 2/18/2023, 2/19/2023, 2/22/2023, 2/24/2023, 2/25/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/20/2023 and 2/28/2023.</p> <p>4. According to the AR, Resident #4 was originally admitted on ^{Ex Order 26. 4B1} and readmitted on</p>	F 842			

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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		
(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 842	<p>Continued From page 40</p> <p>Ex Order 26.4B1 with diagnoses which included but were not limited to Ex Order 26.4B1</p> <p>[REDACTED]</p> <p>According to the MDS, dated 11/29/2022, Resident #4 had a BIMS score of 15/15, indicating the Resident had Ex Order 26.4B1. The MDS also showed the Resident was totally Ex Order 26.4(b)(1) on staff and Ex Order 26.4(b)(1) for most Ex Order 26.4 and Ex Order 26.4(b)(1) for others.</p> <p>The Surveyor reviewed Resident #4's DSR, an Ex Order 26 care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from February 1, 2023, through February 28, 2023, revealed the following:</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 -Bathing dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, and 2/25/2023-2/28/2023; and on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, and 2/28/2023.</p> <p>A review of the DSR form used for Ex Order 26 documentation of Intervention/Tasks, Ex Order 26 -Bed Mobility dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on</p>	F 842		

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PRINTED: 12/05/2023
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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 41</p> <p>2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, and 2/28/2023.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B -Dressing dated 2/1/2023 through 2/28/2023</p>	F 842			

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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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 42</p> <p>revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, 2/28/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Personal Hygiene dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, 2/25/2023-2/28/2023; at 3:00 p.m.-11:00 p.m. on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, 2/28/2023; at 11:00 p.m.-7:00 a.m. on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, 2/28/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Toilet Use dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, 2/25/2023-2/28/2023; at 3:00 p.m.-11:00 p.m. on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, 2/28/2023; at 11:00 p.m.-7:00 a.m. on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, 2/28/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted]</p>	F 842			

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	<p>Continued From page 43</p> <p>-Transferring dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, 2/25/2023-2/28/2023; and on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, and 2/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Turning and Repositioning dated 2/1/2023 through 2/28/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 2/1/2023, 2/3/2023, 2/4/2023, 2/10/2023, 2/12/2023, 2/15/2023, 2/21/2023, and 2/25/2023-2/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 2/4/2023, 2/9/2023, 2/13/2023, 2/14/2023, 2/18/2023, 2/27/2023, and 2/28/2023; and the 11:00 p.m.-7:00 a.m. shift, on 2/18/2023, 2/21/2023, 2/23/2023, 2/25/2023, and 2/28/2023.</p> <p>5. According to the AR, Resident #5 was admitted on ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to ^{Ex Order 26. 4B1} .</p> <p>According to the MDS, dated 11/10/2022, Resident #5 had ^{Ex.Ord} BIMS score, which indicated the Resident had a ^{Ex Order 26. 4B1}. The MDS also showed the Resident was ^{Ex.Order 26.4(b)(1)} on staff and a ^{Ex.Order 26.4(b)(1)} for most ^{Ex Order 26.4}.</p> <p>A review of the DSR form used for ^{Ex Order 26}</p>	F 842		

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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		
(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 842	<p>Continued From page 44</p> <p>documentation of Intervention/Tasks, ^{Ex Order 26} -Bathing dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, and 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -Bed Mobility dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, and 12/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/22/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} Ex Order 26. 4B1 dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, and 12/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/22/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26}</p>	F 842			

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 45</p> <p>documentation of Intervention/Tasks, <small>Ex Order 26</small> <small>Ex Order 26, 48</small> <small>Ex Order 26</small> dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, and 12/31/2022; and the 11:00 p.m.-7:00 a.m. on 12/22/2022.</p> <p>A review of the DSR form used for <small>Ex Order 26</small> <small>Ex Order 26</small> documentation of Intervention/Tasks, <small>Ex Order 26</small> -Dressing dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, and 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for <small>Ex Order 26</small> <small>Ex Order 26</small> documentation of Intervention/Tasks, <small>Ex Order 26</small> -Personal Hygiene dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, and 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, 12/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 12/22/2022.</p> <p>A review of the DSR form used for <small>Ex Order 26</small></p>	F 842			

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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		
(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 842	<p>Continued From page 46</p> <p>documentation of Intervention/Tasks, [redacted] -Toilet Use dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022, 12/3/2022-12/19/2022, 12/22/2022-12/31/2022; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, 12/31/2022; at 11:00 p.m.-7:00 a.m. on 12/22/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Transferring dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, 12/22/2022-12/31/2022; and on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, and 12/31/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] -Turning and Repositioning dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 12/1/2022, 12/3/2022-12/19/2022, 12/22/2022-12/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 12/1/2022-12/11/2022, 12/13/2022, 12/16/2022-12/20/2022, 12/23/2022-12/25/2022, 12/28/2022, 12/30/2022, 12/31/2022; and the 11:00 p.m.-7:00 a.m. shift on 12/22/2022.</p> <p>6. According to the AR, Resident #8 was admitted</p>	F 842			

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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		
(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 842	<p>Continued From page 47</p> <p>to the facility on ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to ^{Ex Order 26. 4B1}</p> <p>[REDACTED]</p> <p>A review of the MDS, dated 10/11/2022, Resident #8 had a BIMS score of ^{Ex}/15, which indicated the Resident had ^{Ex Order 26. 4B1}. The MDS also showed Resident #8 was dependent on staff ^{Ex Order 26. 4B1} AND ^{Ex Order 26. 4B1} for all ^{Ex Order 26. 4B1} and had an ^{Ex Order 26. 4B1}.</p> <p>The Surveyor reviewed Resident #8's DSR, an ^{Ex Order 26. 4B1} care task provided to the Resident and documented by the CNAs during their assigned shift. The DSR from October 7, 2022, through October 31, 2022, revealed the following:</p> <p>A review of the DSR form used for ^{Ex Order 26. 4B1} documentation of Intervention/Tasks, ^{Ex Order 26. 4B1}- Bathing dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.- 3:00 p.m. shift, 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 20/30/2022 and 10/31/2022; and the 3:00 p.m. -11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26. 4B1} documentation of Intervention/Tasks, ^{Ex Order 26. 4B1}- Bed Mobility dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as</p>	F 842			

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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		
(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 842	<p>Continued From page 48</p> <p>follows: on the 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/2022 and 10/31/2022; on the 3:00 p.m. -11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022; and the 11:00 p.m. -7:00 a.m. shift, on 10/11/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - ^{Ex Order 26, 4B1} dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/2022 and 10/31/2022; on the 3:00 p.m.-11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022; and the 11:00 p.m. -7:00 a.m. shift, on 10/11/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - ^{Ex Order 26, 4B} dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/22 and 10/31/2022; on the 3:00 p.m. -11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022, and the 11:00 p.m.-7:00 a.m. shift on 10/11/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} -</p>	F 842			

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

PRINTED: 12/05/2023
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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 49</p> <p>Dressing dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the at 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 20/30/2022 and 10/31/2022; and on the 3:00 p.m.-11:00 p.m. shift 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Personal Hygiene dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/2022 and 10/31/2022; and the 3:00 p.m.-11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Toilet Use dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.- 3:00 p.m. shift, on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/2022 and 10/31/2022; on the 3:00 p.m. -11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 10/11/2022.</p> <p>A review of the DSR form used for [redacted]</p>	F 842			

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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		
(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 842	<p>Continued From page 50</p> <p>documentation of Intervention/Tasks, ^{Ex Order 26} - Turning and Repositioning dated 10/7/2022 through 10/31/2022 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.- 3:00 p.m. shift on 10/9/2022, 10/15/2022, 10/16/2022, 10/19/2022, 10/20/2022, 10/29/2022, 10/30/2022 and 10/31/2022; on the 3:00 p.m. -11:00 p.m. shift, on 10/9/2022, 10/15/2022 through 10/20/2022, 10/23/2022, 10/29/2022, 10/30/2022 and 10/31/2022; and the 11:00 p.m.-7:00 a.m. shift on 10/11/2022.</p> <p>7. According to the AR, Resident #10 was admitted to the facility on ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to: ^{Ex Order 26. 4B1}</p> <p>According to the MDS, dated 10/12/2022, Resident #10 had a BIMS score of ^{Ex One}/15, which indicated the Resident was ^{Ex Order 26. 4B1}. The MDS also showed Resident #10 needed ^{Ex Order 26.4(b)} assistance with ^{Ex Order 26.4(b)(1)} assist with ^{Ex Order 26. 4} and was at risk for ^{Ex Order 26. 4B1} and was admitted without any ^{Ex Order 26.4(b)(1)}</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bathing, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/29/2023, 1/30/2023, and 1/31/2023; and the 3:00 p.m.-11:00 p.m. on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023,</p>	F 842			

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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		
(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 842	<p>Continued From page 51 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bed Mobility, dated 1/1/2023 through 1/31/2023, revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u>, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/28/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u>, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: at 7:00 a.m.-3:00 p.m. on 1/1/2023,</p>	F 842			

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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		
(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 842	<p>Continued From page 52</p> <p>1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/29/2023, 1/30/2023, 1/31/2023; at 3:00 p.m.-11:00 p.m. on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, 1/30/2023; at 11:00 p.m.-7:00 a.m. on 1/3/2023, 1/14/2023, 1/28/2023.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Dressing, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/28/2023, 1/29/2023, 1/30/2023, and 1/31/2023; and the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023.</p> <p>A review of the DSR form used for ^{Ex Order 24} documentation of Intervention/Tasks, ^{Ex Order 24} - Bed Mobility, dated 1/1/2023 through 1/31/2023, revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>A review of the DSR form used for ADL</p>	F 842			

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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		
(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 842	<p>Continued From page 53</p> <p>documentation of Intervention/Tasks, [redacted] - Personal Hygiene, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Toilet Use, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/28/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>A review of the DSR form used for [redacted] documentation of Intervention/Tasks, [redacted] - Turning and Repositioning, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/8/2023, 1/9/2023, 1/14/2023, 1/20/2023, 1/21/2023, 1/22/2023, 1/26/2023, 1/28/2023, 1/29/2023, 1/30/2023, and 1/31/2023; on the 3:00 p.m.-11:00 p.m. shift, on</p>	F 842			

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	<p>Continued From page 54</p> <p>1/1/2023, 1/3/2023, 1/5/2023, 1/8/2023, 1/9/2023, 1/10/2023, 1/19/2023, 1/22/2023, 1/26/2023, and 1/30/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/3/2023, 1/14/2023, and 1/28/2023.</p> <p>8. According to the AR, Resident #11 was originally admitted to the facility on <u>Ex Order 26. 4B1</u> and readmitted on <u>Ex Order 26. 4B1</u>, with diagnoses which included but were not limited to: <u>Ex Order 26. 4B1</u></p> <p>According to the MDS, dated 11/13/2022, Resident #11 had a BIMS score of <u>Ex Order 26. 4B1</u>, which indicated the Resident was <u>Ex Order 26. 4B1</u>. The MDS also showed Resident #13 needed extensive assistance with <u>Ex Order 26.4(b)(1)</u> in physical assist for <u>Ex Order 26. 4B1</u> and <u>Ex Order 26. 4B1</u> or <u>Ex Order 26. 4B1</u>.</p> <p>A review of the DSR form used for <u>Ex Order 26. 4B1</u> documentation of Intervention/Tasks, <u>Ex Order 26. 4B1</u> - Bathing, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022-12/15/2022; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/12/2022, 12/15/2022.</p> <p>A review of the DSR form used for <u>Ex Order 26. 4B1</u> documentation of Intervention/Tasks, <u>Ex Order 26. 4B1</u> - Bed Mobility, dated 12/1/2022 through 12/31/2022, revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022-12/15/2022; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/12/2022, 12/15/2022.</p> <p>A review of the DSR form used for <u>Ex Order 26. 4B1</u></p>	F 842		

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 02/28/2023
NAME OF PROVIDER OR SUPPLIER SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 55</p> <p>documentation of Intervention/Tasks, ^{Ex Order 26} - Dressing, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022-12/15/2020; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/12/2022, 12/15/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Transferring, dated 12/1/2022 through 12/31/2022, revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022-12/15/2020; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/12/2022, 12/15/2022.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bathing, dated 12/1/2022 through 12/31/2022 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 12/1/2022-12/15/2020; at 3:00 p.m.-11:00 p.m. on 12/1/2022-12/12/2022, 12/15/2022.</p> <p>9. According to the AR, Resident #12 was originally admitted to the facility on ^{Ex Order 26, 4B1} and readmitted on ^{Ex Order 26, 4B1} with diagnoses including ^{Ex Order 26, 4B1}.</p> <p>According to the MDS, dated 1/19/2023, Resident #12 had a BIMS score of ^{Ex Order 26, 4B1}, which indicated the Resident was ^{Ex Order 26, 4B1}. The MDS also showed Resident #10 needed ^{Ex Order 26, 4B1} assistance with ^{Ex Order 26, 4B1} assist for dressing and personal hygiene and ^{Ex Order 26, 4B1} assistance with ^{Ex Order 26, 4B1} assist for</p>	F 842			

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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		
(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 842	<p>Continued From page 56 toilet use.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Bathing, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/16/2023, 1/20/2023, 1/22/2023, 1/23/2023, 1/28/2023; at 3:00 p.m.-11:00 p.m. on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023-1/17/2023, 1/19/2023, 1/22/2023-1/24/2023, 1/26/2023; at 11:00 p.m.-7:00 a.m. on 1/15/2023, 1/26/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u>, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/16/2023, 1/20/2023, 1/22/2023, 1/23/2023, and 1/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023-1/17/2023, 1/19/2023, 1/22/2023-1/24/2023, and 1/26/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/15/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - <u>Ex Order 26. 4B1</u>, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/16/2023, 1/20/2023, 1/22/2023, 1/23/2023, and 1/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023,</p>	F 842			

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 02/28/2023
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 842	<p>Continued From page 57</p> <p>1/9/2023, 1/10/2023, 1/13/2023-1/17/2023, 1/19/2023, 1/22/2023-1/24/2023, and 1/26/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/15/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Dressing, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/16/2023, 1/20/2023, 1/22/2023, 1/23/2023, and 1/28/2023; and the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023-1/17/2023, 1/19/2023, 1/22/2023-1/24/2023, and 1/26/2023.</p> <p>A review of the DSR form used for ^{Ex Order 26} documentation of Intervention/Tasks, ^{Ex Order 26} - Personal Hygiene, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/16/2023, 1/20/2023, 1/22/2023, 1/23/2023, 1/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023-1/17/2023, 1/19/2023, 1/22/2023-1/24/2023, 1/26/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/15/2023, 1/26/2023.</p> <p>10. According to the AR, Resident #13 was admitted to the facility on ^{Ex Order 26. 4B1} and readmitted on ^{Ex Order 26. 4B1}, with diagnoses which included but were not limited to: ^{Ex Order 26. 4B1}</p>	F 842			

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

PRINTED: 12/05/2023
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 02/28/2023
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F 842	<p>Continued From page 58</p> <p><i>Ex Order 26. 4B1</i> [REDACTED].</p> <p>According to the MDS, dated 12/13/2022, Resident #13 had a BIMS score of ⁸15, which indicated the Resident was <i>Ex Order 26. 4B1</i> [REDACTED]. The MDS also showed Resident #13 needed <i>Ex.Order 26.4(b)(1)</i> of <i>Ex.Order 26.4(b)(1)</i> physical assist for <i>Ex Order 26. 4</i> [REDACTED].</p> <p>A review of the DSR form used for <i>Ex Order 26</i> [REDACTED] documentation of Intervention/Tasks, <i>Ex Order 26</i> [REDACTED] - Bathing, dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/17/2023, 1/19/2023, 1/20/2023, 1/22/2023, 1/23/2023, and 1/28/2023; on the 3:00 p.m.-11:00 p.m. on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023-1/11/2023, 1/13/2023-1/18/2023, 1/20/2023, 1/22/2023-1/24/2023, 1/26/2023.</p> <p>A review of the DSR form used for <i>Ex Order 26</i> [REDACTED] documentation of Intervention/Tasks, <i>Ex Order 26</i> [REDACTED] - <i>Ex Order 26. 4B1</i> [REDACTED], dated 1/1/2023 through 1/31/2023 revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/17/2023, 1/19/2023, 1/20/2023, 1/22/2023, 1/23/2023, and 1/28/2023; on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023-1/11/2023, 1/13/2023-1/18/2023, 1/20/2023, 1/22/2023-1/24/2023, and 1/26/2023; and the 11:00 p.m.-7:00 a.m. shift, on 1/11/2023, and 1/15/2023.</p>	F 842			

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F 842	<p>Continued From page 59</p> <p>A review of the DSR form used for [redacted] - Dressing, dated 1/1/2023 through 1/31/2023, revealed blank spaces which indicated the task was not documented as being completed as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1/1/2023-1/4/2023, 1/7/2023, 1/10/2023, 1/12/2023-1/17/2023, 1/19/2023, 1/20/2023, 1/22/2023, 1/23/2023, 1/28/2023; and on the 3:00 p.m.-11:00 p.m. shift, on 1/1/2023, 1/2/2023, 1/6/2023, 1/9/2023-1/11/2023, 1/13/2023-1/18/2023, 1/20/2023, 1/22/2023-1/24/2023, and 1/26/2023.</p> <p>During an interview on 2/27/2022 at 12:01 p.m., when the Surveyor asked the Unit Manager/Licensed Practice Nurse (UM/LPN) about the expectation to complete the [redacted] sheets, she stated, "the expectation is that the [redacted] sheets are to be completed fully at the end of every shift." The UM/LPN further stated, "... there should not be any blanks on [the] [redacted] sheets."</p> <p>During an interview on 2/27/2023 at 3:16 p.m., the CNA informed the Surveyor saying, "we [the CNAs] document in the kiosk for care provided to the residents. Certain tasks must be documented after it [task] is done and others [tasks] at the end of the shift." She further stated, "If the [redacted] sheet is blank, that means the task was not done on that shift." When asked by the Surveyor if there should be any blanks on the [redacted] sheet, the CNA responded, saying, "No, there should not be any blanks on the [redacted] sheet."</p> <p>During an interview on 2/28/2022 at 1:04 p.m., the Assistant Director of Nursing (ADON) stated, "the CNAs document on the kiosk for the care</p>	F 842			

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F 842	<p>Continued From page 60</p> <p>they [CNAs] provide at the end of every shift." She further stated, "the expectation is that the ^{Ex Order 26} sheet is completed at 100% by the CNA." When the Surveyor presented the ^{Ex Order 26} sheet with the blank spaces, the ADON said, "No, the ^{Ex Order 26} sheet is not in compliance; looking at the ^{Ex Order 26} sheet with the blank spaces, you will conclude that the task was not done." The ADON further stated that the "Unit Manager (UM) should check for compliance daily and ensure that the ^{Ex Order 26} sheets are filled out 100%."</p> <p>A review of the facility policy titled "Resident Care-Grooming," with a last date reviewed 10/2022, revealed the following: Under "Oral Hygiene:" "...4. Document care provided." Under "Bathing/Shower:" included: "Procedure:" "...23. Document care provided ..." Under "Hair Care:" included: "7.Document care provided." Under "Nail Care:" "Procedure:" included: " ...11. Document care provided ..."</p> <p>Review of the "Job Description CNA (Certified Nursing Assistant)" revealed the following: Under: "Purpose:" "The Certified Nursing Assistant, CNA, provides direct care, and assist residents with activities of daily living, under the supervision of a licensed nurse and consistent with facility policies and procedures..." Under "Duties:" revealed: "Follow written and oral direction to provide nursing and nursing related services to residents consistent with each Resident's comprehensive assessment and plan of care. Resident care provided according to the flow of care in manner that meets the Resident's physical, mental, psychological needs and enables the individual to attain or maintain the highest practical level of functioning. Complete assignments timely, completely and accurately</p>	F 842			

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F 842	Continued From page 61Document care and treatment provided to residents and the Resident's response or lack of response to the treatment provided...Assure residents are given adequate assistance with meals, nourishment and transportation to meal service areas...." N.J.A.C.: 8.39-27.1(a) N.J.A.C.: 8:39-35.2 (g)(1)	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ160013</p> <p>Based on interviews, review of the Medical Record (MR), and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility failed to complete the Universal Transfer Form (UTF) as part of the medical record for 1 of 13 residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Hospital Association "Provider Resources" Section 6: The NJ Universal Transfer Form (UTF) must be used by all licensed healthcare facilities and programs when a patient is transferred from one care setting to another.</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the "Admission Record (AR),"</p>	H5790	<p>Element 1</p> <p>The resident was sent to the hospital on Ex.Order 26.4(b)(1) and this issue could not be immediately corrected for R2. No negative outcomes reported related to not having a universal transfer sheet upon discharge from facility.</p> <p>Element 2</p> <p>All residents have the potential to be affected by the same deficient practice. The facility will audit all resident transferred to an acute care facility within 30 days to ensure that a Universal Transfer Form was completed.</p> <p>Element 3</p> <p>Nursing staff will be re-educated on the clinical operations policy of Universal</p>	4/3/23

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

Electronically Signed

TITLE

(X6) DATE

03/23/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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H5790	<p>Continued From page 1</p> <p>Resident #2 was originally admitted on ^{Ex Order 26. 4B1} and readmitted on ^{Ex Order 26. 4B1} and ^{Ex Order 26. 4B1} with diagnoses which included but were not limited to ^{Ex Order 26. 4B1}.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 11/28/2022, Resident #2 had ^{Ex Order 26. 4B1} BIMS score indicating the Resident had a ^{Ex Order 26. 4B1}. The MDS also showed the Resident was dependent on staff for most ^{Ex Order 26. 4B1} admitted with an ^{Ex Order 26. 4B1} and ^{Ex Order 26. 4B1} that required a ^{Ex Order 26. 4B1} for the bed.</p> <p>A review of Resident #2's medical record showed the Resident was sent to the ^{Ex Order 26. 4B1} on ^{Ex Order 26. 4B1}.</p> <p>A review of Resident #2's "New Jersey Universal Transfer Form that had no date and time documented. As per the instructions on the New Jersey Universal Form "(Items 1-29 must be completed,)" however it revealed the form contained blank spaces under the following areas: Under "2. DATE OF TRANSFER:", "TRANSFER TO," "TIME OF TRANSFER:" "6. CODE STATUS:", "8. REASONS FOR TRANSFER", "PAIN:" "15. SKIN CONDITION:", "16. DIET:" "17. IV ACCESS", "18. PERSONAL ITEMS SENT WITH PATIENT:", "19. ATTACHED DOCUMENTS: MUST ATTACH CURRENT MEDICATION INFORMATION", "21. MENTAL STATUS:", "22. PASRR [Preadmission Screening and Resident Review] LEVEL 1 COMPLETED", "23. FUNCTION: ...25. BOWEL:" "26. BLADDER:", "27. SENDING FACILITY CONTACT: Title, Unit, Phone, RECEIVING</p>	H5790	<p>Transfer Forms. Education initiated on 3/23/2023.</p> <p>Element 4</p> <p>Assistant Director of Nursing/designee will audit 5 transfers from the facility to an acute care hospital to ensure an UTF was completed weekly for 4 weeks then monthly for one month. Audits initiated on 3/19/2023.</p> <p>The finding of these audits will be reviewed with the Interdisciplinary Team monthly during the facility Quality Improvement meetings.</p>	
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New Jersey Department of Health

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H5790	<p>Continued From page 2</p> <p>FACILITY CONTACT (if known): Title, Unit, Phone", "28. FORM PREFILLED BY (if applicable): Title, Unit, Phone", "29. FORM COMPLETED BY: Title."</p> <p>During an interview on 2/27/2023 at 11:56 a.m., when the Surveyor asked the Licensed Practice Nurse (LPN) about the UTF, she stated, "a UTF should be completed for a resident to go out to the ER (Emergency Room) [and] [it is] completed by the Unit Manager or the nurse responsible for that side [of the hallway]. She further stated the form should be completely filled out, and the bottom should be signed and dated with the return phone number.</p> <p>During an interview on 2/27/2023 at 2:40 p.m., the Assistant Director of Nursing (ADON) stated, "[The] UTF is [a] communication from here [facility] to hospital. [The] nurse completes it, the bottom section should be completed with the name, title, and date, it [UTF] should be fully completed even if [the] Resident [is] sent to the ER, there should be one."</p> <p>Review of a facility policy titled "Universal Transfer Forms" last date reviewed: 05/2022 revealed Under "POLICY" included: "The facility should send a completed universal transfer form to whatever licensed entity a resident is being transferred to, to provide up to date clinical information." Under "Procedure," included: "The NJ Universal Transfer Form (UTF) must be used in the facility when a patient is transferred from one care setting to another, hospital specifically. To access the form, see attachment 1. The purpose of the UTF is to ensure that accurate communication of pertinent clinical patient care information is conveyed at the time of transfer between healthcare facilities or programs. The</p>	H5790		

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H5790	Continued From page 3 UTF conveys patient information that a physician or nurse need to appropriately begin caring for a patient when the patient arrives to a new facility. This includes codes status. All sections must thoroughly be completed with correct and the most acute information, like [the] latest vital signs (VS) reading. NJ UTF might be generated in Point Click Care system, and it is prefilled with some information. However, it is the nurses' and/or Nursing Supervisors' responsibility to ensure completion of the entire form (numbers 1-29) ...NJ UTF shall clearly state contact information to our facility and name of [the] nurse/supervisor to be contacted if more information is needed by hospital or receiving facility ...If [the] form is being prefilled by a person other than primary, charge or supervising nurse, name, and title of the person must be written under number 28 ..."	H5790		
S 000	Initial Comments COMPLAINT #: NJ160013, NJ160679, NJ161661, NJ161662, NJ161679, NJ161680, NJ161681, NJ161682, NJ161683 CENSUS: 118 SAMPLE SIZE: 13 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with	S 000		

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S 000	Continued From page 4 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
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: COMPLAINT #: NJ160013, NJ160679, NJ161661, NJ161662, NJ161679, NJ161680, NJ161681, NJ161682, NJ161683</p> <p>Based on facility document review on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 3 of 28 day shifts.</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 at 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</p>	S 560	<p>Element 1</p> <p>There was no negative outcome to residents on the shifts identified pertaining to the New Jersey staffing requirements during the day shift (7am-3pm) on 10/09/2022, 10/17/2022, and 12/04/2022.</p> <p>Element 2</p> <p>All residents have the potential to be affected by the deficient practice of not meeting the New Jersey staffing requirement ratios.</p> <p>Element 3</p> <p>The following measures are in place to prevent the deficient practice from reoccurring. Advertisements and Job postings for C.N.A.s have been posted on recruitment platforms. C.N.A. rates have been evaluated and compared to neighboring facilities. The facility will do an assessment and determine if these</p>	4/3/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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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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S 560	<p>Continued From page 5</p> <p>residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and One direct 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>The facility was deficient in CNA staffing for 3 of 28 day shifts as follows:</p> <p>DAY SHIFT</p> <p>10/09/2022 CNA Staff was 14 for 120 residents. Staffing should have been 15.</p> <p>10/17/2022 CNA Staff was 11 for 115 residents. Staffing should have been 14.</p> <p>12/04/2022 CNA Staff was 14 for 117 residents. Staffing should have been 15.</p>	S 560	<p>salaries are comparable to like facilities nearby. Bonuses are awarded to staff to encourage shift coverage. Staffing ratios are discussed during the morning operations meeting to evaluate compliance. A weekly staffing meeting will occur to ensure all recruitment platforms available are being utilized, that all candidates are being interviewed in a timely manner and weekly orientation classes occur. The facility has multiple agency contracts to ensure compliance with F 560.</p> <p>Element 4</p> <p>The Administrator/designee will review the staffing schedule weekly to monitor the staffing on the 7-3pm shift for 8 weeks. The finding of these audits will be reviewed with the Interdisciplinary Team monthly during the facility Quality Improvement meetings.</p>	
S1015	<p>8:39-11.1 Mandatory Resident Assessment and Care Plans</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ161682</p>	S1015	<p>Step 1</p>	4/3/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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S1015	<p>Continued From page 6</p> <p>Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 2/24/2023, 2/27/2023, and 2/28/2022, it was determined that the facility failed to have a Registered Nurse (RN) complete an assessment after a <u>Ex Order 26. 4B1</u> for 2 of 13 residents sampled for assessment (Resident #6 & #7). This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #6 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 1/26/2023, Resident #6 had a "Brief Interview of Mental Status (BIMS)" score of <u>Ex Order 26. 4B1</u> /15, indicating Resident #6 was <u>Ex Order 26. 4B1</u>. Further review of the MDS revealed the Resident needed <u>Ex Order 26.4(b)(1)</u> assistance with <u>Ex Order 26. 4</u> and has <u>Ex Order 26.4(b)(1)</u> directed toward others.</p> <p>2. According to the AR," Resident #7 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>According to the MDS, dated 11/30/2022, Resident #7 had a BIMS score of <u>Ex Order 26. 4B1</u> /15, indicating Resident #7 was <u>Ex Order 26. 4B1</u>.</p>	S1015	<p>Based on the statements gathered no adverse effect was noted concerning R6 and R7 from the <u>Ex Order 26. 4B1</u>.</p> <p>Step 2</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>Step 3</p> <p>License Professionals will be educated on the facilities Policy of Nursing Assessment & Reassessment to ensure compliance with state deficiency 1015.</p> <p>Step 4</p> <p>Director of Nursing/designee will audit all residents involved in a <u>Ex Order 26.4(b)(1)</u> to ensure the initial assessment is completed by a registered nurse weekly for four weeks then monthly for one month to ensure compliance. The findings of these audits will be discussed monthly at during the facility quality improvement program.</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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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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S1015	<p>Continued From page 7</p> <p>Further review of the MDS revealed the Resident needed minimal assistance with ^{Ex Order 26.4} [redacted], was ^{Ex Order 26.4B1} [redacted] and had ^{Ex Order 26.4B1} [redacted] directed toward others.</p> <p>A review of Resident #6 and #7's PNs revealed both residents had a ^{Ex Order 26.4B1} [redacted] ^{Ex Order 26.4B1} [redacted] on 12/17/2022 at 7:45 p.m. Further review revealed both residents were assessed by LPN #3 post incident revealing no ^{Ex Order 26.4(B)} [redacted].</p> <p>At the time of the survey, there was no documented evidence that the residents (Resident #6, and #7) were assessed by a Registered Nurse (RN) after a ^{Ex Order 26.4B1} [redacted] ^{Ex Order 26.4B1} [redacted].</p> <p>During an interview on 2/27/2023 at 4:20 p.m., the Assistant Director of Nursing (ADON) stated, ^{Ex Order 26.4B1} [redacted] [redacted].</p> <p>During an interview on 2/28/2023 at 1:04 p.m., the ADON stated, "the nurse (Registered Nurse/RN) should be assessing an incident." She further stated, "post ^{Ex Order 26.4B1} [redacted], a Licensed Practical Nurse (LPN) can chart and check on the resident but have the Supervisor, who is an RN, do the assessment." The ADON continued, "if there is a ^{Ex Order 26.4B1} [redacted] incident, the LPN can chart, and the Supervisor/RN has to do the assessment on the residents involved." When asked if there is always a Supervisor/ RN in the building, the ADON replied, "from what I know, there is always an RN in the building." She also agreed, saying, "Yes, there should have been an assessment done by the Supervisor/RN for the mentioned incidents."</p>	S1015		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2023
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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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S1015	Continued From page 8 A review of the facility policy titled "Nursing Assessment and Reassessment" with the last reviewed date of 5/2022 revealed the following: Under "Purpose:" "To determine the care required to meet a resident's initial needs, as well as continued needs, as the Resident responds to care delivered. Under "Policy:" Under "Initial Nursing Assessment," it included: "A Registered Nurse (RN) will carry out Admission Nursing Evaluation within one hour of Admission or Readmission and to document the same within the 24 hours of Admission/Readmission." Under "Nursing Reassessment" included: Nursing reassessment is an ongoing process. Each Resident is reassessed at regular intervals; the frequency of the reassessment shall be based upon the RN's judgement, physician order, and/or Resident status. Reassessment is to be performed as required by the Resident's needs and should be documented in the Nurse's Notes. Reassessment is to be performed to identify and determine/monitor Resident's response to care/treatment..."	S1015		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315280	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/3/2023	Y3
NAME OF FACILITY SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD 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 F0656	Correction	ID Prefix F0686	Correction	ID Prefix F0690	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	04/03/2023	LSC	04/03/2023	LSC	04/03/2023
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/03/2023	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 2/28/2023		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060407	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/3/2023	Y3
NAME OF FACILITY SILVER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034		

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 H5790	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/03/2023	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 <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 2/28/2023		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060407	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/3/2023
NAME OF FACILITY SILVER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1417 BRACE ROAD CHERRY HILL, NJ 08034	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix S1015	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-11.1	Completed	Reg. #	Completed
LSC	04/03/2023	LSC	04/03/2023	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 2/28/2023		<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		