STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105645	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bartram Crossing	6209 Brooks Bartram Drive Jacksonville, FL 32258

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and facility policy review, the facility failed to maintain sanitary conditions and proper food storage practices in the nourishment room on the 300 hallway, by failing to 1) Have a plate warming unit that was free of brown liquid residue, 2) Have a microwave free of food splatter, dried residue, and debris on the interior surfaces, including the top, sides, and base of the unit, and 3) Label and date bread stored in the cabinet above the microwave. These failures had the potential to negatively impact all residents who received food from the nourishment room. The findings include:On 3/25/2026 at 2:11 PM, an observation of the 300-hallway nourishment room revealed a cabinet containing a plate warming unit with visible accumulation of brown liquid residue, debris, and black particulate matter on the cabinet floor beneath the unit. The microwave was observed to have visible food splatter, dried residue, and debris on the interior surfaces, including the top, sides, and base of the unit. An opened loaf of bread was observed stored in the cabinet above the microwave with no date marking to indicate when the item was opened. (Photographic evidence obtained)On 3/26/2026 at 11:03 AM, another observation of the 300-hallway nourishment room was made. The plate warming unit continued to have a residue and debris beneath it and dried food residue and debris on the interior surfaces. The opened loaf of bread stored in the cabinet above the microwave had no date marking. On 3/26/2026 at 11:28 AM, the plate warming unit was observed and continued to have visible accumulation of dark residue, debris, and buildup along the interior surfaces and base of the unit. (Photographic evidence obtained)During an interview with the General Manager of the kitchen on 3/26/2026 at 3:02 PM, he stated that nourishment rooms are cleaned and maintained by dietary staff; however, no tracking log or documentation was available to demonstrate routine cleaning or monitoring of the nourishment rooms.During an interview with Dietary Aide D on 3/26/2026 at 4:08 PM, she stated that staff are responsible for cleaning nourishment rooms, including appliances such as microwaves and ensuring food items are monitored; however, there is no set schedule, and tasks are completed if there is time.During an interview with Dietary Aide E on 3/26/2026 at 4:45 PM, he stated that staff are responsible for checking expiration dates, labeling items, and cleaning nourishment room equipment including microwaves, refrigerators, and other appliances.A review of the facility's policy and procedure titled Service Guidelines, Policy DIET-059, last reviewed 11/2025, revealed the Food and Nutrition Services Department shall operate using guidelines for sanitation and infection control of food production and service. Additionally, a review of the facility's policy titled Food Safety (HACCP), Policy DIET-032, last reviewed 11/2025, revealed the facility maintains a comprehensive food safety system that includes proper handling, preparation, storage, and sanitation practices, as well as ongoing staff training related to food safety and cleaning procedures. (Copy obtained)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105645	A. Building B. Wing	03/26/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide resident dignity by leaving a urinary catheter collection bag uncovered for one (Resident #13) of five residents observed with urinary catheters, from a total sample of 42 residents.The findings included:On 03/23/2026 at 12:29 PM, Resident #13 was observed lying in bed, eyes closed, with lower extremity in orthopedic boot, elevated on pillow. Her urinary catheter collection bag was observed uncovered and hanging on the bed frame with clear yellow urine visible in the bag and tubing visible to anyone walking past her room. (Photographic evidence obtained)Record review for Resident #13 revealed she was admitted to the facility on [DATE], with an initial admission date on 07/22/2022. Her diagnoses included obstructive reflux uropathy, dysuria and peripheral vascular disease. A review of the quarterly minimum data set (MDS) quarterly assessment, dated 01/08/2026, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating severe impairment. Resident #13 required supervision or touching assistance for eating and indwelling catheter due to always being incontinent of urinary and frequently incontinent of bowels.Review of Resident #13's Care Plan included a focus, and goals related to the risk for complication related to infection: Urinary Tract Infection (UTI) and indwelling catheter with diagnosis Neurogenic Bladder. (Copy obtained)Review of Resident #13's current physician's orders revealed the following: provide catheter care every shift and as needed (5/22/2025); ensure indwelling catheter drainage bag is below the level of the bladder and catheter collection tubing is free from kinks and ensure catheter anchoring device is in place every shift and as needed (5/22/2025); change catheter drainage bag in the evening every 30 day(s) follow protocol and as needed (5/22/2025); indwelling catheter 16 Fr with 10 milliliter (mL) balloon every shift (6/2/2025); Foley catheter to bedside bag Neurogenic bladder every shift (7/7/2025); and Enhanced Barrier Precautions (EBP).On 03/24/2026 at 9:10 AM, Resident #13 was observed in bed with lower extremity in orthopedic boot elevated on a pillow. Her finished breakfast tray was on the overbed table in front of her. Her urinary catheter collection bag was observed uncovered and hanging on the bed frame with clear yellow urine visible in the bag and tubing visible to anyone walking past her room. The resident was asked if she was comfortable with her catheter collection bag uncovered and facing the door. She replied, As far as I know, I can't see anything. (Photographic evidence obtained)On 03/25/2026 at 3:44 PM, Resident #13 was observed from the hallway. Her door was open, and she was lying in bed, eyes closed, with lower extremity in orthopedic boot, elevated on pillow. Her urinary catheter collection bag was observed hanging on the bed frame uncovered, with clear yellow urine in the collection bag and tubing, visible to anyone walking past her room. (Photographic evidence obtained)On 03/25/2026 at 3:47 PM, Licensed Practical Nurse (LPN) F was asked, what the facility policy was related to the positioning of urinary catheter bags. She replied, Bags should be below the bladder. When asked if it was okay for Resident #13's catheter collection bag to be uncovered and facing the door. LPN F replied, No, it should be covered.During an interview with the Director of Nursing (DON) on 03/25/2026 at 03:47 PM, the DON stated, Urinary catheter bags should be positioned on the other side of the bed and not in view of people passing.On 3/26/2026 at 11:16 AM, LPN B was asked how she monitored care plan interventions, including infection control standards for catheter care. LPN B replied, Ensure the urinary catheter is in the right position/in the privacy bag. She explained that if the bag is facing [NAME] on the bed, it has to be placed on the other side of the bed (out of sight from anyone walking past the room) and when in the wheelchair, the catheter bag should be placed in a privacy bag.