

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

PRINTED: 06/03/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315288	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2021
NAME OF PROVIDER OR SUPPLIER BARTLEY HEALTHCARE NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 175 BARTLEY ROAD JACKSON, NJ 08527		
(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	
E 000	Initial Comments	E 000			
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/20/21 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>The building that was built in 90's, It is composed of Type II protected construction. The facility is divided into 16-smoke zones. The building has 2 generators that covers 100% of the facility.</p> <p>1. Generac 200 KW Diesel 2. Onan 55 KW Natural Gas</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair,</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

01/07/2022

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.

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K 000	Continued From page 1 alterations or additions.	K 000			
K 291 SS=D	<p>The facility has 234 certified beds. At the time of the survey the census was 122..</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/20/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1.</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:55 AM, the Surveyor, Maintenance Director and Administrator, observed in the main electrical room where the 2-emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Maintenance Director and Administrator at the time of observation.</p> <p>The Administrator was notified of the above findings, at the Life Safety Code exit conference</p>	K 291	<p>After the conclusion of our Life Safety Survey the equipment needed for the battery backup emergency lighting. The Emergency Light was ordered and installed in the electrical room with the emergency generator transfer switch on 1/10/2022.</p> <p>All residents have the potential to be affected.</p> <p>An audit was conducted to make sure all emergency lighting is in accordance with the required regulation. All were found to be within the required regulation.</p> <p>The Director of Maintenance or designee will complete weekly audits for 4 weeks and then monthly for 3 months. The Director of Maintenance will review the audits to present at the quarterly QAPI meeting.</p> <p>If there are areas of the audit that are not within regulation, then the audit will be conducted for another 3 months.</p>	1/11/22	

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K 291	Continued From page 2 on 12/20/21.	K 291			
K 341 SS=E	<p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/20/2021, in the presence of the Administrator and Maintenance Director, it was determined that the facility failed to provide fire alarm notification by audible and visible signals for 3 of 3 enclosed courtyards in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the</p>	K 341	<p>The Fire Alarm Company was contacted after the conclusion of our Life Safety Survey to provide the equipment and installation of the horn and strobe necessary. After obtaining the quote, the fire alarm company ordered the equipment by 1/6/2022 and is scheduled to install a horn & strobe which will be tied it into the fire alarm system for the outside enclosed courtyards of Aspen, Birch, & Cedar no later than 1/17/2022.</p>	1/17/22	

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K 341	<p>Continued From page 3 following:</p> <p>During the building tour in the presence of the facility Administrator and Maintenance Director at 11:48 AM, an inspection of the outside enclosed Aspen, Birch and Cedar enclosed courtyard's was performed. The surveyor observed no evidence of a fire alarm notification (horn/ strobe) in the above area's. At that time, the surveyor asked the Maintenance Director if there was a horn/strobe in the above enclosed courtyards for the fire alarm system. The Maintenance Director said "no."</p> <p>The findings were verified and confirmed by the Administrator and Maintenance Director during the observations.</p> <p>The Administrator was notified of the finding's at the Life Safety Code exit conference on 12/20/2021.</p> <p>NJAC 8:39-31.2(a)</p>	K 341	<p>All residents have the potential to be affected by this deficient practice. The Director of Maintenance was in-serviced on 12/20/2021 regarding the regulation to provide notification by audible a visible signal for enclosed courtyards. The Director of Maintenance or designee will audit the enclosed courtyards to ensure the horn & strobes are functioning properly weekly for 2 months, and monthly for 3 months. Results of the audit will be reviewed at the quarterly quality assurance meeting. If there are areas of the audit that are not within regulation, then the audit will be conducted for another 3 months.</p>		