

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2020
NAME OF PROVIDER OF SUPPLIER WILEY MISSION		STREET ADDRESS, CITY, STATE, ZIP 99 EAST MAIN STREET MARLTON, NJ 08053	
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)		
E 0024 Level of harm - Potential for minimal harm Residents Affected - Many	Establish policies and procedures for volunteers. Based on review of facility policies and staff interviews, it was determined that the facility failed to ensure there was a written policy regarding staffing in relationship to COVID-19. This has the potential to affect all residents. Facility census 42. The findings include: On 3/31/20 at approximately 11:30 AM, a review of the facility's emergency preparedness policies. There was no policy completed related to staffing in emergencies. There was also a review of their intended COVID-19 Preparedness Checklist. On this list under section: Surge Capacity, the typed statement, in part, follows: A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on resident's health status, functional limitations, disabilities, and essential facility. There was another statement that read: The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. Next to both of these statements was a box checked that read completed. At approximately 11:45 AM, in an interview with the Infection Control Coordinator (ICC), when asked if there was a staffing in emergencies policy, she stated, I don't think so, let me ask. On 3/31/20 at approximately 5:05 PM, in an interview with the Director of Nursing and the ICC, when asked if there was a staffing emergency policy, stated, No, but we have a plan. When asked if there was a policy developed, the DON stated, No.		

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.