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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37547 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to promote resident dignity and ensure a safe, clean, comfortable, homelike, environment when a resident was transferred into a private room without a functional bathroom or accessible handwashing sink. This deficient practice was identified on 1 of 4 Units (Pavilion) and for 1 of 1 resident (Resident #37) observed for accommodation of needs. This deficient practice was evidenced by the following: On 05/29/2024 at 10:07 AM, the surveyor entered Resident #37's room and noted that the room smelled of dampness and the resident's bathroom had a sign posted on the door that depicted a toilet and the door was bolted shut from the outside. The resident was not in the room at the time of the observation. The surveyor observed Maintenance outside of the room in the hallway. When interviewed, Maintenance stated that the resident's bathroom was closed off after the sheet rock buckled due to water damage both on the inside and outside of the bathroom wall which rendered the bathroom unsafe for resident use so he locked it shut. Maintenance was unable to state when the door was locked shut. Maintenance stated that sheet rock was ordered last week and he had not yet received the materials to begin the repairs. A review of Resident #37's Admission Record revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: acute respiratory failure with hypoxia (deficiency in the amount of oxygen), chronic obstructive pulmonary disease (COPD) with (acute) exacerbation (a condition involving constriction of the airways and difficulty or discomfort in breathing), chronic diastolic (congestive) heart failure (the heart's capacity to pump blood cannot keep up with the body's need), and aphasia (a language disorder that affects a person's ability to communicate). A review of Resident #37's Quarterly Minimum Data Set (MDS) an assessment tool, indicated that the resident had a brief interview for mental status (BIMS) score of 6 out of 15, which indicated that the resident had severe cognitive impairment. A further review of the MDS revealed that the resident was always incontinent of bowel and bladder. On 05/31/2024 at 10:26 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1 who stated Resident #37 required minimal assistance and used a walker to transfer to and from the wheelchair. When the surveyor asked CNA #1 about the condition of the resident's bathroom, she stated the resident was supposed to change rooms soon because of a clogged toilet. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/31/2024 at 10:34 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #3 who stated she did not know when Resident #37's bathroom door was bolted closed. LPN #3 stated that the resident had a 50/50 continence rate and used the bathroom in the hall when needed. LPN #3 stated the resident was allowed to transfer independently or with help. On 05/31/2024 at 12:22 PM, the surveyor interviewed the Maintenance Director (MD) who stated that Maintenance brought it to his attention last week about Resident #37's bathroom and the bathroom should have a pad lock on it since the wall needed to be cut. The MD stated that we locked the resident's bathroom door shut to keep the resident safe. He further stated that the resident could use the tub room bathroom instead. On 05/31/2024 at 2:25 PM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a receipt dated 05/23/2024 at 11:26 AM, from a home supply store for materials needed to repair Resident #37's wall. On 06/03/2024 at 9:13 AM, the surveyor viewed Resident #37's Electronic Health Record (EHR) under the census tab and noted that the resident was moved from a semi-private room to a private room on 05/08/2024. On 06/03/2024 at 9:56 AM, in a follow up interview with Maintenance, he stated someone who no longer worked at the facility moved Resident #37 into room [ROOM NUMBER], but the resident should have never been moved into that room because the wall was buckled both at the entrance and in the bathroom and required more work than he had anticipated. He stated the work was now in progress since the resident's room had now been changed after surveyor inquiry last Saturday. On 06/03/2024 at 10:45 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #4 who stated that the former Unit Manager moved Resident #37 from a semi-private room to a private room. LPN/UM #4 stated that the resident should have been moved from the semi-private room to a room with a bathroom for handwashing and cleanliness. LPN/UM #4 stated it was an infection control issue. LPN/UM #4 stated that both the resident and the staff needed the ability to wash. LPN/UM #4 stated she was stumped by the decision to move the resident into that room. On 06/03/2024 at 12:59 PM, the surveyor interviewed the LNHA who stated that it was an error on behalf of the former Unit Manager when Resident #37 was moved into a private room room that had damage. The LNHA stated that the room should have been locked down prior and that was what I believed happened. The LNHA stated, I was not aware. The LNHA stated he told them the resident had to have a working bath as the wall was crumbling. The LNHA further stated that was not how it should have been, as the resident needed a working bathroom for both privacy and dignity. On 06/03/2024 at 1:52 PM, the LNHA provided the surveyor with both Open and in Progress Work Orders which indicated that on 02/23/23, it was noted to be a high priority that the paneling on the wall was coming off and could result in injury to the resident in room [ROOM NUMBER]. On 05/30/2024, a second high priority request was made to Maintenance which indicated there was a hole in the wall behind the resident's door in room [ROOM NUMBER]. There was not documented evidence that the repairs were made when requested. A review of the facility policy, Environment of Care (Last Revised/Reviewed 04/01/24) revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy: To ensure that the facility's buildings, grounds, and equipment are always maintained in a safe and operable manner. The facility shall implement a policy to assure that the facility is periodically maintained to assure its effective and efficient operation. Procedure: The Maintenance Department will operate the facility in compliance with current federal, state and local laws, regulations and guidelines that may include, maintaining: The building is in good repair and free from hazards .The plumbing system is in good working order .The Maintenance Department will work with facility administration and corporate Facility Services staff to establish priorities for repair and replacement of critical building components of infrastructure. The Maintenance Department will provide and document routine and emergency maintenance service to all areas of the facility. The Maintenance Department will perform other tasks and/or functions that may become necessary or appropriate. A review of the facility policy, Resident Rights (Created 05/30/24) revealed the following: .The resident has a right to a safe, clean, comfortable and Homelike [sic.] environment, including but not limited to receiving treatment and supports for daily living safely. NJAC 8:39-27.1(a), 31.4(a),4.1(a)(12)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43936 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to keep all areas clean and safe. The deficient practice was identified on 4 of 4 Units (Court 1, Court 2, Pavilion, and Vent). The deficient practice was evidenced by the following: On 05/29/2024 at 10:37 AM during the initial tour of the facility on Court 1, the surveyor visited Resident # 5 in their room. At that time, the surveyor observed a trash receptacle. There was not a bag liner in the receptacle. On the other side of the room, a clear trash bag was left on the floor. There was various items of trash within the bag. On the same date at 10:48 AM during the initial tour of the facility on Court 1, surveyor # 1 visited Resident # 24 in their room. At that time, the surveyor observed food debris such as crumbs on the floor. The surveyor also observed the bathroom. The surveyor observed that the trash receptacle did not have a bag liner. At that time, Resident # 24 informed the surveyor that the staff does not sweep at all. The trash receptacle was filled with trash at the time of observation. On 06/03/2024 at 9:41 AM, surveyor # 1 visited Resident # 24 in their room. At that time, surveyor # 1 observed a trash receptacle. There was not a bag liner in the receptacle. The trash within the receptacle included but was not limited to a soiled wound care pad, commonly referred to as an, ABD Pad. The surveyor also observed the bathroom. The surveyor observed that the trash receptacle did not have a bag liner. The trash within the receptacle included but was not limited to a soiled pull-up style incontinence brief. On 06/03/2024 at 11:34 AM during an interview with surveyor # 1, the Housekeeping Director (HKD) said that rooms are cleaned daily. Secondly, the HKD included sweeping in her dictation of her expectations from staff when they clean a room. The surveyor asked if trash receptacles should have bag liners. The HKD replied, They should. The surveyor asked if soiled bandages or incontinence briefs be placed in resident room trash receptacles. The HKD replied, No, they should not. On 06/05/2024 at 9:54 AM, during an interview with surveyor # 1, the Licensed Nursing Home Administrator (LNHA) confirmed that trash receptacles should have bag liners. Also at that time, the Regional Executive Director (ED) confirmed that trash receptacles should have bag liners. Further the ED clarified that if wound care bandages are in the resident trash receptacles, Housekeeping staff would have to empty and disinfect the can. 37547 On 05/29/24 at 10:25 AM during the initial tour of the facility, surveyor # 2 entered room [ROOM NUMBER] and noted a stained ceiling tile over B bed. The bottom drawer of the resident's night stand was missing. There was a hole in the wall between the two resident's wardrobes. Surveyor # 2 noted that there were no personal effects in the resident's living space. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/31/24 at 10:10 AM, surveyor # 2 observed Resident #108 seated in a chair in the dining room. When interviewed, the resident stated he/she moved into room [ROOM NUMBER] a couple of weeks ago. The resident stated he/she was not happy about the missing bottom drawer in the nightstand, but had not told anyone about it. On 05/31/24 at 12:00 PM, surveyor # 2 interviewed CNA #1 who stated Resident #108 recently moved into room [ROOM NUMBER]. CNA #1 stated she had not noticed the stained ceiling tile over resident's bed, the missing bottom drawer, or broken window blinds. CNA #1 stated the resident may have done that because they were not like that. CNA #1 stated we decorated the resident's room if their family brings things in from home. CNA #1 stated she either called housekeeping or Maintenance to report needed repairs. On 05/31/24 at 12:11 PM, surveyor # 2 reviewed the Maintenance Log Book which revealed a written request was placed on 09/12/23, which indicated that the blinds in room [ROOM NUMBER] were broken and needed to be replaced. On 05/31/24 at 12:22 PM, surveyor # 2 interviewed the Maintenance Director (MD) who stated he worked at the facility for six months. The MD stated he rounded daily. The MD stated staff notified Maintenance when repairs were needed through an electronic submission. The MD stated that maintenance kept supplies on their carts and completed the work as it was received. On 06/03/24 at 10:17 AM, surveyor # 2 interviewed Maintenance in room [ROOM NUMBER]. He stated he was not aware of the stained ceiling tile that was over Resident #108's bed. He stated the stain was related to a roof leak. He stated the roof was repaired, but continued to leak. Maintenance stated he was notified of the broken blind via electronic submission, but had not gotten around to it. He stated he was also aware of the large stained ceiling tile in entryway of room. He stated the pipe was clamped, but not replaced, and continued to leak. He stated administration came in on Saturday and did walking rounds and replaced the resident's damaged night stand. He stated he recently noted a hole in the sheet rock (wall covering) that was covered by clothing and was previously missed during rounds. He stated the large ceiling tile, blind, and night stand should have been addressed prior, but it was just him here to do all of the work. On 06/03/24 at 10:59 AM, surveyor # 2 interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #4 who stated she never saw the stained ceiling tile over Resident #108's bed. She stated it could potentially cause an allergy, as it looked rusty and could turn into mold if it sat too long. She stated the large ceiling tile had leaked in the past and has been reported to Maintenance. She stated, It was not like that when I left. LPN/UM #4 stated the window blinds were reported, and replaced, but she was unsure of which rooms were addressed. On 06/03/24 at 12:59 PM, surveyor # 2 interviewed the Licensed Nursing Home Administrator (LNHA) who stated if room [ROOM NUMBER] 's leak was bad it could leak onto the resident. He stated he was aware the blinds needed replacement, but he did not know there were broken pieces. On 06/03/24 at 1:52 PM, the LNHA provided the surveyor with Work Orders that were open and in progress. Review of the Work Orders revealed an entry dated 05/07/24, which indicated broken furniture, hole in wall, and stained tile, that was entered with high priority. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/04/24 at 10:31 AM, surveyor # 2 interviewed the Infection Preventionist (IP) who stated if water were to pool in the ceiling tile, then it may present a risk for bacterial growth, but she was not sure and would have to see it. She stated it was more of a safety concern if the ceiling tile pieces were to fall from the ceiling. 49712 On 05/29/2024 at 10:51 AM during initial tour on the pavilion unit, surveyor #3 observed a missing drawer to the dresser in room [ROOM NUMBER]. On 05/30/2024 at 11:54 AM while touring the pavilion unit surveyor #3 observed, the top drawer from a dresser in room [ROOM NUMBER] was missing. On 05/30/2024 at 12:06 PM in the tub room on the Pavilion Unit surveyor #3 observed, 2 out of 4 ceiling lights were not working, a shower stall missing a shower curtain, brown stains on a ceiling tile in the shower stall and a hole above a call light box. Also, in the bathroom, connected to the tub room the surveyor observed a hole in the wall behind the toilet. On 05/30/2024 at 12:30 PM in the front sunroom on the pavilion unit, surveyor #3 observed, a deteriorated windowsill with exposed rusted metal and rotted wood. On 05/31/24 at 10:54 AM, in the rear sunroom on the pavilion unit, surveyor #3 observed, a deteriorated windowsill with exposed rusted metal, rotted wood, protruding screws and jagged edges. The surveyor also observed the door frame, split with jagged edges at the bottom and a broken corner piece. On 05/31/2024 at 11:10 am during an interview with t surveyor #3, a certified nurse's aide (CNA)#1 said. When asked if it should be exposed, they replied, No, residents can get hurt. CNA#1 said it should be reported to maintenance. On 05/31/2024 at 12:22 PM during an interview with surveyor #3, the Maintenance Director stated, We do rounds every day. If we see something that needs to be fixed, we load up the cart and fix it that day. When asked if they had known about the windowsills, the Maintenance Director stated, I was notified last week, it needs to be sheet rocked When asked if it was safe for the resident's they replied, no. On 06/04/2024 during an interview with surveyor #3 the Executive Director stated, No, the drawers should not be missing, windowsills should not be exposed. Residents in that unit destroy things. We are working with Maintenance to be rounding more often and fix what they see having to do with the environment as well. 40041 On 05/30/24 at 8:50 AM during a tour of the Pavilion Unit room [ROOM NUMBER]A/B, Surveyor #4 observed the following: A broken wall panel at the bottom left of the entrance to the bathroom. A large hole in the panel located against the back wall, which was also noted to be detached from the wall. A large hole in the panel located near the radiator. An opening in the wall near the boarder. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/04/2024 at 12:15 PM during an interview with Surveyor #4, the Maintenance Director (MD) stated, No when asked if he was aware of the damaged panel and damaged wall near the border. The MD also stated No when asked should there be holes in the panel and the wall near the border and radiator. On 06/04/2024 at 12:35 PM during an interview with Surveyor #4, the LNHA stated Yes when asked should the brown panel, wall and boarder be intact. 40039 On 05/31/2024 at 10:10 AM Surveyor # 5 made the following observations on the Court 2 dining/activity room, The window to the left of the stairwell door has\d the wallpaper peeled away. The window to the left of the entry door is not closed completely. All windows are observed to be dirty with a whitish unidentified substance. The lower window adjacent to the activities supply cabinet has an unidentified black/green mold-like substance on the exterior of the lower window, which covers approximately the top 3-4 inches of the window. On 05/31/2024 at 12:18 PM Surveyor # 5 made the following observations on the Court 2 dining/activity room: The window to the left of the entry door and next to table #9 had unidentified debris in the window sill, including a dead bee. The wallpaper on the left side of the window is peeling away from the wall. The screen on the right side window has an approximate 4 inch x 2 inch hole. A review of a facility provided document titled, Housekeeping Daily Routine revealed that at 8:00 AM housekeeping is expected to, Walk through rooms (policing) Replenish all dispensers inside of rooms, sweep, and remove trash . A review of a facility provided document titled, 7-Step Cleaning Process revealed under number one to, PULL TRASH, Remove liners and clean inside and outside of the waste receptacle, Reline waste receptacle 3-5 bags per can. The document revealed under number five to, DUST MOP FLOOR, Dust behind all furniture and doors. Review of the facility policy, Maintenance Services (Policy NO:RF-EC-S-0704) (Last Revised/Reviewed 04/01/24) revealed the following: The Maintenance Department will operate the facility in compliance with federal, state and local laws, regulations and guidelines that include, maintaining: The building in good repair and free from hazards. The Maintenance Department will work with the facility administration and corporate Facility Services staff to establish priorities for repair and replacement of critical building components and and infrastructure. A review of a facility policy titled, Maintenance Services revealed, To ensure that the facility's buildings, grounds and equipment are always maintained in a safe and operable manner. A review of the facility provided document titled, Environment of care. revised on 04/01/2024 under Procedure that 1. The Maintenance Department will operate the facility in compliance with current federal, state, and local laws, regulations and guidelines that may include, maintaining: The building in good repair and free from hazards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	S 8:39-31.4 (a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34423 Repeat deficiency from the recertification survey of 12/12/2023. Based on observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to develop a comprehensive resident centered care plan for 2 of 35 sampled residents (Resident #28 and Resident #116). This deficient practice was evidenced by the following: 1. During the initial tour on 05/29/2024 at 11:07 AM, Resident #28 was observed lying in bed with the head of the bed elevated. Resident #28 had a tracheostomy (trach) (an incision in the windpipe made to relieve an obstruction to breathing) to the ventilator (a machine or device used medically to support or replace the breathing of a person who is ill, injured, or anesthetized). A review of the Admission Record revealed Resident #28 was admitted to the facility with diagnoses including but not limited to: Acute Respiratory Failure with Hypoxia (low levels of oxygen in your body tissues), and Dependence on Respirator (Ventilator). A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate care, dated 05/08/2024, indicated Resident #28 had a Brief Interview for Mental Status (BIMS) score of 15/15 indicating Resident #28 was cognitively intact. Section O indicated Resident #28 was on continuous oxygen while a resident, received suctioning, trach care and, yes was marked for invasive mechanical ventilator. A review of the Order Recap Summary dated 05/01/2024-05/30/2024 revealed the following physician orders: with a start date of 04/28/2024 Ventilator settings: PCV Pressure Control Ventilation) 20/450/+5/40% PC (Pressure Control) 35 Weaning: [X]yes []no every shift. Perform assessment of tracheostomy site including skin around stoma and trach ties every shift. Perform tracheostomy care with inner cannula change every shift. Perform tracheal suction every shift AND as needed. Spot check SPO2 (oxygen) every shift AND as needed. Change ventilator circuits with bacterial filter every day shift every 4 weeks on Wednesday. Change nebulizer setup on ventilator patients every night shift every Tuesday. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the care plan revealed a FOCUS area: Has/At risk for respiratory impairment related to [nothing documented] with Date Initiated: 04/28/2024. Under the GOAL section: indicated Will maintain a patent airway with Date Initiated: 05/16/2024. Interventions included but were not limited to: Administer medications/treatments per physician orders with Date Initiated: 04/28/2024, Nursing staff Obtain labs/diagnostic tests as ordered then notify physician of results with Date Initiated: 04/28/2024, Nursing staff oxygen with Date Initiated: 04/28/2024, and Tracheostomy care per protocol with Date Initiated: 04/28/2024. The care plan did not include documentation or address that Resident #28 had a tracheostomy, ventilator, required suctioning, or used oxygen. During an interview with the surveyor on 06/03/2024 at 9:19 AM, Unit Manger/Licensed Practical Nurse (UM/LPN #2) was asked who is responsible for doing care plans. UM/LPN #2 responded, On admission the nurses should do the care plan based on diagnosis and needs of the residents like ADL's (activities of daily living). The surveyor asked what should be on the care plan. UM/LPN #2 responded any diagnosis, vent, trach, any psychotropic med's, diuretics', antibiotics, Intravenous lines, and ADL's. It should be done on admission, but we have 24 hours. I come in the next day and review it. I make sure they are all updated. Both the nurses and I update the care plans. On 06/03/2024 at 9:24 AM, the surveyor requested that the UM/LPN #2 UM bring Resident #28's care plan up on the computer screen. UM/LPN #2 confirmed date initiated for the vent care plan was 5/31/2024. The surveyor asked if the vent care plan was done upon admission. UM/LPN #2 said No, the vent care plan was not done at time of admission. I did this on Friday. The surveyor then asked UM/LPN #2 if the care plan should have been completed within 24 hours of admission. UM/LPN #2 said, Yes, it should have been on the care plan upon admission. 2. According to the Admission Record, Resident #116 was admitted to the facility with diagnoses including but not limited to: Acute and Chronic Respiratory Failure, dependence on Respirator (Ventilator). According to the most recent MDS dated [DATE], Resident #116 had BIMS 15/15. A review of the Order Recap Report dated 04/01/2024-04/30/2024 revealed the following physician orders: With start date of 02/27/2024 PCV 20 400 60% +5peep PC35. Trach (tracheostomy) care Qshift every shift for prevention related to tracheostomy and as needed. Titrate Fio2 to maintain SPO2>92% or greater PRN as needed related to Acute and Chronic Respiratory Failure with hypoxia. #6 Shiley XLT Proximal change Q60days and prn. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the care plan for Resident #116 revealed under FOCUS area with an initiated date of 02/23/2024: [Resident name] has altered respiratory status/difficulty breathing r/t (related to) chronic respiratory failure, sarcoidosis (inflammatory disease results in growth of tiny granulomas in different parts of the body, including the lungs, eyes, skin and heart), pulmonary fibrosis (a disease where there is scarring of the lungs-called fibrosis-which makes it difficult to breathe), and pneumonia. Under GOAL: The resident will have no complications related to SOB (shortness of breath) through the review date. Interventions included: Maintain a clear airway by encouraging resident to clear own secretions with effective coughing. If secretions cannot be cleared, suction as ordered/required to clear secretions date initiated 02/23/2024. Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger with initiated date of 02/23/2024. The care plan did not include documentation that Resident #116 had a tracheostomy, ventilator, required suctioning, and used oxygen. During an interview with the surveyor on 06/03/2024 at 9:19 AM, UM/LPN #2 was asked who is responsible for doing care plans. UM/LPN #2 responded on admission the nurses should do the care plan based on diagnosis and needs of the residents like ADL's (activities of daily living. The surveyor asked what should be on the care plan. UM/LPN #2 responded any diagnosis, vent, trach, any psychotropic meds, diuretics', antibiotics, Intravenous lines, and ADL's. It should be done on admission, but we have 24 hours. I come in the next day and review it. I make sure they are all updated. Both the nurses and I update the care plans. The surveyor asked UM/LPN #2 to bring up Resident #116's care plan on the computer. On 06/03/2024 at 9:26 AM, UM/LPN #2 said Resident #116 was up here before I started. UM/LPN #2 confirmed there was no vent care plan just respiratory impairment. UM/LPN #2 said They need to specify he/she was on a vent. During an interview with the surveyor on 06/04/2024 at 10:28 AM, the Assistant Director of Nursing (ADON) was asked who is responsible to complete a care plan for an admission. The ADON responded we have the baseline care plan completed on the day of admission. This could be initiated by the nurse who is admitting the resident. Overall unit managers are in charge of and responsible for care plans. When asked what the process is for readmissions, the ADON said it depends on if there is a new problem, if so, we have to update. If a resident had a comprehensive care plan in place and the resident goes out to the hospital, we can update that care plan. The surveyor asked what should be on the care plan. The ADON said Active diagnoses, problems, ADL's, pain, fall, skin, oxygen. When asked if a vent should be on the care plan the ADON said, Yes, ventilator should be on the care plan. If ventilator is the primary diagnosis, yes, it should be on the baseline care plan. The ADON was unsure of when the comprehensive care plan was to be completed. During a follow up interview on 06/04/2024 at 10:49 AM, the ADON said we have 14 days to complete the MDS and 7 days after MDS completed to complete the comprehensive care plan. A review of a facility policy with subject Care Plan with reviewed date of April 2024, revealed under the Policy section: It is the policy of [facility name] that all residents admitted to the facility will have adequate person-centered care plans that provide for all their needs in a timely manner. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1417 Brace Road, Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Under the Procedure section 2. They will include initial goals, MD (physician) orders, medications, treatments, dietary orders, therapy orders, social services and PASARR recommendations. NJAC 8:39-11.2(f) Repeat deficiency from the recertification survey of 12/12/2023. Based on observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to develop a comprehensive resident centered care plan for 2 of 35 sampled residents (Resident #28 and Resident #116). This deficient practice was evidenced by the following: 1. During the initial tour on 05/29/2024 at 11:07 AM, Resident #28 was observed lying in bed with the head of the bed elevated. Resident #28 had a tracheostomy (trach) (an incision in the windpipe made to relieve an obstruction to breathing) to the ventilator (a machine or device used medically to support or replace the breathing of a person who is ill, injured, or anesthetized). A review of the Admission Record revealed Resident #28 was admitted to the facility with diagnoses including but not limited to: Acute Respiratory Failure with Hypoxia (low levels of oxygen in your body tissues), and Dependence on Respirator (Ventilator). A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate care, dated 05/08/2024, indicated Resident #28 had a Brief Interview for Mental Status (BIMS) score of 15/15 indicating Resident #28 was cognitively intact. Section O indicated Resident #28 was on continuous oxygen while a resident, received suctioning, trach care and, yes was marked for invasive mechanical ventilator. A review of the Order Recap Summary dated 05/01/2024-05/30/2024 revealed the following physician orders: with a start date of 04/28/2024 Ventilator settings: PCV Pressure Control Ventilation) 20/450/+5/40% PC (Pressure Control) 35 Weaning: [X]yes []no every shift. Perform assessment of tracheostomy site including skin around stoma and trach ties every shift. Perform tracheostomy care with inner cannula change every shift. Perform tracheal suction every shift AND as needed. Spot check SPO2 (oxygen) every shift AND as needed. Change ventilator circuits with bacterial filter every day shift every 4 weeks on Wednesday. Change nebulizer setup on ventilator patients every night shift every Tuesday. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the care plan revealed a FOCUS area: Has/At risk for respiratory impairment related to [nothing documented] with Date Initiated: 04/28/2024. Under the GOAL section: indicated Will maintain a patent airway with Date Initiated: 05/16/2024. Interventions included but were not limited to: Administer medications/treatments per physician orders with Date Initiated: 04/28/2024, Nursing staff Obtain labs/diagnostic tests as ordered then notify physician of results with Date Initiated: 04/28/2024, Nursing staff oxygen with Date Initiated: 04/28/2024, and Tracheostomy care per protocol with Date Initiated: 04/28/2024. The care plan did not include documentation or address that Resident #28 had a tracheostomy, ventilator, required suctioning, or used oxygen. During an interview with the surveyor on 06/03/2024 at 9:19 AM, Unit Manger/Licensed Practical Nurse (UM/LPN #2) was asked who is responsible for doing care plans. UM/LPN #2 responded, On admission the nurses should do the care plan based on diagnosis and needs of the residents like ADL's (activities of daily living). The surveyor asked what should be on the care plan. UM/LPN #2 responded any diagnosis, vent, trach, any psychotropic med's, diuretics', antibiotics, Intravenous lines, and ADL's. It should be done on admission, but we have 24 hours. I come in the next day and review it. I make sure they are all updated. Both the nurses and I update the care plans. On 06/03/2024 at 9:24 AM, the surveyor requested that the UM/LPN #2 UM bring Resident #28's care plan up on the computer screen. UM/LPN #2 confirmed date initiated for the vent care plan was 5/31/2024. The surveyor asked if the vent care plan was done upon admission. UM/LPN #2 said No, the vent care plan was not done at time of admission. I did this on Friday. The surveyor then asked UM/LPN #2 if the care plan should have been completed within 24 hours of admission. UM/LPN #2 said, Yes, it should have been on the care plan upon admission. 2. According to the Admission Record, Resident #116 was admitted to the facility with diagnoses including but not limited to: Acute and Chronic Respiratory Failure, dependence on Respirator (Ventilator). According to the most recent MDS dated [DATE], Resident #116 had BIMS 15/15. A review of the Order Recap Report dated 04/01/2024-04/30/2024 revealed the following physician orders: With start date of 02/27/2024 PCV 20 400 60% +5peep PC35. Trach (tracheostomy) care Qshift every shift for prevention related to tracheostomy and as needed. Titrate Fio2 to maintain SPO2>92% or greater PRN as needed related to Acute and Chronic Respiratory Failure with hypoxia. #6 Shiley XLT Proximal change Q60days and prn. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the care plan for Resident #116 revealed under FOCUS area with an initiated date of 02/23/2024: [Resident name] has altered respiratory status/difficulty breathing r/t (related to) chronic respiratory failure, sarcoidosis (inflammatory disease results in growth of tiny granulomas in different parts of the body, including the lungs, eyes, skin and heart), pulmonary fibrosis (a disease where there is scarring of the lungs-called fibrosis-which makes it difficult to breathe), and pneumonia. Under GOAL: The resident will have no complications related to SOB (shortness of breath) through the review date. Interventions included: Maintain a clear airway by encouraging resident to clear own secretions with effective coughing. If secretions cannot be cleared, suction as ordered/required to clear secretions date initiated 02/23/2024. Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger with initiated date of 02/23/2024. The care plan did not include documentation that Resident #116 had a tracheostomy, ventilator, required suctioning, and used oxygen. During an interview with the surveyor on 06/03/2024 at 9:19 AM, UM/LPN #2 was asked who is responsible for doing care plans. UM/LPN #2 responded on admission the nurses should do the care plan based on diagnosis and needs of the residents like ADL's (activities of daily living. The surveyor asked what should be on the care plan. UM/LPN #2 responded any diagnosis, vent, trach, any psychotropic meds, diuretics', antibiotics, Intravenous lines, and ADL's. It should be done on admission, but we have 24 hours. I come in the next day and review it. I make sure they are all updated. Both the nurses and I update the care plans. The surveyor asked UM/LPN #2 to bring up Resident #116's care plan on the computer. On 06/03/2024 at 9:26 AM, UM/LPN #2 said Resident #116 was up here before I started. UM/LPN #2 confirmed there was no vent care plan just respiratory impairment. UM/LPN #2 said They need to specify he/she was on a vent. During an interview with the surveyor on 06/04/2024 at 10:28 AM, the Assistant Director of Nursing (ADON) was asked who is responsible to complete a care plan for an admission. The ADON responded we have the baseline care plan completed on the day of admission. This could be initiated by the nurse who is admitting the resident. Overall unit managers are in charge of and responsible for care plans. When asked what the process is for readmissions, the ADON said it depends on if there is a new problem, if so, we have to update. If a resident had a comprehensive care plan in place and the resident goes out to the hospital, we can update that care plan. The surveyor asked what should be on the care plan. The ADON said Active diagnoses, problems, ADL's, pain, fall, skin, oxygen. When asked if a vent should be on the care plan the ADON said, Yes, ventilator should be on the care plan. If ventilator is the primary diagnosis, yes, it should be on the baseline care plan. The ADON was unsure of when the comprehensive care plan was to be completed. During a follow up interview on 06/04/2024 at 10:49 AM, the ADON said we have 14 days to complete the MDS and 7 days after MDS completed to complete the comprehensive care plan. A review of a facility policy with subject Care Plan with reviewed date of April 2024, revealed under the Policy section: It is the policy of [facility name] that all residents admitted to the facility will have adequate person-centered care plans that provide for all their needs in a timely manner. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1417 Brace Road, Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Under the Procedure section 2. They will include initial goals, MD (physician) orders, medications, treatments, dietary orders, therapy orders, social services and PASARR recommendations. NJAC 8:39-11.2(f)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37547 Based on observation, interviews, review of medical records and other facility documentation, it was determined that the facility failed to follow physician's orders following hospitalization to ensure that a resident who was readmitted to the facility with a closed fracture of the fourth metacarpal bone (the bones that form the intermediate part of the hand between the fingers and wrist bones) was scheduled for a follow-up appointment with an Orthopedic Surgeon (treats muscoskeletal injuries) and resident usage of a prescribed splint. This deficient practice was identified for 1 of 1 resident (Resident #108) reviewed for a change in condition. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 05/31/24 at 10:10 AM, the surveyor observed Resident #108 seated in a chair in the dining room. The resident appeared to be confused to place and time when spoken to. The resident did not have a splint on the left upper extremity at that time or upon subsequent observations throughout the survey. Review of Resident #108's Admission Record (an admission summary) revealed that the resident was readmitted to the facility with diagnosis which included but were not limited to: unspecified fracture of the fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing and unspecified dementia, unspecified severity, with psychotic disturbance. Review of Resident #108's Significant Change Minimum Data Set (MDS), an assessment tool dated 04/28/24, revealed the resident had a brief interview for mental status (BIMS) score of 3 out of 15 which indicated the resident was severely cognitively impaired. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #108's Care Plan revealed an entry that was revised on 03/05/24, with a Focus that specified resident presented with a balance deficit limiting his/her ability to complete ADL's (activities of daily living) and functional mobility as independently as possible. The goal included resident will maximize I (independence) with all bed mobility, functional mobility, and transfers through next review date. Interventions/Tasks included: Assist x 1 with ADL's, NWB (non-weightbearing) LUE (left upper extremity), follow up with ortho for further instructions (revision dated 05/06/24). Further review of Resident #108's Care Plan revealed an entry dated 04/22/24, with a Focus which indicated the resident had a fracture of the left fourth metacarpal bone. The Goal included resident will not have increase in pain/discomfort R/T (related to) FX (fracture). Interventions included: .Will remain NWB to L arm and L hand until ortho Follow up. Review of Resident #108's Order Summary Report (OSR) dated 04/23/24 specified: F/U (follow-up) with Orthopedic Surgeon, NWB to L hand and L arm, and Ulnar Gutter Splint to be worn at all times to L hand and L arm until follow up with ortho. Assess skin integrity, pulse and circulation every shift for L fourth Metacarpal FX. Review of Resident #108's Progress Notes (PN) revealed an entry dated 4/17/24 at 12:01 PM, which indicated Primary nurse notified this nurse of resident's L hand c/o (complaint of). Upon assessment, L hand presents with +2 edema (swelling) to L thumb, L 1st digit, and L second digit, with swelling to knuckles. Slight redness noted, cool to touch. Resident c/o pain 8/10. Describes pain, hurts when I squeeze or use anything. Verbal obtained for STAT complete X-ray to L hand, noted and carried out. On 04/17/24 at 3:40 PM, Xray for left hand/wrist results came back. There was no evidence of an acute fracture or dislocation .A physician's note dated 04/19/24 at 9:47 AM, indicated resident's Xray negative for Fx, resident reported hitting a wall. Appears to be bruised with some swelling, no erythema (redness or warmth). Decreased ROM (range of motion). Resident did not report to staff he/she punched the wall, poor historian, was not witnessed. Will check u/s (ultrasound) to rule out DVT (deep vein thrombosis, blood clot). Further review of the PN revealed that on 04/20/24 at 10:13 PM, resident was transferred to ER for altered mental status and back pain. On 04/22/24 at 9:35 PM, resdient returned from hospital at approximately 8:15 PM. Resident express [sic.] no pain nor distress throughout reminder [sic.] of shift and return with fracture case to the left arm .Will continue to monitor for further changes in condition. Review of Resident #108's hospital Discharge Instructions dated 04/21/24, revealed in the Brief Summary of Hospital Course and Important Follow Up Information included .You had no repeat episodes of altered mental status or dizziness during hospitalization . You were also noted to have a fracture of your hand for which orthopedic doctors were consulted. They recommended you to follow up with them in 1 (one) week and you had a splint placed on the hand . Further review of the Discharge Instructions revealed the following: Weight bearing: Non weight bearing left arm .Keep your bandage/splint clean, dry and intact, .Follow-up as instructed. Review of Resident #108's facility Incident titled, Fracture, dated 04/22/24 at 8:45 PM, revealed Resident returned to the facility as a readmission with a Dx (diagnosis): Closed fracture of the 4th (fourth) metacarpal bone (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediate Action Taken: Orders verified and carried out per hospital instruction as follows: 1. Non-weight bearing (NWB) to Left hand and L arm 2. Returned with Ulnar Gutter Splint (type of splint) to L hand and L arm, to be worn at all times 3. Follow up with orthopedics, provider listed on D/C instructions. On 06/03/24 at 11:27 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #4 who reviewed Resident #108's Electronic Health Record (EHR) in the presence of the surveyor and stated the resident's splint was in place. The surveyor questioned splint usage, as it was not observed on the resident. LPN/UM #4 asked a Certified Nursing Assistant (CNA) who was present at that time, who stated that resident had a splint on when they returned from the hospital. LPN/UM #4 further stated that there was no order or indication that the resident went out to see Ortho (orthopedics) for their follow-up appointment. On 06/03/24 11:41 AM, the surveyor interviewed CNA #3 who stated she had not seen Resident #108 with their splint on at all. On 06/03/24 at 11:43 AM, in a later interview with LPN/UM #4, she stated in May 2024, nursing charted that Resident #108 had not worn their splint five times. LPN/UM #4 stated on 05/04/24, nursing documented that resident removed their splint. LPN/UM #4 stated the order was never discontinued. LPN/UM #4 stated the resident should have had an Ortho consult and she was not sure why it was not done, but the rationale should have been documented by the former unit manager. LPN/UM #4 stated, The resident had Medicaid (type of insurance) and somebody would have taken him/her. LPN/UM #4 stated, I am sick. The surveyor reviewed the Medication Administration Record (MAR) for May 2024 and noted an entry for Ulnar Gutter Splint to be worn to L hand and L arm until follow up with Ortho. Assess skin integrity, pulse and circulation every shift for L 4th Metacarpal Fx was signed as administered every shift (day, evening and night) on all shifts except for day shifts on 05/16/24, 05/22/24, 05/26/24, evening shifts: 05/04/24, and 05/29/24. The order was signed as completed on all shifts in June 2024 with the exception of evening shift on 06/02/24. On 06/03/24 at 11:47 AM, the surveyor interviewed the Director of Rehabilitation (DOR) in the presence of LPN/UM #4, who stated we did not screen the resident post hospital and awaited Ortho follow-up. DOR stated they (hospital) sent a splint, and the resident took it off and refused to put it back on. LPN/UM #4 stated We did not DC (discontinue) the order for the splint and that was the problem. The DOR agreed to furnish the surveyor with the Occupational Therapists initial screening. Review of a Rehabilitation Screen Form dated 04/23/24 revealed the following: Pt screened s/p hospitalization ,d+[DATE]-[DATE] secondary to dizziness and fracture to LUE 4th (fourth) metacarpal s/p hitting wall in frustration. Patient came back NWB (non-weightbearing) with gutter ulnar cast and ortho f/u within a week .Await Ortho follow-up appt. (appointment) within a week for further instructions, orders for skilled therapy services. No therapy at this time. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/03/24 at 11:50 AM, the surveyor interviewed the Unit Clerk (UC) in the presence of LPN/UM #4, who stated Resident #108 was Medicaid Pending (not yet approved) and Ortho would not accept the resident. The UC stated she informed the former Unit Manager (UM) and the Business Office Manager (BOM) on 04/23/24. The UC was unable to provide the surveyor with documented evidence of her attempt to schedule the resident to be seen by orthopedics or notification of the former UM or BOM as described. On 06/03/24 at 12:26 PM, the surveyor interviewed the BOM who stated if medically necessary, the facility had to pay and send the resident to their scheduled appointment with transportation. BOM stated that she notified the former Unit Manager at morning meeting that we were responsible to follow through. BOM stated that this was not the first time that she told them that resident care was not to be interrupted. BOM stated she was not aware this was still an issue and the resident did not go to their appointment on the spot. BOM confirmed that she learned the resident's insurance was activated on 05/20/24. On 06/03/24 at 12:42 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated that the facility would have paid for the cost of the services Resident #108 required and the facility would have been reimbursed by Medicaid once approved. The LNHA stated it sounded like they did not follow-up for approval. The LNHA stated, there was no way around it, there was a delay in treatment for the resident due to either the former Unit Manager, BOM, or UC's failure to push through and ensure the appointment was made. The LNHA was unable to provide the surveyor with a policy that pertained to delay in resident treatment when requested. On 06/03/24 at 1:52 PM, After surveyor inquiry the LNHA confirmed that Resident #108 was scheduled to for a follow-up appointment with Orthopedics on 06/11/24 at 11:30 AM. On 06/04/24 at 1:03 PM, the surveyor interviewed the Regional Executive Director (RED) who stated if a resident were noncompliant with splint usage, then staff should encourage use, and if the resident still refused, they should have updated the care plan and notified the physician so that the order may have been discontinued. On 06/04/24 at 01:31 PM, the surveyor interviewed the Occupational Therapist (OT) who stated when Resident #108 returned from the hospital with a fx in the hand she was asked to screen him/her as the resident was made nwb in their upper extremity. She stated he/she had an ulnar collateral splint with ace around it, and the 4th and 5th fingers were out. She stated the fx was in 4th digit, ring finger and was covered, as that was the one with the fracture. She stated that EHR notes and hospital discharge instructions recommend follow-up with Ortho in one week. She stated if a prescription for therapy were received post-ortho follow-up, then we evaluate to see if therapy was necessary. She stated a Splint was issued from the ER. She described the splint as hard, like fiberglass, and described it as very hard to be removed independently. She further stated the splint was like fiberglass and was hard to maintain for a resident with cognitive deficits. On 06/05/24 at 10:05 AM, The surveyor interviewed the Director of Nursing (DON) who stated nursing should document splint use every shift, document removal every shift for skin assessment and document refusal if indicated. Review of the facility policy, Incident and Accident Report and Investigation (Reviewed April 2024) revealed the following: (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	.Based on the clinical assessment conducted by the licensed professional nurse, necessary measures will be taken to address the situation in accordance with accepted standards of practice and facility policies. .All incidents and accidents reported in the facility must be investigated thoroughly to eliminate any possible mishandling and neglect that occurred with the resident. Investigations must be started as soon as the event has been reported and a final disposition/conclusion must be completed accordingly. Review of an undated policy, Splinting Procedure revealed the following: .Nursing staff in-serviced on appropriate application techniques and monitoring requirements specifically associated with equipment (signatures are obtained and a form is placed in patient chart and in therapy binder). NJAC 8:39-27.1 (a),

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 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0690

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.

43936

Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident received appropriate care and sufficient services based upon current standards of practice for a urinary catheter. The deficient practice was identified for 1 of 1 residents (Resident # 64) investigated under the Urinary Catheter investigation.

This deficient practice was evidenced by the following:

On 05/29/2024 at 10:21 AM, during the initial tour of the facility, the surveyor observed Resident # 64 in bed in their room. At that time, the surveyor observed a catheter drainage bag (collection bag for urine from an indwelling catheter) inside a blue, privacy bag in contact with the floor. The catheter drainage bag plastic hook was not secured to the bed frame.

On 05/30/2024 at 11:28 AM, the surveyor observed Resident # 64 in bed in their room. At that time, the surveyor observed the catheter drainage bag maintained outside of the privacy bag exposing the collection bag and it's contents. The privacy bag was located further up the bed frame from the drainage bag.

A review of Resident # 64's Electronic Medical Record (EMR) revealed under, Orders that there was a Physician's Order that indicated, Foley Urinary bag below bladder off floor with privacy bag every shift. The order was started on 03/13/2024.

A review of Resident # 64's Care Plan located in the EMR revealed an intervention for staff to, Ensure drainage bag is positioned below the bladder and off the floor. That intervention was initiated on 02/21/2023. The Care Plan revealed another intervention for staff to, Utilize dignity bag when OOB [Out of Bed] and when in low bed. That intervention was initiated on 02/21/2023.

On 06/03/2024 at 10:33 AM, during an interview with the surveyor, the Infection Preventionist stated, It shouldn't be on the floor. after reviewing the surveyor's observations.

On 06/05/2024 at 09:54 AM, during an interview with the surveyor, the Director of Nursing (DON) replied, No after the surveyor asked if catheter drainage bags should be in contact with the floor. The DON replied, Risk infection after the surveyor asked if there was any reason why the catheter drainage bag should not be in contact with floor.

A review of the facility policy titled Urinary Catheters dated 04/2024 revealed under procedure that, 6. Do not allow the catheter tubing, bag, or spigot to touch the floor. The policy concludes under General Information that, Residents requiring a urinary catheter are at higher risk for infection.

NJAC 8:39-27.1 (a)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 37547 Based on observations, interviews, review of medical records and other facility documentation, it was determined that the facility failed to ensure: a) continuous oxygen was administered to an oxygen dependent resident in accordance with physician's orders in a safe and sanitary manner b) residents who were dependent upon oxygen via a tracheostomy tube (a surgically created hole (stoma) in the windpipe (trachea), received oxygen in accordance with professional standards of practice, ensured respiratory equipment was properly dated and obtained a physician order for oxygen delivery. This deficient practice was identified for 2 of 4 residents (Resident #37 and Resident #33) reviewed for respiratory care. This deficient practice was evidenced by the following: 1. During the initial tour of the facility on 05/29/24 at 10:17 AM, the surveyor observed Resident #37 seated in a wheelchair in the dining area. The resident had a portable oxygen tank on the back of their wheelchair and no oxygen tubing was noted on or around the resident's face to indicate that oxygen was actively being delivered to the resident. On 05/29/24 at 10:19 AM, the surveyor observed a staff member who approached Resident #37 and told the resident he/she was supposed to have their oxygen on. The staff member then placed a nasal cannula (part of the oxygen tubing that is inserted into the resident's nostrils for oxygen delivery) into the residents nostrils. Review of the Admission Record (an admission summary) revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: acute respiratory failure with hypoxia (deficiency in the amount of oxygen), chronic obstructive pulmonary disease (COPD) with (acute) exacerbation (a condition involving constriction of the airways and difficulty or discomfort in breathing), chronic diastolic (congestive) heart failure (the heart's capacity to pump blood cannot keep up with the body's need), and aphasia (a language disorder that affects a person's ability to communicate). Review of Resident #37's Quarterly Minimum Data Set (MDS) an assessment tool, indicated that the resident had a brief interview for mental status (BIMS) score of 6 out of 15, which indicated that the resident was severely, cognitively impaired. Further review of the MDS revealed that the resident received oxygen therapy. Review of Resident #37's Order Summary Report revealed an order dated 02/19/24, for Oxygen inhalation (via nasal cannula @ 3 LPM (liters per minute) every shift for hypoxia. A second order dated 01/31/24, was noted for Oxygen equipment-Change tubing every 7 (seven) days every night shift every Mon (Monday) for Change O2 (oxygen) tubing (Date O2 tubing). Review of Resident #37's Care Plan revealed an entry dated 04/24/22, which indicated the resident was at risk for respiratory distress related to COPD diagnosis. The Goal was for the resident to be free of s/s (signs and symptoms) of respiratory distress through the review date (Target date 07/31/24). Interventions/Tasks included but were not limited to: Administer oxygen as ordered and Monitor for difficulty breathing (dyspnea) on exertion . (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/31/24 at 10:22 AM, the surveyor knocked on Resident #37's closed door and entered with resident permission. The surveyor observed Resident #37 lying in bed awake. The surveyor observed the resident received oxygen via nasal cannula from an empty oxygen tank that was on the back of the resident's wheelchair at the bedside. The surveyor observed an oxygen concentrator (a device used for continuous oxygen delivery) at the foot of the resident's bed that was not in use with oxygen tubing attached to it that was dated 05/14/24. The resident's call bell was noted on the floor behind the bed and was out of the resident's reach. On 05/31/24 at 10:26 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1 who stated that Resident #37 required minimal assistance to transfer with a walker to the bed or wheelchair. CNA #1 stated that when she got here the resident was not in their room and she had not been in the resident's room yet. CNA #1 then proceeded to reach behind the resident's bed and then handed the resident their call bell. CNA #1 stated that if she noted the resident's oxygen tank were empty she informed the nurse to replace the oxygen canister. CNA #1 observed the oxygen gauge attached to the oxygen tank and stated that it needed to be refilled. CNA #1 stated I will put the oxygen concentrator on the resident now and inform the nurse. CNA #1 then proceeded to remove the resident's oxygen tubing from the portable oxygen tank on the back of the resident's wheelchair and attached it to the oxygen concentrator which she attempted to set at three liters. The concentrator beeped and a red light flashed with a wrench symbol that flashed off and on and the meter was set at zero. On 05/31/24 at 10:34 AM, Licensed Practical Nurse (LPN) #3 entered Resident #37's room. When interviewed, she stated she checked the resident's oxygen tank every 30-40 minutes to ensure it was full. LPN #3 looked at the portable oxygen tank on the back of the resident's wheelchair and confirmed that it was empty. LPN #3 stated that the resident was not supposed to be in bed and only used the concentrator when in bed. LPN #3 stated she was unaware that the resident was in bed. LPN #3 stated the resident was allowed to transfer independently or with help. LPN #3 stated CNA #1 was not supposed to touch the concentrator and was instead supposed to let the nurse know. LPN #3 then turned the liter flow on the concentrator to 3 liters, and confirmed that it was set at zero prior. The oxygen tubing was dated 05/14/24, according to LPN #3 and was supposed to be changed weekly by night shift. LPN #3 stated that the tubing was not current. LPN #3 stated the resident was last seen on oxygen at 9:15 AM and their pulse oximetry (percentage of oxygen in the blood obtained by a probe placed on the index finger) was 97% on three liters of oxygen at that time when the resident received their medications in their wheelchair. LPN #3 stated that the resident's call bell should have been clipped to their bed to call for help. LPN #3 further stated that if the resident's oxygen tank were empty and the call bell was out of reach that could mean trouble for the resident. LPN #3 then proceeded to bring a portable oxygen tank into the room and offered to assist the resident into the wheelchair and the resident declined. The resident did not appear to be in immediate distress and attempted to converse with both the LPN #3 and the surveyor. LPN #3 failed to further assess the resident at that time. Review of Resident #37's Treatment Administration Record (TAR) revealed an order for Oxygen Equipment Change tubing every 7 (seven) days every night shift every Mon for Change O2 Tubing (Date O2 Tubing) that was signed as administered on 05/13/24 and 05/27/24. (continued on next page)

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 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0695

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 05/31/24 at 2:03 PM, the surveyor interviewed the Director of Nursing (DON) who stated the resident's assigned nurse was responsible for oxygen function. The DON stated the nurse was responsible to place the resident on the oxygen concentrator once the resident was back in bed. The DON stated that the aides should not have touched the oxygen controls because they have to know the liter flow. The DON stated the issue was that the resident went without oxygen and could not get to the call bell. The DON stated the aide should have gotten the nurse immediately and should not have touched the concentrator. The DON stated that oxygen tubing on the concentrator was changed weekly by the 11-7 nurse. The DON stated that if the oxygen tubing on the concentrator were dated 05/14/24, it was not changed weekly. The DON stated that if nursing documented that the tubing were changed weekly and it was not, then it was false documentation.

On 06/03/24 at 10:45 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #4 who stated staff were supposed to check the portable oxygen tank to ensure it was full based on the duration of the tank. LPN/UM #4 questioned why the resident went to bed by themselves. LPN/UM #4 stated that the aide was not allowed to touch the oxygen concentrator because they were not educated on oxygen administration. LPN/UM #4 stated that the call bell should have been on the resident's bed because hypoxia was a concern.

41442

2. During the initial tour on 05/29/24 at 10:07 AM, inside Resident #33's room, the surveyor observed Resident #33 in bed. There was a tracheostomy mask over the tracheostomy (surgical incision in the neck used to facilitate breathing) that was attached to ribbed tubing which was connected to a humidification compressor (a machine that humidifies oxygen) which was attached to oxygen tubing and connected to the oxygen concentrator (a machine that delivers oxygen). The oxygen concentrator was set to deliver 5 liters of oxygen per minute (lpm). The humidification compressor was set at 28%. There was no date written on the canister of sterile water and the date on the tubing indicated that it had last been changed 4/28/24.

According to the Admission Record, Resident #33 was admitted to the facility with diagnoses which include, Chronic Respiratory Failure with Hypoxia, Tracheostomy, Morbid Obesity, Cerebral Infarction with Hemiplegia and Hemiparesis, Bipolar Disorder, Anxiety, and Alzheimer's Disease.

Review of Resident #33's Annual Minimum Data Set (MDS) an assessment tool dated 05/2024, under section O, Special Treatments, Procedures, and Programs, it identified that Resident #33 received, Oxygen therapy, suctioning, and Tracheostomy care.

Review of Resident #33's Care Plan (CP) with an initiation date of 03/20/23 and a revision date of 06/03/24, revealed the following: Focus: Tracheostomy: Change oxygen tubing, humidification bottle, oxygen filter, in-line suctioning tubing and yankauer weekly. In addition, the intervention for Oxygen settings indicated: 28% trach collar #4 Shiley. The Oxygen flow rate was not addressed.

Review of Resident #33's Order Summary Report revealed the following physician order; TRACH COLLAR 28% AROUND THE CLOCK PMSV AS TOLERATED DAILY FIO2 28% SHILEY TITRATE FIO2 TO MAINTAIN 02 SATURATION GREATER THAN 92%. There was no order pertaining to Oxygen flow rate, dating/changing of respiratory equipment.

(continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/31/2024 at 01:28 PM, during an interview with the surveyor, the Infection Control Preventionist Nurse (IP) was present in Resident #33's room and verified that the respiratory equipment was not dated appropriately or according to professional standards of practice. The IP stated that the respiratory equipment should be changed weekly and dated. On 06/05/2024 at 09:49 AM, during an interview with the surveyor, the Unit Manager (LPN/UM #1) acknowledged that there was no order for Oxygen and stated that the Physician would be called. Review of the facility policy, Oxygen Administration (Revised/Reviewed April 2024) revealed the following: Purpose: To safely administer oxygen to the resident when insufficient oxygen is carried by the blood to the tissues. .A licensed nurse or other staff person trained in the use of oxygen will be on duty and be responsible for the correct administration of oxygen to the resident. .At regular intervals, check and clean oxygen equipment, change and label masks, tubing and cannulas weekly. Check resident's respirations and oxygen saturation levels and observe at regular intervals to assess need for further oxygen therapy PRN (as needed) as well as after oxygen has been discontinued. Check physician's order for liter flow and method of administration. Under Care and Use of Prefilled Disposable Humidifiers, letter I: Label humidifier with date and time opened. Change humidifier and tubing weekly. NJAC 8:39- 19.4(a); 27.1(a), 11.2(b)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 44833 Based on observation, interview, and pertinent record review, it was determined that the facility failed to ensure the accountability of the narcotic Shift Count logs were completed in accordance with facility policy. This deficient practice was identified for 2 of 4 medication carts reviewed and was evidenced by the following: On 5/30/24 at 9:29 AM, the surveyor, in the presence of the Licensed Practical Nurse (LPN #1), reviewed the Pavilion nursing unit's medication cart #1 and the narcotic logbook for that cart. The following was observed: May 2024 Narcotic Book Shift to Shift Signature Sheet missing a nursing signature for 5/5 3-11 Out column and 5/30 pre-signed nursing signatures in the 7-3 Out and 3-11 In columns. May 2024 Shift to Shift Count/Sign in Sheet 5/13 column for Out 7A-3P was missing documentation for Initials Cards # Bottles # and Patches # At that time LPN #1 confirmed to the surveyor that there should be no pre-signed sections, nor should there be any missing nursing signatures or count documentation for past nursing shift. She stated that the incoming and outgoing nurses are to count the narcotics in the medication cart together and sign the shift log confirming the count at the time the count is completed. On 5/30/24 at 10:51 AM, the surveyor, in the presence of LPN #2, reviewed the Vent nursing unit's medication cart #2 and the narcotic logbook for that cart. The following was observed: May 2024 Narcotic Book Shift to Shift Signature Sheet missing a nursing signature for 5/12 7-3 In and 7-3 Out and 5/26 7-3 Out columns. At that time LPN #2 stated that every incoming and outgoing nurse should be completing narcotic counts for the medication cart together and signing the shift-to-shift log sheet together for accountability of the narcotic count. LPN #2 further confirmed that if its not documented, it's not done. On 06/04/24 at 9:58 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that during counts of narcotics, the incoming and outgoing nurses count together and sign the logs together. The ADON said the expectation is there should be no missing signatures for previous counts, and there should be no pre-signed for later in the shift or day. A review of the facility's Controlled Substances policy with a reviewed/revised date of 1/2024, included, but was not limited to, nursing staff must count controlled medications at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services. NJAC 8:39-29.7(c)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER: Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1417 Brace Road, Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 44833 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to properly store and properly label opened multidose medications. This deficient practice was identified in 1 of 4 medication carts and 1 of 2 medication storage rooms reviewed for medication storage and labeling and was evidenced by the following: On 5/30/24 at 10:51 AM, the surveyor, in the presence of Licensed Practical Nurse (LPN #2), observed the Vent nursing unit's medication cart #2. The following was observed: Three (3) opened prescription fluticasone propionate nasal spray bottles (medication used to treat seasonal allergies), which were not dated with opened date or labeled with resident identifying information on the medication container. At that time LPN #2 stated once multi-dose medications are opened, the nurses are to date the medication container and ensure the resident's name is on it as well as on the outside box or bag it came in. LPN #2 stated this is to ensure proper identification of when the medication was opened and the resident for whom it was prescribed in case the box and the medication get separated. On 5/30/24 at 11:35 AM, the surveyor, in the presence of Unit Manager/LPN (UM/LPN #1), observed the Court 1 nursing unit's medication storage room. The following was observed: One (1) opened and undated vial of tuberculin purified protein (PPD) (a medication used to test for tuberculosis) which was stored in the medication refrigerator. At that time, UM/LPN #1 stated that this medication vial should be dated with the opened date on the medication vial and not just the box as it is possible for the vial to be mixed into a different box. On 06/04/24 at 9:58 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that once multi-dose medication containers are opened, expectation is to date it with the date its opened. She further stated that the PPD should have been labeled with the opened date on the vial itself since it will be used for different people. She explained that the purpose is that some medications have a shorter expiration date than what is labeled from the manufacturer once it is opened. A review of the facility's Storage of Medications policy with a reviewed/revised date of 1/2024, included but was not limited to: Policy statement: the facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Furthermore, the policy included: drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. N.J.A.C. 8:39-29.4

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 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0812

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.

40039

Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:

On 05/29/2024 from 09:32 to 10:06 AM, the surveyor, accompanied by the interim Food Service Director (FSD) observed the following in the kitchen:

1. In the dry storage area of the kitchen on a middle shelf an opened bag of rainbow pasta had no open or use by date. The bag had a hole in it and was exposed to contamination. The FSD removed the pasta from the dry storage.

2. In the rear of the walk-in freezer an opened box of frozen pancakes and an opened box of frozen French Toast slices were placed on top of milk crates. The boxes were opened, and the pancakes and French Toast were exposed to contamination. The FSD removed the exposed products from the walk-in freezer.

3. Upon entry to the walk-in refrigerator the surveyor observed an excessive amount of dust-like debris on the fan guard on the roof of the walk-in refrigerator. The FSD stated, I contacted maintenance last week to come clean it. The surveyor asked the FSD if it was verbal or formal communication. The FSD replied, I think the administrator told maintenance to clean it. It was verbal communication.

4. On a middle shelf of what the FSD described as the freezer an opened box contained frozen breaded chicken patties. Inside the box a plastic bag was previously opened, and the chicken patties were exposed. The FSD agreed that the product should not be exposed to contamination. The product was removed from the freezer.

On 05/31/2024 from 10:25 to 10:35 AM, the surveyor, accompanied by the Unit Manager/Licensed Practical Nurse (UM/LPN #3) mad the following observation in the Court 2 Pantry:

1. The surveyor opened the lid to the ice machine in the Court 2 pantry, which was used for residents residing on Court 2. The scoop was stored external. Upon inspection of the interior of the ice machine the surveyor observed a brown/green/black substance on the bottom of the white drip ledge above the clean ice supply. The surveyor used their right index finger and applied pressure in a scraping motion on the lower edge of the drip ledge. Once the surveyor removed their finger the right index finger had a green/brown slimy substance on it. The surveyor showed the UM/LPN #3 their finger who agreed that the ice machine was dirty and needed cleaning. When asked who was responsible for the cleaning of the ice machine UM/LPN #3 stated that maintenance cleans the machine and that it was done about a month ago. I'm not really sure who does what.

On 05/31/2024 from 10:37 to 10:53 AM, the surveyor, accompanied by UM/LPN #1 observed the following on Court 1 pantry:

(continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. In a cabinet above the sink area on the top shelf the surveyor observed an opened plastic bottle of Refresher Antibac Foam (an antimicrobial hand wash). The label on the bottle stated, For external use only. The lid was removed, and the product was exposed. The Antibac foam was stored in the same cabinet as multiple single serve cold cereal packages, hand towels, artificial sweeteners (sweet' n low), sugar packets, and coffee mate. In addition, a plastic take-out style container with a clear plastic lid was next to the Antibac foam on the upper shelf. The container had a sticky note on it that stated a name (illegible) and a date of 12/9/23. There was dried food debris in the container and a metal fork. On interview the UM/LPN #1 stated, No you can't store chemicals and food together. I know that. UM/LPN #1 removed the take-out container to the trash and removed the Antibac foam from the cabinet in the presence of the surveyor. On 05/31/2024 at 12:33 PM, the surveyor conducted an interview with the facility Director of Maintenance (DOM). The DOM provided the surveyor with the following information when asked who was responsible for the ice machine maintenance. The DOM stated, I'm almost finished cleaning the ice machine. I clean them every 3 months. In fact. it was due to be cleaned next month. I'll provide you with a copy of the schedule. The DOM provided the surveyor with a schedule of cleaning for the Court 2. The documentation indicated that the Court 2 fixed ice machine was cleaned on December 29, 2023, and last cleaned on March 28, 2024. The next scheduled cleaning was to be completed June of 2024. On 06/03/2024 at 10:27 AM, the surveyor entered the facility kitchen while dish washing was actively taking place. The surveyor approached the dietary aide (DA). The surveyor asked if the dish machine that was in operation was a low temperature or high temperature dish machine. The DA stated it was a low temperature dish machine. The surveyor asked what chemical was being utilized for sanitation. The DA stated, I don't know. We ran out. The surveyor asked the DA if he was running the dish machine without any chemical sanitizer. The DA stated, Yeah, we ran out. They know about it; they said just wash the dishes anyway. The DA then pointed to the empty 5-gallon bucket under the dish machine that was to hold the chlorine sanitizer. The bucket was observed to be empty and confirmed to be empty by the surveyor picking up the bucket and looking into the opening on top of the bucket. The bucket had no chlorine. The surveyor then observed the machine wash temperature at 150 degrees Fahrenheit (F). The rinse temperature was observed to be 140 F. Rinse temperature must be 180 F or greater for heat sanitization. On 06/03/2024 at 10:35 AM, the surveyor conducted an interview with the interim FSD. The surveyor asked the interim FSD if she was aware that dish washing was being performed without chemical sanitizer with a low temperature dish machine. The interim FSD stated, I was made aware that there was no sanitizer for the dish machine this AM. Yes, I am aware that we washed the dishes without sanitizer. A review of the June 2024 Dish Machine Ware Washing - Low Temperature log the following was documented prior to dish washing at breakfast on June 3rd: Wash Temp: 135 F, Final Rinse Temp: 145 F, Chlorine Sanitizer PPM (parts per million): The Regional Director (RD) was asked to obtain a chlorine test strip to assess the chlorine level of the dish machine. A plastic pellet bottom was placed on a plastic dish rack and was sent through the dish machine for an entire wash and rinse cycle. Upon exiting the dish machine, the RD obtained a white chlorine test strip and placed it on the wet pellet lid. The test strip remained white in color, which indicated 0 ppm of chlorine. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/03/2024 at 10:43 AM, the RD was able to obtain liquid bleach from the housekeeping department. The 5-gallon chlorine bucket was observed to be approximately one quarter full. The surveyor observed the RD again place a plastic pellet bottom on a rack and run the rack through the dish machine for a full wash and rinse cycle. Upon the rack exiting the dish machine the RD again obtained a white chlorine test strip and placed the test strip against the wet pellet base. The white test strip turned deep purple in color indicating that the chlorine level is 50-100ppm, sufficient for sanitization. The RD went on to explain, We ran out this morning. Santec (a foodservice service company) was here Friday and had to replace the nozzles on the machine. When asked who is responsible for ensuring that the facility has an adequate supply of sanitizer the RD stated, The dietary manager is responsible for ordering the chemicals, but she just took over a week ago. The RD instructed kitchen staff to re-wash and sanitize all dishes that went through the dish machine prior to obtaining a satisfactory chlorine level. On 06/03/2024 at 10:55 AM, the surveyor conducted an interview with the facility Licensed Nursing Home Administrator (LNHA). Upon telling the LNHA that the facility was washing dirty dishes and utensils used to serve resident meals without sanitizer for the low temperature dish machine the LNHA responded, Our Regional Director (RD) told me that he tested the chlorine level this morning at 60 ppm. We ran out when the breakfast dishes were being done. We borrowed from house keeping and we are now going to re-wash and sanitize all dishes that went through the machine to ensure that they are properly sanitized. On 06/06/2024 from 9:52 to 10:12 AM, the surveyor, accompanied by the RD and the interim FSD made the following observations in the kitchen: 1. On a bottom shelf of the reach-in refrigerator a quarter pan contained grape jelly. The grape jelly had plastic wrap that only partially covered it and the grape jelly was exposed. The RD removed the grape jelly from the refrigerator and instructed the interim FSD to throw it away in the presence of the surveyor. The surveyor reviewed the facility policy titled Food Storage, undated. The following was revealed under the PROCEDURES heading: 5. Chemicals must be clearly labeled, kept in original containers when possible, and kept in a locked area away from food. 13. Food is stored a minimum of 6 inches above the floor on clean racks, dollies, or other clean surfaces, and is protected from splash, overhead pipes, or other contamination. 15. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 48 hours or discarded. 17. Freezer Temperatures: e. Rewrap packages of frozen food which have been opened. This prevents freezer burns and spoilage. The surveyor reviewed the facility policy titled Dishwasher Temperature, Date Reviewed/Revised: 3/24/24. The following was revealed under the heading Policy: (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures. In addition, the policy further revealed the following under Policy Explanation and Compliance Guidelines: 4. For low temperature dishwashers (chemical sanitization): a. The wash temperature shall be 120 F. b. The sanitizing solution shall be 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse. The surveyor reviewed the facility policy titled Food Brought in from outside sources, undated. The following was observed under the heading Procedure: 4. Staff will monitor resident's room, unit pantry, refrigerator/freezer units for food and beverage for disposal. The surveyor reviewed the facility provided 'PM - Special Duty Cleaning list for May 12, 19, and 26th of 2024. The special duty cleaning list for Sunday through Saturday failed to address cleaning of the fan in the walk-in refrigerator/freezer. The surveyor reviewed the facility provided Food Service Closing Checklist for May 19, and May 26th, 2024. The closing checklist started on Sunday and ended on Monday. The Food Service Closing Checklist failed to address cleaning of the fan in the walk-in refrigerator/freezer. The surveyor reviewed the facility provided A.M. SHIFT DAILY CLEANING LIST dated June 1, June 2, and June 3/2024. The cleaning list failed to address the cleaning of the fan in the walk-in refrigerator/freezer. NJAC 18:39-17.2(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. 34423 Based on interview, and review of other facility documentation, it was determined that the facility failed to notify CMS (Centers for Medicare & Medicaid Services) and apply for a change in name to include Doing Business As in accordance with 42 CFR (Code of Federal Regulations) 424.516. This deficient practice was evidenced by the following: According to 42 CFR 424.516 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare Program: (a) Certifying compliance. CMS enrolls and maintains an active enrollment status for a provider or supplier when that provider or supplier certifies that it meets, and continues to meet, and CMS verifies that it meets, and continues to meet, all of the following requirements: (1) Compliance with title XVIII of the Act and applicable Medicare regulations. (2) Compliance with Federal and State licensure, certification, and regulatory requirements, as required, based on the type of services, or supplies the provider or supplier type will furnish and bill Medicare. (3) Not employing or contracting with individuals or entities that meet either of the following conditions: (i) Excluded from participation in any Federal health care programs, for the provision of items and services covered under the programs, in violation of section 1128 A(a)(6) of the Act. (ii) Debarred by the General Services Administration (GSA) from any other Executive Branch procurement or nonprocurement programs or activities, in accordance with the Federal Acquisition and Streamlining Act of 1994, and with the HHS Common Rule at 45 CFR part 76 (d) Reporting requirements for physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations. Physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations must report the following reportable events to their Medicare contractor within the specified timeframes: (1) Within 30 days - (i) A change of ownership; (ii) Any adverse legal action; or (iii) A change in practice location. (continued on next page)

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 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	(2) All other changes in enrollment must be reported within 90 days. A review of the facility Admission agreement and arbitration agreement, revealed under the facility name section as The Grove Center for Rehabilitation and Healthcare. A review of the Arbitration Agreement also part of the admission packet indicated, This agreement is optional for residents and The Grove at Cherry Hill. The Business cards provided to the surveyors upon entrance reflected the facility name as The Grove at Cherry Hill. During an interview with the surveyor on 5/31/2024 at 12:00 PM, the facility Licensed Nursing Home Administration (LNHA) and the Executive Director (ED) said they never applied for a CMS 855/chow (Change of Ownership). The ED said we are still Silver Health as on the license but for marketing we use The Grove and the community knows us as The Grove. The surveyor indicated the admission agreements and arbitration agreements have The Grove name as well and the ED said, That is an easy change to make. The ED also said, They are Doing Business As (DBA) so we can use both names but have not done an 855 B form. A review of the facility license that was issued by the New Jersey Department of Health Division of Certificate of Need and Licensing with an issue date of December 28, 2023, and an expiration date of December 31, 2024. The NJDOH issued the license for the facility name of Silver Healthcare Center, not The Grove or The Grove at Cherry Hill. NJAC 8:39-5.1 (a)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 41442 Based on observation, interview, and record review, it was determined that the facility failed to a) adhere to accepted standards of infection control practices for the proper storage of respiratory tubing after use, and b) perform proper hand hygiene during respiratory care treatment. This deficient practice was observed for 2 of 4 residents (Resident #33 and Resident #42) reviewed for respiratory care. This deficient practice was evidenced by the following: a.) During the initial tour of the facility on 05/29/2024 at 10:07 AM, the Surveyor #1 observed Resident #33 in his/her bedroom, lying in bed. Surveyor #1 observed a portable suction machine on the bedside table with tubing leading to the bottom drawer of the table. The suction catheter (Yankauer) used to orally suction secretions from the mouth, was found lying exposed, open to air, touching the contents of the drawer. The Yankauer was not dated. On 05/30/2024 at 09:07 AM, Surveyor #1 observed Resident #33's suction catheter lying in the bottom drawer of the bedside table, uncovered, directly touching the inside of the bottom drawer. On 05/31/2024 at 08:16 AM, Surveyor #1 observed Resident #33's suction catheter lying in the bottom drawer of the bedside table, uncovered, directly touching the inside of the bottom drawer. A review of the Admission Record medical record Resident #33 was admitted with a diagnosis that included but not limited to, Chronic Respiratory Failure with Hypoxia, Tracheostomy. The medical record also revealed that the resident had a tracheostomy, requiring Oxygen (O2) and suctioning. On 05/31/2024 at 1:28 PM, during an interview with Surveyor #1, the Infection Preventionist (IP) who was present in Resident #33's room, was questioned as to whether the suctioning respiratory equipment (Yankauer) was stored properly. At that time, the IP observed the suction catheter lying in the bottom drawer of the bedside table, uncovered, open to air, touching other items in drawer. The IP responded, No, the Yankauer is not being stored properly. That is an infection control concern. It should be stored in a bag/container for the health and safety of the client. 06/03/24 at 10:28 AM, during an interview with Surveyor #1, the Respiratory Therapist (RT #1) was questioned as to the procedure for oral suctioning. RT #1 responded, it's not a sterile procedure, but is clean. After suctioning, the catheter (Yankauer) must be put into the plastic sleeve and then into a bag. RT #1 added that the care of respiratory equipment is based on standards of care and policy. 06/03/24 10:41 AM, during an interview with Surveyor #1, the Unit Manager/Licensed Practical Nurse (UM/LPN#1) was questioned as to the proper care of suctioning equipment. The UM/LPN #1 stated that it is based on facility policy. The UM/LPN #1 verified that the storage of suctioning equipment after each use is to be stored in the original sleeve and/or clean bag. A review of a policy provided by the facility titled, Suctioning: Oral, with a revised date of 1/2024, revealed under procedure: Once the Yankauer is out, flush it through with water to remove secretions and place the packaging back on to keep it clean. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	44833 b.) A review of Resident #42's Admission Record indicated the resident was admitted to the facility with diagnosis which included but was not limited to: chronic respiratory failure with hypoxia (low oxygen levels), tracheostomy (trach) (an incision in the windpipe made to relieve an obstruction to breathing) and dependence on respirator [ventilator]. A Review of the resident's quarterly Minimum Data Set (MDS) a comprehensive assessment tool dated 4/7/24, indicated Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating the resident was cognitively intact and required tracheostomy care and mechanical ventilator. A review of the physician's orders included an order with start date of 3/21/24 for tracheostomy care as needed and every shift related to tracheostomy status. A review of the Resident #42's care plan focus areas included but not limited to: ventilator dependence, trach-dependent, enhanced barrier precaution related to trach, and impaired immunity related to trach and ventilator status. On 06/04/2024 from 11:30 AM to 11:38 AM, Surveyor #2 observed RT #2 perform tracheostomy care for Resident #42. The following was observed: At 11:31 AM, RT #2 approached the resident's room door where there was a bin outside the room door containing disposable personal protective equipment including, disposable gowns, gloves, masks, and a bottle of alcohol-based hand rub (ABHR) (sanitizing solution used for hand hygiene). After performing hand hygiene with the ABHR, RT #2 donned (put on) a clean gown and gloves and proceeded to obtain a disinfectant wipe and entered the resident's room to wipe down the bedside tray table in preparation to place the tracheostomy care products. After wiping the table, RT #2 disposed of the sanitizing wipe, doffed (took off) the gloves and disposed of them as well. She then went back to the bin outside the resident's room, obtained new clean gloves, and without using ABHR or any other form of hand hygiene, donned the new gloves and brought in the tracheostomy supplies and placed them on a clean barrier pad which she placed on the recently sanitized tray table. She then proceeded with the ordered tracheostomy care. At 11:39 AM, Surveyor #2 interviewed RT #2 and inquired about hand hygiene in between the glove change. RT #2 stated it was not necessary as her procedure she follows does not indicate it. RT #2 provided Surveyor #2 with a copy of this document titled Advantage Respiratory Care Services Policy Procedure Manual 'Tracheostomy care, decannulation, suctioning, cuff care, weaning trial methods/procedures' with a revised date of October 15, 2016. When asked if this is the most up to date revision and how often this policy and procedure is reviewed and revised, RT #2 stated she was unsure. On 06/04/2024 at 11:48 AM, Surveyor #2 interviewed the IP, who stated that all the residents on the ventilation (vent) unit are on an enhanced barrier or contact precaution depending on their individual diagnosis, and that hand hygiene should be done upon entering and exiting the resident's rooms as well as in between all glove changes. The surveyor inquired about the policy and procedure document provided by RT #2, to which the IP reviewed and stated, this is an old policy, and respiratory care should be done following the updated policy. The IP stated she would provide Surveyor #2 with the most current and updated policy that is to be followed. (continued on next page)

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Silver Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1417 Brace Road Cherry Hill, NJ 08034	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's undated Hand Hygiene Policy and Procedure document provided by the IP included but was not limited to: under the section titled Indications for alcohol based hand rub included use of ABHR after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient, and after removing gloves. NJAC 8:39-19.4 (a) (1, 2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315280	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 37547 Based on interview and record review, it was determined that the facility failed to ensure that the pneumococcal vaccination was offered to all residents upon admission to the facility to prevent incidence of pneumonia for 1 of 5 residents (Resident #100) reviewed for immunization administration. This deficient practice was evidenced by the following: On 05/29/2024 at 10:44 AM, during the initial tour of the facility, the surveyor observed Resident #100 lying in bed with stitches noted over their left eyebrow. When interviewed, the resident was unable to state how the injury occurred. A review of Resident #100's Admission record revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: Alzheimer's Disease, unspecified, altered mental status, unspecified, and a personal history of COVID-19. A further review of the Admission Record revealed that the resident had no known allergies. A review of Resident #100's immunization status within the Electronic Health Record (EHR), revealed an undated entry for Pneumovax 20 (an active immunizing agent used to prevent infection caused by certain types of bacteria (streptococcus pneumoniae) administration which indicated Pneumovax 20 Immunization Req. A review of Resident #100's Annual Minimum Data Set (MDS), an assessment tool, revealed that the resident had both a both short-term and long-term memory problem. A further review of the MDS revealed that the resident's pneumonia vaccine was not up to date, as resident was determined to be ineligible, due to an unspecified medical contraindication. On 05/31/2024 at 11:45 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) # 3 who reviewed Resident #100's immunization status in the presence of the surveyor in the EHR. LPN #3 stated that the resident required consent to receive the Pneumovax 20 vaccination. LPN # 3 further stated that she was unsure who was responsible to obtain consent for immunization administration. LPN #3 further stated that she knew that it was definitely not the nurse's responsibility to obtain consent for immunization administration. On 05/31/2024 at 11:48 AM, the surveyor interviewed the Infection Preventionist (IP) who stated Resident #100 should have been offered the Pneumovax 20 vaccination upon admission to the facility. The IP stated the resident's family member was required to sign consent on behalf of the resident if the resident was deemed to be cognitively impaired. The IP reviewed Resident #100's EHR and stated that the reason for the delay in Pneumovax 20 may have been related to a need for family consent. The IP stated that either the Unit Manager, Social Worker or the IP was responsible to follow-up to ensure consent was obtained. The IP further stated there was currently no Unit Manager assigned to the nursing unit. (continued on next page)

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 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Healthcare Center	1417 Brace Road Cherry Hill, NJ 08034

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/2024 at 8:23 AM, in a later interview with the IP, she stated that Resident #100 did not receive the Pneumovax 20 vaccination upon admission to the facility as consent was not obtained on behalf of the resident. The IP confirmed that after surveyor inquiry, the resident's responsible party was contacted, and the resident received the Pneumovax 20 vaccination yesterday. The IP further stated that she was unsure why the consent was not completed timely, as the need for consent should have come up on a check list on three subsequent shifts following admission for supervisor review to ensure completion. A review of a facility policy titled, Pneumococcal Immunization Vaccine (Revised 03/2024) revealed the following: All residents shall be offered pneumococcal vaccines to aide in preventing pneumonia/pneumococcal infections. Prior to or upon admission, residents shall be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, shall be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. Assessments of pneumococcal vaccination status shall be conducted within five (5) working days of the resident's admission if not conducted prior to admission. .Pneumococcal vaccines shall be administered to residents (unless medically contraindicated, already given, or refused) per the facility's physician-approved pneumococcal vaccination protocol. .Administration of the pneumococcal vaccines or revaccinations shall be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of vaccination. NJAC 8:39-19.4 (h) (i)