

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

PRINTED: 06/29/2023  
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>05/16/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARTLEY NURSING &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>175 BARTLEY RD 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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and	F 883		6/14/23	

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

TITLE

(X6) DATE

Electronically Signed

06/09/2023

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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F 883	<p>Continued From page 1</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>Based on interview, record review, and policy review, the facility failed to ensure that two (Resident (R) 3 and R4) of six residents reviewed for immunizations were educated and offered a <b>EX. Order 26.(4) B1</b> vaccine due to either their age and/or having chronic medical conditions. This failure has the potential for the residents to be unprotected from developing a life-threatening illness <b>EX. Order 26.(4) B1</b>, which can require hospitalization for treatment.</p> <p>Findings include:</p> <p>1. Review of R3's "Admission Record," from the facility's electronic medical record (EMR) "Profile" tab showed an admission date of <b>EX. Order 26.(4) B1</b> at the age of <b>EX. Order 26.(4) B1</b> with medical diagnoses that included <b>EX. Order 26.(4) B1</b> and <b>EX. Order 26.(4) B1</b>. Review of an Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of <b>EX. Order 26.(4) B1</b> revealed the resident had a Brief Interview for Mental Status (BIMS) score of <b>EX. Order 26.(4) B1</b>, indicating the resident was <b>EX. Order 26.(4) B1</b>.</p> <p>Review of R3's EMR "Immunization" tab showed that it was marked as "Consent Refused" for the <b>EX. Order 26.(4) B1</b> vaccine. Review of the EMR "Miscellaneous" tab did not show documentation that indicated, at a minimum, that the resident or their representative was provided education regarding the benefits and potential side effects of <b>EX. Order 26.(4) B1</b> immunization. Further review of all other sections of the EMR, as well as the resident's hard (paper) chart also revealed no documentation that the resident and/or their representative was provided education about the vaccination and made an informed decision to decline it.</p>	F 883	<p>Bartley POC for F=883 SS=D Element # 1</p> <p>1. Residents #3 and #4 were offered and educated regarding the benefits and potential side effects of <b>EX. Order 26.(4) B1</b> immunization on 5/16/23 by the DON. Residents #3 and 4 continue to decline the <b>EX. Order 26.(4) B1</b> immunization despite education for risks vs benefits for refusals.</p> <p>2. The Nurse Managers involved were given a one-on-one re-education of the facility's <b>EX. Order 26.(4) B1</b> Vaccination policy. This was given on 5/17/23.</p> <p>Element #2</p> <p>All residents who meet the CDC guidelines for <b>EX. Order 26.(4) B1</b> Vaccination has the potential to be affected by the cited deficient practice. Facility completed an audit of all residents who have documented refusals for <b>EX. Order 26.(4) B1</b> Immunization in their medical records on 5/25/23, no identified deficient practice was observed.</p> <p>Element # 3</p> <p>Re-education regarding facility <b>EX. Order 26.(4) B1</b> Immunization policy was initiated on 5/18/23 with the emphasis on providing education to resident and or the resident responsible party regarding the <b>EX. Order 26.(4) B1</b> immunization benefits and side effects and documentation for refusal in the resident medical record. This education is ongoing for licensed nurses and will be provided annually and during orientation for a newly hired licensed nurse.</p> <p>The facility Infection Preventionist or designee will review <b>EX. Order 26.(4) B1</b> Vaccination status for new admission to</p>	

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F 883	<p>Continued From page 3</p> <p>In response to a request for the documentation R3 had received education and declined the vaccine, the Director of Nursing (DON) provided a form which was dated at the resident's admission admit and had not been in the hard (paper) chart or EMR chart.</p> <p>During an interview on 05/16/23 at 4:55 PM regarding education regarding the vaccine, R3 stated [REDACTED] was not educated at admission. R3 added that the supervisor came today (05/16/23) and had [REDACTED] sign something. R3 continued that [REDACTED] had not received any education in writing and did not provide further information on this topic.</p> <p>2. Review of R4's "Admission Record," from the EMR "Profile" tab showed an admission date of [REDACTED] at age [REDACTED] and a readmission to the facility on [REDACTED] with medical diagnoses that included [REDACTED]. Review of an MDS, with an ARD of [REDACTED], revealed the resident had a BIMS score of [REDACTED], indicating the resident was [REDACTED].</p> <p>Review of R4's EMR "Immunization" tab showed "Not Eligible" for the pneumonia vaccine. Further review of R4's hard chart and EMR did not reveal documentation of education regarding the vaccine or documentation as to why the resident was "not eligible" for the [REDACTED] vaccine.</p> <p>In response to a request for documentation of R4's vaccine education and reason that the resident was "not eligible" for the vaccine, the DON provided an "Immunization Informed Consent Record" dated on the readmission date and signed by R4. The only vaccine indicated on</p>	F 883	<p>ensure that the resident is offered [REDACTED] Immunization in accordance with the CDC guidelines, and education are provided regarding the benefits and side effects to resident and or resident responsible party for a resident who refused [REDACTED] vaccination.</p> <p>Element #4 The Regional Infection Preventionist nurse or designee will conduct an audit for 5 newly admitted residents weekly x 4 weeks and then monthly x 3 months to review if new admitted residents were offered with [REDACTED] Vaccination in accordance with CDC guidelines, and education regarding benefits and side effects were provided and documented for residents who refuse [REDACTED] vaccination. Any negative findings will be corrected by one on one re-education and re-offering of [REDACTED] vaccination by the IP nurse or a licensed nurse to resident as clinically appropriate. The result of the audits will be submitted to the QAA committee who meets quarterly for review and recommendations for necessity of future audits.</p>		

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F 883	<p>Continued From page 4</p> <p>this form was the <b>EX. Order 26.(4) B1</b> vaccine, and there was no information as to why the resident was not eligible to receive the <b>EX. Order 26.(4) B1</b> vaccine.</p> <p>During an interview on 05/16/23 at 4:40 PM, when asked if <b>EX. Order 26.(4) B1</b> had received education regarding the <b>EX. Order 26.(4) B1</b> vaccine, R4 responded "Just now," indicating that this education was not provided until after the initiation of the Focused Infection Control survey.</p> <p>In an interview on 05/16/23 at 4:46 PM, the DON stated the form ("Immunization Informed Consent Record") is filled out when the resident comes in and should be given to the resident at the time they decline. The DON continued that she found those forms in a stack at the nurse's station and confirmed R3 and R4 had just signed them, saying that she knew both residents had declined when they came in.</p> <p>Review of the facility policy titled <b>EX. Order 26.(4) B1</b> Vaccine (Series)," revised 02/17/22, revealed: "It is our policy to offer our residents, staff, and volunteer workers immunization against <b>EX. Order 26.(4) B1</b> disease in accordance with current CDC [Centers for Disease Control] guidelines and recommendations. Policy Explanation and Compliance Guidelines...</p> <p>3. Prior to offering the <b>EX. Order 26.(4) B1</b> immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization.</p> <p>a. The individual receiving the immunization, or the resident representative, will be provided with a copy of CDC's current vaccine information statement relative to that vaccine ...</p> <p>7. A <b>EX. Order 26.(4) B1</b> vaccine is recommended for</p>	F 883			

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F 883	Continued From page 5 all adults 65 years' and older. 8. A <b>EX. Order 26.(4) B1</b> vaccination is recommended for adults 19 to 64 years' old who have certain chronic medical conditions or other risk factors which may include: c. Chronic heart disease, including CHF [congestive heart failure] and cardiomyopathies ...e. Chronic lung disease, including COPD [chronic obstructive pulmonary disease] emphysema and asthma ...k. Diabetes mellitus."  NJAC 8:39-19.4 (i)	F 883			