

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

PRINTED: 03/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1417 BRACE ROAD</b> <b>CHERRY HILL, NJ 08034</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ#168821</p> <p>Census: 128</p> <p>Sample Size: 5</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/04/2023

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060407</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/14/2023</b>
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S 000	Initial Comments  Complaint #: NJ#168821  Census: 128  Sample Size: 5  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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Complaint # NJ#168821  Based on interview and review of pertinent facility documentation on 10/14/23, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 2 out of 14 day shifts reviewed.  Findings include:	S 560	Element 1  There was no negative outcome to residents on the shifts identified pertaining to the New Jersey staffing requirements during the day shift of 10/29/2023 and 10/30/2023.  Element 2	12/14/23

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S 560	<p>Continued From page 1</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 residents for the day shift.</p> <p>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 CNA and shall perform nurse aide duties: and</p> <p>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 surveyor requested staffing for the weeks of 10/22/23 to 10/28/23 and 10/29/23 to 11/04/23.</p> <p>As per the "Nurse Staffing Report," completed by the facility for the weeks of 10/29/23 to 11/04/23, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>- 10/29/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</li> <li>- 10/30/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs</li> </ul>	S 560	<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:</p> <p>Advertisements and Job postings for C.N.A.s have been posted on recruitment platforms. 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 is conducted 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 and a preferred agency contract that has provided the facility with blocked CNA and LPN/RN staffing.</p> <p>The facility has increased licensed and certified nursing assistant salaries considerably to compete with area facilities.</p> <p>A corporate recruiter has been assigned to the facility to provide guidance and recruitment expertise to ensure compliance with S560.</p> <p>Element 4</p> <p>The Administrator/designee will review the</p>	

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S 560	Continued From page 2	S 560	<p>staffing schedule weekly to monitor the staffing on the 7-3pm shift for 4 weeks.</p> <p>The Administrator/designee will attend the weekly staffing meeting to ensure all efforts are being made to recruit qualified staff for the facility.</p> <p>The results of these audits will be reported to the QAPI committee monthly. Results of audits will be reported to the QAPI committee to ensure compliance.</p> <p>The results will be used for additional training and system changes if necessary.</p>	