

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Barn Hill Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 249 High Street Newton, NJ 07860	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45622</p> <p>Complaint # NJ172653</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 04/08/2024 and 04/09/2024, it was determined that the facility failed to develop and implement a NPO (Nothing by Mouth) Care Plan (CP) for a resident (Resident #2) with a Peg Tube (a tube inserted through the wall of the abdomen directly into the stomach, it can be used to give drugs and enteral nutrition to a patient) and failed to follow its policy titled Care Plans, Comprehensive Person-Centered. This deficient practice was identified for 1 of 3 residents reviewed for CP and was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to Dysphagia, Pneumonia, Acute Chronic Kidney Failure and Obstructive Reflux Uropathy.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/08/2024, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 3/15, which indicated the resident was severely cognitively impaired. The MDS also indicated the resident was admitted with a Feeding tube.</p> <p>A review of Resident #2's CP initiated on 02/03/2024 did not reveal evidence of a NPO CP being placed.</p> <p>During an interview on 04/09/2024 at 12:38 p.m. the Surveyor asked if Resident #2 should have had a NPO CP in place, The Licensed Practical Nurse (LPN) stated, Yes, there should have been a CP initiated upon admission for Resident #2's NPO status. She further stated the importance of the CP is to show how a resident care is to be provided and how the interventions should be followed.</p> <p>A review of Resident #2's Progress Notes (PNs) dated 02/03/2024 through 02/08/2024 revealed documentation of the resident's NPO status been maintained.</p> <p>(continued on next page)</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/08/2024 at 1:23 p.m., the Certified Nursing Aide (CNA) assigned to Resident #2 stated she was aware of Resident #2's NPO status from the shift-to-shift report given by Resident #2's Nurses. She further revealed Resident #2 had a blue dot [a system the facility used to indicate NPO status for residents] on his/her room door, name identification bracelet and at the head of their bed which was an indication of their NPO status.</p> <p>During an interview on 04/09/2024 at 12:51 p.m., the Assistant Director of Nursing (ADON) stated, The purpose of the CP is to ensure continuity of care for the residents and that the proper care is provided to the residents. She stated that the NPO CP should have been initiated upon admission. When presented with Resident #2's CP, the ADON stated, I don't see a CP for NPO.</p> <p>A review of the facility's Care Plans, Comprehensive, Person-Centered revised 10/2022 under Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs developed and implemented for each resident.</p> <p>N.[NAME].C.: 8:39-11.2(d)(2)</p>