

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

PRINTED: 09/24/2020  
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>08/10/2020</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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  COMPLAINT # NJ 138143  CENSUS: 116  SAMPLE SIZE: 5	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 609		8/28/20	

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

TITLE

(X6) DATE

Electronically Signed

08/24/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	<p>Continued From page 1 COMPLAINT # NJ 138143</p> <p>Based on interviews, review of the Medical Record (MR), and other pertinent facility documentation on 8/6/2020 and 8/10/2020, it was determined that the facility failed to report an Elopement, to the New Jersey Department of Health (NJDOH), for 1 of 5 sampled residents (Resident #3). This deficient practice is evidenced by the following:</p> <p>1. According to the "Admission Record," Resident #3 was admitted to the facility on Exec Order 26 § 4b1 individual's health info [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated Exec Order 26 § 4b1 individual's health info [REDACTED]. The MDS documentation indicated that Resident #3 required staff assistance for Activities of Daily Living (ADLs).</p> <p>Review of Resident # 3's Care Plan (CP) initiated date 7/13/2020, revealed under Focus: Resident #3 is an elopement risk/wanderer, new admission to facility, Exec Order 26 § 4b1 individual's health info [REDACTED]. Under CP Interventions, initiated date 7/13/2020, included but were not limited to: Approach resident in a calm manner and attempt to redirect when wandering in an inappropriate area (other residents rooms, behind nursing</p>	F 609	<p>1. Resident's #3 elopement was reported and AAS-45 was submitted on 8/28/2020. Policy and procedures on elopement events were revised by including that the facility must report elopements to the Department of Health in all cases whenever facility staff is not aware of a resident's whereabouts outside of the building. All staff were in-serviced on policy and procedures on elopement immediately.</p> <p>2. All residents have the potential to be affected by the same deficient practice.</p> <p>3. All staff will be routinely in-serviced on elopement policy and procedures. Staff will follow facility elopement policy and procedures, including reporting to the Department of Health any case whenever facility staff is not aware of the resident's whereabouts outside of the building.</p> <p>4. Administrator/Director of Nursing will review facility policies and procedures annually and revise when directed in order to comply with State and Federal Regulations. Policies and procedures will be presented to the QAPI meetings for revision monthly.</p>	

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F 609	<p>Continued From page 2 station). Assess risks for elopement on admission and change in condition, and quarterly.</p> <p>Review of an Elopement Risk Assessment dated 7/13/2020, revealed that Resident #3 had an elopement score of 10 (10 or greater is at risk for elopement).</p> <p>Review of an Incident Report dated [REDACTED], revealed the following: At approximately 3:15 p.m., it was brought to my attention by a housekeeping employee that a patient was walking outside the [REDACTED] premises. I was immediately notified, a code was announced via overhead page, staff on all units were instructed to do room to room check to account for all the patients in the building. It was quickly identified by [REDACTED] staff that Resident #3 can not be located, it was found out that the window in Resident#3's room was open and the screen was on the ground. Police were notified and an active search was done. At 4:56 p.m., I was informed by the DON (Director of Nursing), that the police officers had located the patient and was taken to the hospital ER (Emergency Room) via ambulance...</p> <p>During an interview on 8/6/2020 at 4:05 p.m., the DON stated that she reports Elopements, Abuse, Outage of Service, Altercations, and the reporting is done by herself and the Administrator. The DON further stated the Administrator said she would take care of reporting this incident.</p> <p>During an interview with the Administrator on 8/6/2020 at 4:38 p.m., the Administrator stated she does not report Elopements of residents with</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>BIMS scores <sup>Exec Order 26 § 4b1 individual's h</sup> [REDACTED]. The Administrator further stated that this incident was not reported "because <sup>Exec Order 26 § 4b1 individual's health info</sup> [REDACTED]."</p> <p>During an interview on 8/10/2020 at 11:57 a.m., the Administrator stated that they follow the grid (Reportable Events document) from corporate from the NJDOH.</p> <p>Review of the Reportable Events document sent to all Long Term Care (LTC) facilities dated December 2019, directs all LTC facilities the following: "The department will continue to require facilities to report elopements. For purpose of reporting, an elopement is whenever facility staff is not aware of a resident's whereabouts outside the building."</p> <p>NJAC 8:39-9.4 (f)</p>	F 609			