

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARTLEY NURSING &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 BARTLEY RD</b> <b>JACKSON, NJ 08527</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ151532, NJ153738, NJ154486, NJ156095 Census: 159 Sample Size: 8</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p> <p>Survey date: 07/16/2022 - 07/17/2022</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/05/2022

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.

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ151532, NJ153738, NJ154486, NJ156095 Census: 159 Sample Size: 8</p> <p>TYPE OF SURVEY: Complaint</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S1680	<p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <ol style="list-style-type: none"> <li>1. Total number of residents multiplied by 2.5 hours/day; plus</li> <li>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</li> </ol>	S1680		7/28/22

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S1680	<p>Continued From page 1</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ151532, NJ153738,</p>	S1680	All residents are potentially affected by	
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S1680	<p>Continued From page 2</p> <p>NJ154486, NJ156095</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 6 of 7 day shifts for the week of 03/27/2022 - 04/02/2022. The facility was deficient in CNA staffing for residents on 4 of 7 day shifts for the week of 04/03/2022 - 04/09/2022. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts for the week of 05/15/2022 - 05/21/2022. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts for the week of 05/22/2022 - 05/28/2022. This deficient practice had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff</p>	S1680	<p>this practice.</p> <p>Rates were increased for nurse's aide position, as well as licensed nurse's positions. Facility has ads placed on multiple websites and social media sites to reflect the rate increase. Sign on bonuses as well as referral bonuses are being offered too. Large signs were placed on a busy road outside the facility which states that the facility is hiring for all nursing positions. Facility is contracted with multiple staffing agencies and our staffing needs are constantly communicated to the agencies via email and phone. The director of nursing or designee will review schedules weekly to see the staffing levels and anticipate upcoming needs. The director of nursing or designee will conduct monthly audits of the staffing patterns and ratios and will report findings to the Administrator. In addition, the director of nursing or designee will report findings to the QA committee during quarterly meetings.</p>	
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S1680	<p>Continued From page 3</p> <p>member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the week of 03/27/2022 - 04/02/2022, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> <li>- 03/27/2022 had 17 CNAs for 160 residents on the day shift, required 20 CNAs.</li> <li>- 03/28/2022 had 17 CNAs for 161 residents on the day shift, required 20 CNAs.</li> <li>- 03/29/2022 had 16 CNAs for 161 residents on the day shift, required 20 CNAs.</li> <li>- 03/30/2022 had 19 CNAs for 161 residents on the day shift, required 20 CNAs.</li> <li>- 04/01/2022 had 15 CNAs for 161 residents on the day shift, required 20 CNAs.</li> <li>- 04/02/2022 had 16 CNAs for 161 residents on the day shift, required 20 CNAs.</li> </ul> <p>2. A review of the "Nurse Staffing Report," completed by the facility for the week of 04/03/2022 - 04/09/2022, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows:</p>	S1680		

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S1680	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- 04/03/2022 had 16 CNAs for 160 residents on the day shift, required 20 CNAs.</li> <li>- 04/05/2022 had 17 CNAs for 160 residents on the day shift, required 20 CNAs.</li> <li>- 04/08/2022 had 18 CNAs for 156 residents on the day shift, required 19 CNAs.</li> <li>- 04/09/2022 had 18 CNAs for 156 residents on the day shift, required 19 CNAs.</li> </ul> <p>3. A review of the "Nurse Staffing Report," completed by the facility for the week of 05/15/2022 - 05/21/2022, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> <li>- 05/15/2022 had 15 CNAs for 167 residents on the day shift, required 21 CNAs.</li> <li>- 05/16/2022 had 14 CNAs for 166 residents on the day shift, required 21 CNAs.</li> <li>- 05/17/2022 had 14 CNAs for 166 residents on the day shift, required 21 CNAs.</li> <li>- 05/18/2022 had 16 CNAs for 166 residents on the day shift, required 21 CNAs.</li> <li>- 05/19/2022 had 17 CNAs for 166 residents on the day shift, required 21 CNAs.</li> <li>- 05/20/2022 had 16 CNAs for 166 residents on the day shift, required 21 CNAs.</li> <li>- 05/21/2022 had 17 CNAs for 164 residents on the day shift, required 20 CNAs.</li> </ul> <p>4. A review of the "Nurse Staffing Report," completed by the facility for the week of 05/22/2022 - 05/28/2022, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p>	S1680		

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S1680	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- 05/22/2022 had 12 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/23/2022 had 16 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/24/2022 had 16 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/25/2022 had 17 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/26/2022 had 15 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/27/2022 had 17 CNAs for 158 residents on the day shift, required 20 CNAs.</li> <li>- 05/28/2022 had 17 CNAs for 160 residents on the day shift, required 20 CNAs.</li> </ul> <p>On 07/17/2022 at 9:15 AM, the Administrator (ADM) stated he was aware of the mandate regarding staffing ratios. The facility had lost "a lot" of its staff during the pandemic. Per the ADM, the facility currently had contracts with several staffing agencies and had increased the CNA starting rates and implemented shift and sign-on bonuses. The ADM reported that call outs were also a factor and the facility made every effort to fill all call outs. However, they were not always successful. The ADM noted the facility employed a full-time staffing coordinator who worked "very hard" eight hours per day to staff the facility according to the new staffing ratio law. According to the ADM, the facility marketed using all available social media platforms in an effort to fill vacant positions and was willing to do and pay whatever they needed to in order to get the staffing ratio up to the state requirement. The ADM stated he was not sure what more the facility could do.</p>	S1680		
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061521	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/9/2022
NAME OF FACILITY BARTLEY NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 175 BARTLEY RD JACKSON, NJ 08527	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S1680	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/28/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/17/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		