

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	

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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48167</p> <p>Based on resident medical record review and interviews it was determined the facility failed to notify a resident that his/her Medicare services were ending with the right to appeal. This was evident for 1 out of 3 (Resident #1) residents reviewed during the survey.</p> <p>The findings include:</p> <p>Review of Resident #1's medical record on 07/09/2024 at 11:45 AM revealed a Notice of Medicare Non-Coverage form stating that Resident #1's Medicare covered services would end on 01/10/2024 with the right to appeal. Further review of this form revealed that there was no signature documented that Resident #1 had received this notice.</p> <p>During an interview on 07/09/2024 at 11:50 AM Staff #10 stated and verified that the Notice of Medicare Non-Coverage form was not signed by Resident #1.</p> <p>BIMS (Brief Interview for Mental Status) is a tool used to screen and identify the cognitive condition of a resident. The resident's BIMS score is calculated according to their correct answers. A score of 15 out of 15 reveals that the resident's cognitive functions are intact.</p> <p>Review of resident #1 medical record on 07/09/2024 at 12:05 PM revealed that Resident #1 had a BIMS score of 15 out of 15 on 04/19/2024.</p> <p>During an interview on 07/09/2024 at 12:20 PM Resident #1 was able to verbalize his/her name, the current month (July), day (09), and year (2024). Resident #1 stated that he/she was not notified that Medicare services were ending, and a notice was not given to him/her to sign.</p>

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:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21859</p> <p>2. During an initial tour of the facility, this surveyor made the following observations:</p> <p>On 7/8/24 at 10:30am in room [ROOM NUMBER], the upper part of the wall, above the headboard had ripped drywall with large holes in the wall. This damage could be seen immediately upon entering the room. Cracks were noted on several floor tiles. The floor was black in color thru-out the room and a broken and peeling baseboard was noted on the side of the sink.</p> <p>The shower on the back hall was noted with cracked and yellow stained-glass tiles.</p> <p>During an interview on 7/8/24 at 3:30pm the Administrator stated the Director of Maintenance was in the process of stripping floors and repairing rooms.</p> <p>As of exit on 7/11/24 at 1pm, the repairs or stripping of the floor had been completed.</p> <p>48167</p> <p>Based on observation and interview it was determined the facility failed to provide the residents with a clean, comfortable and homelike environment. This was evident for 3 residents' (#13, #17 and #11) rooms out of 8 residents rooms observed during the survey.</p> <p>The findings include:</p> <p>1. During observation rounds on 07/08/2024 at 10:00 AM and on 07/10/2024 at 4:05 PM Resident #13's and #17's room floors were found dirty with streaks of a black colored substance, piles of gray dust like matter and brown colored stains under the residents' beds.</p> <p>During observation rounds and interview on 07/10/2024 at 04:05 PM with the Administrator she stated that Residents #13 and #17 rooms were dirty, and that the facility was working on renovations of the facility resident's rooms.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>21859</p> <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>Based on medical record review and staff interview it was determined the facility failed to notify the resident/resident representative in writing of a transfer/discharge of a resident along with the reason for the transfer. This was evident for 1 (#29) of 2 residents reviewed for hospitalization during the survey.</p> <p>The findings include:</p> <p>Review of Resident #29 's medical record on 7/9/24 at 1:52pm revealed on 3/19/24 the resident was transferred to the hospital for a change in his/her medical condition. Further review of the medical record failed to reveal that the resident and/or the resident representative was notified in writing of the transfer/discharge of the resident along with the reason for the transfer.</p> <p>During an interview with the Director of Nursing and the Administrator on 7/9/24 at 3pm, it was revealed they were unable to locate any documents that the resident and/or the resident representative was notified in writing of the transfer/discharge of the resident along with the reason for the transfer. They stated that the former Administration used The Maryland Notice of Involuntary Transfer and Discharge Forms when a resident was transferred to the hospital.</p> <p>During an interview with the Ombudsman on 7/15/24 at 9am, she stated she doesn't receive the transfer/discharge forms for resident on a consistent basis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>21859</p> <p>Based on medical record review and staff interview it was determined the facility failed to notify the resident/resident representative in writing of the bed hold policy when the resident was transferred/discharged from the facility to an acute care facility. This was evident for 1 (resident #29) of 2 residents reviewed that were transferred to an acute care facility.</p> <p>The findings include:</p> <p>Review of the medical record for Resident #29 on 7/9/24 at 2pm revealed on 3/19/24 the resident was sent to an acute care facility for a change in his/her medical condition. Further review of the medical record failed to produce written evidence that the resident and /or the resident representative were given written notice of the bed hold policy.</p> <p>During an interview with the Social Worker (staff # 17) on 9/26/23 at 5:50pm she stated the resident was given the reason for the transfer; however, she was unable to produce written evidence that the resident /resident representative was given written notice of the bed hold policy.</p> <p>During an interview with the Social Worker staff # 10 on 7/9/24 at 3pm, she revealed she was unable to locate a copy of the bed hold policy that was given to the resident /resident representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>21859</p> <p>Based on medical record review and staff interview it was determined the facility failed to develop a person-centered care plan for residents. This was evident for 2 residents (#11 and 21) out of 24 residents reviewed during the survey.</p> <p>The findings include the following:</p> <p>1. On 7/9/24 at 3:57pm a review of Resident #11's electronic medical record (EMR) revealed the resident was prescribed Paxil an antidepressant medication for off label use of sexually inappropriate behavior. Further review of the EMR revealed Resident #11 did not have a care plan for Paxil and/or sexually inappropriate behavior.</p> <p>On 7/9/24 at 4:30 pm the Director of Nursing (DON) verified the findings. She stated the Unit manager should have completed a care plan for the use of Paxil. I am unsure why the care plan was not completed.</p> <p>2. On 7/10/24 at 2pm a review of Resident #21's electronic medical record (EMR) revealed the following physician orders:</p> <p>A. Administer Tylenol (Acetaminophen) 2 tablets by mouth every 6 hours as needed for right knee pain.</p> <p>B. Administer Tramadol 50 MG 1 tablet by mouth every 6 hours as needed for severe pain (7-10) right knee pain.</p> <p>Further review of the medical record revealed Resident #21 received a steroid injection in June of 2024 during a visit to the pain management clinic for right knee pain; however, the medical record failed to reveal a care plan was developed for pain management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48167</p> <p>Based on observations, resident medical record review and interviews it was determined the facility failed to complete a smoking assessment for Resident #56. This was evident for 1 resident (#56) out of 2 residents reviewed for smoking during the survey.</p> <p>The findings include:</p> <p>During the facility entrance conference on 07/08/2024 at 11:00 AM the Administrator stated that there were no smoking residents in the building and the facility was a smoke free facility.</p> <p>During observation rounds on 07/10/2024 at 1:20 PM Resident #56 was found smoking outside unattended, on the facility property near a resident facility room window. The facility room window had a sign posted on it stating room [ROOM NUMBER].</p> <p>Review of Resident #56's medical record on 07/10/2024 at 2:45 PM revealed that the resident was admitted on Hospice 04/18/2024. Continued review of the resident medical record revealed a care plan that was initiated on 03/20/24 documenting that the resident was a smoker. Further review of the resident medical record revealed that there was no smoking assessment completed on this resident.</p> <p>During an interview on 07/10/2024 at 3:05 PM the Administrator stated that the facility is a smoke-free environment. The Administrator further stated that Resident #56 is a smoker and signs him/her out on leave of absence (LOA) every day to go outside to smoke.</p> <p>On 07/10/2024 at 4:20 PM after surveyor intervention, the Director of Nursing provided a smoking assessment dated [DATE] for Residents #56.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>21859</p> <p>Based on medical record review and staff interview it was determined that what the Physician and the Nurse Practitioner documented in the resident's (#11) progress notes did not accurately reflect what was in the resident's medical record. This was evident for 1 of 24 residents reviewed during the survey.</p> <p>The findings include:</p> <p>Resident #11's medical record was reviewed on 7/10/24 at 5:04pm. The review revealed Resident #11 was admitted to the facility with diagnosis that included Anxiety disorder, Depressive disorder.</p> <p>Review of the medical record on 7/10/24 at 6pm revealed Resident #11 was seen by the physician (staff # 15) on 5/17/24 and by the Nurse Practitioner (Staff #14) on 6/12/24 and at that time staff (#15) and staff (#14) documented that the resident was receiving Lexapro for panic attacks; however, according to the Medication Administration Record and the Physician Order the resident Lexapro was discontinued on 5/24/23 by staff (#15).</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 7/10/24 at 6:30pm he verified the findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>48167</p> <p>Based on observations, interviews and review of facility documentation, the facility failed to properly store medications and biologicals under proper temperature controls. This was evident in 1 out of the 2 medication storage refrigerators and freezers observed during the survey.</p> <p>The findings include the following:</p> <p>During observation rounds of the North Hall medication storage room on 07/08/2024 at 05:50 PM with Maintenance Director staff #6 the refrigerator thermometer read 44 degrees Fahrenheit, and the freezer thermometer read 30 degrees Fahrenheit. Several medications and biologicals for facility residents were found in this refrigerator.</p> <p>During an interview on 07/08/2024 at 5:50 PM staff #6 stated that yes, the refrigerator and freezer temperatures were too high, and he would look into this.</p> <p>Review of the facility policy for Monitoring of Cooler/Freezer Temperature on 07/08/2024 at 6:00 PM revealed that all refrigerator storage must be maintained at or below 41 degrees F and that all freezer storage must be maintained at or -4 degrees F.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30440</p> <p>Based on observation and interview the facility failed to store food in accordance with professional standards for food safety. This was evident during the kitchen observation of the recertification survey.</p> <p>The findings include:</p> <p>On 07/8/24 10:55AM during an initial tour of the facility with Kitchen Supervisor #9 the following concerns were identified.</p> <p>Inside of the Reach In Refrigerator the following items did not have a date label:</p> <ol style="list-style-type: none"> <li>1. Pudding x 9 containers</li> <li>2. Sandwich x 1</li> </ol> <p>There was no July 2024 temperature log present and the June 2024 temperature log were missing entry dates for 6/12/24 (AM/PM), 6/18/24 (AM and PM), 6/19/24 (AM), 6/20/24 (AM), 6/25/24 (AM), 6/26/24 (AM and PM), 6/27/24 (AM and PM).</p> <p>Inside the Refrigerator the following items did not have a date label:</p> <ol style="list-style-type: none"> <li>1. Chunky Salsa-69 ounce container</li> <li>2. Peaches-x 1 bucket (1/2 full)</li> <li>3. Bar-b-que sauce x 1 bucket (1/2 full)</li> <li>4. Vanilla Pudding x 1 bucket (1/4 full)</li> <li>5. Chocolate Pudding x 1 bucket (1/4 full)</li> <li>6. Pears x 1 bucket (1/2 full)</li> </ol> <p>Inside the Freezer the following items did not have a date label:</p> <ol style="list-style-type: none"> <li>1. Large bag of hamburgers with approximately 15-16 hamburgers in the bag</li> <li>2. Meat Loaf Patties x 2 large bags</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  215134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Hartley Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1006 Market Street Pocomoke City, MD 21851	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Kitchen Supervisor #9 at the time of the observation, she stated that the hamburgers and meatloaf patties were placed in the freezer by the activities department. She stated that she will speak to administration regarding the supervision of these items and stated that she just started at the facility in June 2024. The supervisor also stated that the temperature logs are done on both the morning and the evening shifts and she is unable to determine who was responsible for completing the July 2024 temperature log that was not located on the refrigerator, however, she will be providing in-service education to the morning and night shift staff.</p> <p>All concerns were discussed with the Administration team at the time of exit on 7/11/24 at 1pm.</p>		