

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 09/08/2020
NAME OF PROVIDER OF SUPPLIER SILVER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0919 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. COMPLAINT# NJ 6 Based on observations and review of pertinent facility documentation on 9/8/2020, it was determined that the facility failed to ensure that their resident call system was functioning properly, as well as follow the facility policy; Guidelines For Call Light Response, for 3 of 8 Resident rooms/ bathrooms reviewed. This deficient practice is evidenced by the following: During the building tour starting at 12:08 p.m., in the presence of the Director of Environmental Services (DEVS) an inspection inside of 8 Resident rooms was performed. The surveyor asked the DEVS to perform a test of the room and bathroom call bell system, while the surveyor stood in the corridor at the rooms door to observe the indicating light and listen for the audio. The call bells did not function properly in the following locations: 1. At 1:01 p.m., when the DEVS performed a test inside Sampled Resident #4's (SR#4) bathroom, the call bell did not function and the pull cord was broken. 2. At 1:12 p.m., when the DEVS performed a test inside SR #2's bathroom, the call bell did not function properly. The surveyor observed that the call bell pull cord was missing. 3. At 1:16 p.m., when the DEVS performed a test inside SR #3's bathroom, the visual call bell light did not function properly. There were no alternative call system devices observed. Review of the facility policy titled: Guidelines For Call Light Response, with a reviewed date of 01/2019, indicates that; All residents will be provided with a call bell, or alternative means of alerting staff to their need for attention. The policy continued under Guidelines at #10: If call system is defective, report immediately to maintenance and provide resident with an alternative device. N.J.A.C. 8:39 -31.2 (e).		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.