

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39460</p> <p>Complaint NJ # 157609; 157901; 160396</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to administer medications within scheduled time parameters on various shifts for two residents in accordance with professional standards of practice. This deficient practice was identified for 2 of 35 residents reviewed for professional standards of practice (Resident #20 &amp; Resident #213).</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey state: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>The evidence was as follows:</p> <p>1. On 4/12/24 at 8:35 AM, during medication pass observation, the surveyor observed the Licensed Practical Nurse (LPN) on Birch Unit prepare morning medications for Resident #20. The resident had medications which included an order for glipizide (medication used for diabetes) with directions which included give 30 minutes prior to meal.</p> <p>On 4/12/24 at 8:56 AM, as the surveyor and the LPN entered the Resident #20's room for medication administration, the surveyor observed the Dietary Staff removing the resident's breakfast tray from the overbed table. The surveyor asked the Dietary Staff to raise the lid of the meal plate, and the surveyor observed the resident had consumed 100% of their morning meal. The LPN then proceeded to administer the resident their morning medications.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the medical record for Resident #20.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included chronic kidney disease, heart failure and diabetes.</p> <p>A review of the April 2024 Medication Administration Record (MAR) included the physician's order (PO) dated 12/6/23, to administer at 7:30 AM glipizide tablet 5 milligram (mg); give one tablet by mouth one time a day related to Type 2 diabetes. Give 30 minutes prior to meal.</p> <p>A review of the corresponding April 2023 Medication Admin Audit Report revealed that on 4/12/24 the 7:30 AM dose was administered at 8:52 AM.</p> <p>On 4/12/24 at 11:40 AM, the surveyor interviewed the LPN who stated the Birch Unit was served breakfast usually around 7:30 AM. At that time, the LPN and surveyor reviewed the April 2024 MAR, and the LPN acknowledged the order stated give 30 minutes before meal. The LPN further acknowledged she should have given the glipizide before the resident had their breakfast.</p> <p>On 4/12/24 at 11:50 AM the surveyor interviewed the Director of Nursing (DON) who stated breakfast on the Birch Unit was served at 8:00 AM. The DON then stated the nurses should prioritize the order in which residents were administered their medications based on residents whose medications were due earliest such as diabetic medications. At that time, the DON and the surveyor reviewed the MAR for Resident #20. The DON acknowledged the glipizide should be given 30 minutes prior to a meal. The DON further acknowledged the nurse should have given the glipizide before the resident had eaten breakfast to ensure the blood sugar levels were regulated properly and to help prevent any potential adverse reactions.</p> <p>On 4/23/24 at 12:59 PM, the surveyor re-interviewed the DON who stated the allowance for medication administration time was one hour before and one hour after the scheduled medication administration time.</p> <p>2. On 4/23/24 the surveyor reviewed the closed medical record for Resident #213.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses that included diabetes, chronic pulmonary embolism (blood clot in the lung), and a history of venous thrombosis and embolism (blockage of a vein due to a blood clot).</p> <p>A review of the December 2022 Order Recap Report revealed the resident had the following physician's order (PO) to be administered at 9:00 AM:</p> <p>PO dated 12/21/22, for Xarelto tablet 15 milligrams (mg); give one tablet by mouth one time a day related to personal history of venous thrombosis and embolism.</p> <p>A review of the December 2022 Medication Admin Audit Report reflected on 12/22/22, the 9:00 AM dose was administered at 10:39 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 1:04 PM, the surveyor reviewed the Medication Admin Audit Report for December 2022 with the DON who acknowledged the Xarelto scheduled for 12/22/22 at 9:00 AM was not administered until 10:39 AM. The DON stated a medication can be given up to one hour before or one hour after a medication administration time and confirmed the Xarelto had been given outside the one-hour parameter.</p> <p>A review of the facility's Medication Administration policy dated last reviewed January 2024 included . Medications are administered by licensed nurses . as ordered by the physician and in accordance with professional standards of practice .administer within acceptable time frame .</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>49509</p> <p>Complaint NJ# 160883</p> <p>Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident received showers as scheduled. This deficient practice was identified for 1 of 2 residents reviewed for activities of daily living (Resident #61), and was evidenced by the following:</p> <p>On 4/15/24 at 11:01 AM, the surveyor interviewed Resident #61 who stated he/she did not receive their scheduled shower on Friday 4/12/24 during the 3:00 PM to 11:00 PM (3-11) shift. The resident stated their showers were scheduled weekly for Mondays and Fridays.</p> <p>The surveyor reviewed the medical record for Resident #61.</p> <p>A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses that included chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), pleural effusion (a buildup of fluid between the tissue that line the lungs and the chest), diabetes mellitus, edema (swelling caused by too much fluid trapped in the body tissues), and end stage renal disease (the kidneys lose the ability to remove waste and balance fluids).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 2/8/24, included that the resident had a Brief interview for Mental Status (BIMS) score of 14 out of 15, which indicated a fully intact cognition. A further review in Section GG. Functional Abilities and Goals, indicated the resident required set-up assistance for showering.</p> <p>A review of the 3-11 Birch Six Person Assignment:E sheet dated 4/12, indicated Resident #61 received a shower on Mondays and Fridays during the 3-11 shift.</p> <p>A review of the Progress Notes for 4/12/24, did not include the resident refused a shower.</p> <p>On 4/17/24 at 1:15 PM, the surveyor interviewed the Director of Nursing (DON) who stated the Certified Nursing Aides (CNA) provided resident showers on their assigned days and shifts.</p> <p>On 4/17/24 at 3:00 PM, the surveyor attempted to interview CNA #1 who was assigned to Resident #61 on 4/12/24 via telephone. There was no answer.</p> <p>On 4/18/24 at 9:00 AM, the surveyor attempted to interview CNA #1 via telephone with no answer.</p> <p>On 4/18/24 at 9:10 AM, the surveyor informed the DON they attempted to speak to CNA #1 on multiple occasions, and the DON stated CNA #1 had called out for their assigned shift today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/18/24 at 9:15 AM, the DON informed the surveyor that CNA #1 who stated she had four residents to give showers to on that day, and the aide should have informed the Nurse Supervisor if she was unable to provide care.</p> <p>On 4/23/24 at 10:46 AM, the surveyor interviewed CNA #2 who stated they received their daily assignments which included which residents needed to be showered. CNA #2 stated if a resident refused a shower, they were to notify the Unit Manager.</p> <p>On 4/23/24 at 11:00 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN) who stated resident shower days were indicated on the CNA's assignment sheets, and if the resident refused to be showered, the CNA would notify her.</p> <p>On 4/24/24 at 10:02 AM, the DON in the presence of the Assistant Director of Nursing, Regional Nurse, and survey team stated she spoke to CNA #1 on the telephone and confirmed Resident #61 did not receive a shower on 4/12/24. The DON continued that CNA #1 informed her that she ran out of time to shower the resident, and the DON acknowledged the aide did not inform anyone. The DON acknowledged residents should receive showers as scheduled.</p> <p>A review of a facility's Activities of Daily Living (ADL), Supporting policy dated January 2024, included Supporting This policy indicate Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently with consent of the resident and in accordance with the plan of care .</p> <p>NJAC 8:39- 27.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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>45208</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness; b.) maintain kitchen equipment in a clean and sanitary manner; and c.) maintain cold food in acceptable temperatures during meal service. The deficient practice was evidenced by the following:</p> <p>1. On 4/10/24 at 9:10 AM, the surveyor in the presence of the Food Service Director (FSD) and the Dietary Manager (DM) conducted a kitchen tour and observed the following:</p> <p>1. In the walk-in freezer, an opened box of sliced cheese pizza. The box contained a bag with two slices of pizza outside of the bag, and the box was unsealed exposing the contents to air. The surveyor observed ice crystals on all the pizza slices. There was no observed date when the box was opened. The FSD was unsure when the box was opened.</p> <p>2. In the walk-in freezer, an opened box of Salisbury steaks. The box contained a bag that was opened exposing the contents to air. The surveyor observed ice crystals on the food product. There was no observed date of when the box was opened. The FSD was unsure when the box was opened.</p> <p>3. The cooktop catch tray had hard, thick, flaky black sediment on the pan and soiled aluminum foil on top of the sediment. The FSD and DM acknowledged that it needed to be thoroughly cleaned. The FSD also stated, it did not meet expectations on his staff.</p> <p>4. The fryer had sediment around the cook top area and the oil was dark brown in color with sediment floating on the surface. The FSD and DM acknowledged that it needed to be thoroughly cleaned. The FSD also stated, it did not meet expectations on his staff.</p> <p>5. The double door steamer box had sediment in the catch tray and built-up debris in the filter on the right side of the tray. The FSD and DM acknowledged that it needed to be thoroughly cleaned. The FSD also stated, it did not meet expectations on his staff.</p> <p>On 4/11/24 at 8:52 AM, the surveyor interviewed the DM who stated the freezer items should have been labeled with an opened date. The DM also acknowledged that once a product was opened, if all the content in the bag was not used, it should be resealed and dated. The DM further stated that the cooking equipment should have been cleaned and maintained in a sanitary manner to prevent food borne illness and contamination.</p> <p>On 4/11/24 at 9:11 AM, the surveyor interviewed the FSD who stated the facility's process and policy was to seal any opened packaging that was partially used and label the packaging with an opened date to ensure the product was used in a timely fashion to prevent waste and sealing to prevent exposure to air which caused contamination, ice crystal formation, and food born illnesses. The FSD also acknowledged the cooking equipment should have been cleaned and maintained in a sanitary manner to prevent food borne illness and contamination according to regulations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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>On 4/22/24 at 11:44 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the Director of Nursing (DON) acknowledged the above concerns.</p> <p>A review of the facility's undated Food Storage: Cold Foods policy included .all foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination .</p> <p>A review of the facility's Environment policy dated revised July 2023, included it is the center policy that all food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. Action Steps: 1. The FSD will ensure that the physical plant is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation; 2. The FSD will ensure that all employees are knowledgeable in the proper procedures for cleaning all food services equipment and services; 3. The FSD will ensure that all food contact surfaces are cleaned and sanitized after each use; 4. The FSD will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces .</p> <p>38080</p> <p>2. On 4/17/24 at 11:07 AM, the surveyor informed the Food Service Director (FSD) that they wanted to observe food temperatures for the lunch trayline. At this time, the FSD calibrated a thin probe thermometer in an ice bath to 32 degrees Fahrenheit (F). The FSD informed the surveyor that cold food should be maintained at 41 F or below. The surveyor observed the following food items held above 41 F:</p> <p>Cantaloupe 43 F. The cantaloupe was in a portion control (PC) cup with a label that indicated prepared 4/17/24 at 6:08 AM. The containers were directly on a tray with no measures to maintain coldness.</p> <p>Pudding 44 F. The pudding was in a PC cup with a label that indicated prepared 4/17/24 at 6:57 AM. The containers were being held directly on a tray with no measure to maintain coldness.</p> <p>Ham and cheese sandwich 51 F. The sandwich had a label that indicated prepared 4/17/24 at 7:03 AM. The sandwich was being held directly on the trayline with no measure for maintaining coldness.</p> <p>Turkey sandwich 49 F. The sandwich was being held directly on the trayline with no measure for maintaining coldness.</p> <p>On 4/17/24 at 11:15 AM, the surveyor interviewed Dietary Aide (DA#1) who stated another DA prepared the cold items, and she printed the label at the time the other DA prepared the items and placed them in the refrigerator.</p> <p>On 4/17/24 at 11:20 AM, the surveyor interviewed DA #2 who stated he removed the sandwiches from the refrigerator at approximately 11:05 AM, and placed them on the trayline.</p> <p>On 4/17/24 at 11:21 AM, the FSD acknowledged that the cantaloupe, pudding, and sandwiches were not being held at 41 F or below.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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>On 4/24/24 at 10:02 AM, the Director of Nursing (DON) in the presence of the Assistant Director of Nursing, Regional Nurse, and survey team acknowledged the cold food items were not being held at the appropriate temperature.</p> <p>A review of the facility's Food Temperatures policy dated reviewed August 2023, included the temperature of hot foods at the point of service (steamtable) during tray assembly will be 135 degrees Fahrenheit or above for hot foods and 40 or below for cold foods .the cook is responsible to see all food is at proper temperature . chilled food and beverages recommended temperature range 40 F or below .</p> <p>NJAC 8:39-17.2(g)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49509</p> <p>Based on observation, interview, and review pertinent facility documents, it was determined that the facility failed to maintain complete and accurate skin assessments. This deficient practice was identified for 1 of 35 resident medical records reviewed (Resident #61), and was evidenced by the following:</p> <p>On 4/15/24 at 11:01 AM, the surveyor interviewed Resident #61 who stated he/she did not receive their scheduled shower on Friday 4/12/24.</p> <p>The surveyor reviewed the medical record for Resident #61.</p> <p>A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses that included chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), pleural effusion (a buildup of fluid between the tissue that line the lungs and the chest), diabetes mellitus, edema (swelling caused by too much fluid trapped in the body tissues), and end stage renal disease (the kidneys lose the ability to remove waste and balance fluids).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 2/8/24, included that the resident had a Brief interview for Mental Status (BIMS) score of 14 out of 15, which indicated a fully intact cognition.</p> <p>On 4/15/24 at 11:01 AM, the surveyor received from the Unit Secretary Resident #61's Weekly Skin Assessments which were dated 3/4; 4/8; 4/12; 4/15; and 4/22. A review of the assessment sheet indicated on 3/4 the nurse documented no abnormalities/skin clear and intact and signed their initials. There initials for the Certified Nursing Aide (CNA) and Supervisor initials were blank. For the dates of 4/8, 4/12, and 4/15, there was no documentation for the resident's skin, and/or initials for the nurse, supervisor, or CNA.</p> <p>A review of the 3-11 Birch Six Person Assignment: E indicated, sign the weekly skin assessment form Monday through Friday.</p> <p>On 4/17/24 at 9:37 AM, the Director of Nursing (DON) provided the surveyor with copies of the resident's Weekly Skin assessment dated ,d+[DATE], 3/11, 3/18, 3/25, 4/1, 4/8, 4/15, and 4/22. The assessments were now completed for all the dates, as well as 3/11, 3/18, and 3/25 were added. The surveyor showed the DON the skin assessment copies they received on 4/15/24, and asked why they were different from the copies the DON just provided. The DON stated after the surveyor spoke to the Unit Secretary on 4/15/24, the Unit Secretary informed the DON about the missing documentation, so she had staff go back and change the forms to add the incomplete documentation.</p> <p>On 4/22/24 at 12:00 PM, the DON provided the surveyor with a statement from the Registered Nurse (RN) that indicated on 4/8/24 during the 3:00 PM to 11:00 PM (3-11) shift, a skin assessment was completed on Resident #61 with no concerns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 10:46 AM, the surveyor interviewed the CNA who stated after a resident received a shower, the aide notified the nurse to complete a body assessment.</p> <p>On 4/24/24 at 10:02 AM, the DON in the presence of the Assistant Director of Nursing, Regional Nurse, and survey team acknowledged that the skin assessments were not complete at the time of survey, and she had staff change the documentation. The DON confirmed she did not had staff date the assessment at the time the documentation was updated, and acknowledged staff should not back date assessments that were not completed. The DON acknowledged records were to be maintained accurately and complete.</p> <p>A review of a facility's Activities of Daily Living (ADL), Supporting policy dated January 2024, included residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) .Appropriate care and services will be provided for residents who are unable to carry out ADLs .</p> <p>A review of a facility's Weekly Skin Checks policy dated 12/10/23, included the nurse will inspect the resident skin once weekly during bath days for sign of skin breakdown or injury Will complete the Weekly Skin Check form after performing skin inspections</p> <p>NJAC 8:39-35.2(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49509</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure appropriate storage for respiratory equipment for infection prevention. This deficient practice was identified for 1 of 4 residents reviewed for respiratory care (Resident #61), and was evidenced by the following:</p> <p>On 4/15/24 at 11:01 AM, the surveyor observed Resident #61 in bed and their nebulizer mask and tubing placed directly on the nebulizer machine (a device used for producing a fine spray of liquids). Resident #61 informed the surveyor that after their nebulizer treatment (breathing treatment), they removed their nebulizer mask and placed it on the machine.</p> <p>On 4/15/24 at 11:15 AM, the surveyor interviewed the resident's License Practical Nurse (LPN) who stated she had administered the resident's nebulizer treatment earlier, but she never went back to the resident's room to verify if the treatment was completed. At that time, the LPN accompanied by the surveyor went into Resident #61's room, and the LPN took the resident's nebulizer mask off of the machine and placed it directly into a plastic bag that she placed inside the resident's nightstand. The surveyor observed no disinfecting of the nebulizer equipment. The surveyor asked the LPN what the facility's policy was for nebulizer equipment cleaning and storage, and the LPN stated the mask and tubing was placed into a bag for storage after use.</p> <p>On 4/15/24 at 11:20 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN) regarding the facility's policy for usage and storage of nebulizer equipment. The UM/LPN stated when the resident's treatment was complete, the nurse placed the mask and tubing into a storage bag.</p> <p>On 4/15/24 at 11:35 AM, the surveyor interviewed the Director of Nursing (DON) who stated the nurse was expected to administer the nebulizer treatment per physician's order; staying with the resident until the treatment was completed. The nurse then cleaned the nebulizer with water and dried it with a paper towel prior to placing it in a bag for storage</p> <p>The surveyor reviewed the medical record for Resident #61.</p> <p>A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses that included chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), pleural effusion (a buildup of fluid between the tissue that line the lungs and the chest), and diabetes mellitus.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 2/8/24, included that the resident had a Brief interview for Mental Status (BIMS) score of 14 out of 15, which indicated a fully intact cognition.</p> <p>A review of the current Physician's Orders included a physician's order (PO) dated 8/21/23, for albuterol sulfate inhalation nebulization solution 2.5 milligram (mg)/3 milliliters (mL) 0.0083% (albuterol sulfate) to administer every twelve hours. An additional PO dated 4/16/24, indicated to change nebulizer mask/hand-held and nebulizer tubing weekly every night shift.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/24 at 9:45 AM, the surveyor interviewed the Infection Preventionist/LPN (IP/LPN) who stated the nurse administered the nebulizer treatment to order, and stayed with the resident until the treatment was complete. The nurse then removed the medication dispenser and rinsed the chamber, as well as rinsed the mask with water and placed the equipment on a clean paper towel to dry. When the equipment was dry, the nurse placed it in a bag for storage.</p> <p>On 4/24/24 at 10:02 AM, the DON in the presence of the Assistant Director of Nursing, Regional Nurse, and survey team who stated the nurse should have rinsed the nebulizer mask, tubing, and medication dispenser under running water after the resident's treatment was complete, and placed it on a clean paper to dry prior to placing in the bag for storage.</p> <p>A review of the facility's Cleaning Respiratory Equipment policy dated last revised 2/1/24, included supplies . when not in use, store masks and cannulae in plastic bags labeled with the resident's name and date .small volume nebulizers: cleaning a. begin with a sterile (disposable) nebulizer for each resident; b. rinse with water and air dry small volume medication nebulizers between treatments on same residents .</p> <p>A review of the undated facility provided Medication Nebulization (AARC # 2720) policy included this policy is to instruct the proper use of aerosolized medication to the lower airways via small volume nebulizer . Disassemble parts after ever treatment. Remove tubing from the compressor and set it aside. The tubing should not be washed or rinsed. Rinse the nebulizer cup and mouthpiece with either sterile or distilled water after each use and shake dry. Store in zippered or drawstring bag .</p> <p>NJAC 8:39-19.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>45209</p> <p>Based on observation, interview, and review of other facility documentation it was determined that the facility failed to maintain the resident's environment, equipment, and living areas in a safe, sanitary, and homelike manner. This deficient practice was identified for 1 of 4 nursing units (Birch Unit) and was evidenced by the following:</p> <p>On 4/10/24 at 10:35 AM, the surveyor entered resident room Birch #17 and observed the doorknob backplate was not secured properly to the resident's entrance door or bathroom door, which resulted in the backplate hanging loosely with a gap between the doorknob and the door.</p> <p>On 4/10/24 at 10:37 AM, the surveyor entered resident room Birch #15 and observed the doorknob backplate was not secured properly to the resident's entrance door which resulted in the backplate hanging loosely with a gap between the doorknob and the door.</p> <p>On 4/10/24 at 11:02 AM, the surveyor observed in resident room Birch #11, the packaged terminal air unit (PTAC) (a self-contained through-the-wall air conditioning and heating unit) with the cover detached and was placed next to the unit, which left the internal components of the unit exposed. The resident stated that the PTAC unit had been in this condition for a couple days. On that same date and time, the surveyor observed two holes in the wall, one to the left of the PTAC unit and one on the far wall between the residents' beds.</p> <p>On 4/12/24 at 11:33 AM, the surveyor entered resident room Birch #1 and observed the doorknob backplate was not secured properly to the resident's entrance door which resulted in the backplate hanging loosely with a gap between the doorknob and the door.</p> <p>On 4/12/24 at 11:36 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that broken items or building issues were to be reported to the Unit Manager (UM) or Unit Clerk who entered the concerns into the computer system. When asked who was responsible for the overall appearance of the building, CNA #1 responded, everyone.</p> <p>On 4/18/24 at 10:10 AM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that broken items and building issues were reported to Maintenance through the computer system. LPN #1 explained that everyone on the floor was responsible to identify and report any building issues that may be a safety concern.</p> <p>On 4/18/24 at 10:36 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN) who stated that any concerns with the building were to be reported right away to Maintenance through the computer system. The UM/LPN confirmed that regularly scheduled floor staff, supervisors, clerks, and/or unit managers had access to the system and could directly enter their concerns. At this time, the surveyor and UM/LPN toured the unit and the UM/LPN confirmed that the doorknobs should not be loosely attached to the door. When the surveyor showed the UM/LPN pictures of the PTAC unit with the cover removed and interior components exposed, the UM/LPN confirmed that it should have been addressed immediately. The UM/LPN also confirmed that resident rooms should not have holes in the wall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Bartley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  175 Bartley Rd Jackson, NJ 08527	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/18/24 at 10:50 AM, the surveyor interviewed the Director of Maintenance (DOM) who stated that the Maintenance Department had a maintenance care application on their computer that identified building concerns and their location. The DOM explained that the issues were addressed as soon as possible dependent on the situation, and confirmed that everyone in the building had the responsibility to ensure that the building was maintained in a safe and homelike environment. The DOM further confirmed that the doorknobs, the PTAC unit, and holes in the resident room should not have been in that condition.</p> <p>On 4/24/24 at 10:02 AM, the Director of Nursing (DON), in the presence of the Regional Nurse and Assistant Director of Nursing (ADON), confirmed that the doorknobs, PTAC unit, and holes should have been previously identified and addressed and that they should not have been found in that condition.</p> <p>A review of the facility provided Resident Rights policy, with dated January 2023 included .the resident has a right to a safe, clean, comfortable and Homelike environment</p> <p>NJAC 8:39-4.1 (a), 11</p>		