

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER BARCLAYS REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1412 MARLTON PIKE 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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of Medical Records (MRs) and review of other pertinent documentation, it was determined that the facility failed to accurately document the Neurological Flow Sheet (NFS) for 1 of 4 sampled residents (Resident #2). This deficient practice was evidenced by the following: 1. According to the facility Admission Record (AR), Resident #2 was originally admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS), an assessment tool, dated 7/26/2020, revealed the resident was severely impaired in Decision Making. Record Review of an Incident Report dated 7/24/2020, revealed Resident #2 had an unwitnessed fall with no injury. On 8/25/2020 at 1:40 p.m., the Director of Nursing (DON) stated ongoing neuro (neurological) checks are done when a resident has a fall and the instructions for times are noted on top of the NFS. At 1:55 p.m., surveyor reviewed the NFS, the Neuro (neurological) Checks are as follows: - q (every) 15 mins. (minutes) x (1) hour, - q 30 mins. x (1) hour, - q 1 hour x (4) hours, then - q 4 hours x (24) hours. On 8/25/2020 at 2:00p.m., DON stated there are other neuro (neurological) checks for Resident #2. On 8/26/2020 at 12:55 p.m., the DON stated there is no page 2 for the NFS for Resident #2. She couldn't find it. N.J.A.C.: 8:39-35.2(k)		

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.