STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315288	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bartley Nursing & Rehab	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to provide an environment that is safe, functional, sanitary, and comfortable. This deficient practice was identified for two of three dining rooms (Main and Dogwood).This deficient practice was evidenced by the following: On 8/6/25 at 11:52 AM, the surveyor toured the facility's main dining room in the presence of the Activities Director (AD) and observed a bug in the second drawer of the kitchenette, as well as a black, ground substance in the fourth drawer, which the AD identified as coffee. The fourth drawer was also sticky to the touch. On 8/6/25 at 11:56 AM, in the presence of the Food Service Director (FSD), the surveyor observed that all five steam table wells in the Main and Dogwood dining rooms had residual water marks approximately half an inch above the water level. The wells also contained dirty water with food debris that was not consistent with the day's lunch meal. A review of the facility's Monthly Cleaning List for week one of 08/25 showed a check mark that the kitchen wells were cleaned with soap A review of the manufacturer's Electric Hot Food Table with Sealed-in [NAME] (SHT Series) Operations Manual and Instructions indicated that the inside of the water compartment and outer shell should be washed daily, using a clean cloth or sponge and mild detergent. On 8/6/25 at 12:00 PM, the surveyor interviewed the Food Service Director (FSD), who acknowledged that the kitchenette drawers were unclean and should not contain bugs or spilled substances. The FSD confirmed that the steam table wells should be cleaned according to the manufacturer's specifications but was unable to provide cleaning records or accountability logs. On 8/6/25 at 12:22 PM, the surveyor interviewed the Housekeeping and Laundry Director (HLD), who stated that staff deep clean both dining rooms monthly. However, the HLD was unable to specify when the dining rooms were last deep cleaned. On 8/11/2025 at 12:24 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA). The LNHA stated that there should be no bugs or spills in the dining room kitchenette drawers, that the steam table wells and water should be clean and free of food particles, and that cleaning schedules should be in place for the drawers and steam tables. The LNHA emphasized that clean dining rooms are important for resident safety and for preventing illness. A review of the facility's Dietary Equipment Cleaning policy, dated 3/1/24 and revised 2/28/25 indicated that all kitchen equipment will be cleaned and sanitized regularly following manufacturer guidelines and facility-specific schedules. NJAC 8:39-31.4(a)

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

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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, interview, record review, and review of pertinent facility documents it was determined that the facility failed to interact with residents in a dignified and respectful manner by failing to provide privacy to Resident #8 during wound care. This deficient practice was identified for 1 of 44 residents reviewed for dignity and was evidenced by the following:During a tour of the Dogwood Unit on 8/5/2025 at 11:53 AM, the surveyor observed room [ROOM NUMBER] with the door open and two nurses inside performing wound care to Resident #8 whose bed was next to the window. The surveyor noted that resident's privacy curtain was not pulled and the window shades were not pulled down for privacy. The surveyor continued to observe the room and at no time was Resident #8's privacy maintained.On the same date at 12:01 PM, the surveyor approached the Assistant Director of Nursing (ADON) who was seated at the nursing station. The ADON stated that during wound care, privacy was to be maintained by either closing the door or pulling the privacy curtain. When asked about the window bed, the ADON confirmed that the window shade should be pulled down to maintain privacy. The surveyor requested that the ADON accompany them to room [ROOM NUMBER]. Upon approaching room [ROOM NUMBER], one of the nurses stated that the door was closed. When the surveyor stated that they have been standing at the doorway the nurse stated that she believed the door was closed. The second nurse then approached the treatment cart and while the ADON was providing education, it was confirmed that the door was not closed. On 8/6/2015 at 10:56 AM, the surveyor spoke with Resident #8 who confirmed that the nurses did not pull the curtain, shut the door, or pulled the window shade during wound care.The surveyor reviewed Resident #8's medical record:A review of the admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included fracture of the left femur and infection following procedure/surgical site.A review of the most recent Quarterly Minimum Data Set (MDS), an assessment tool, dated 7/17/2025, reflected a brief interview for mental status (BIMS) score of 14 out of 15, which indicated that the resident was cognitively intact.During an interview with the surveyor on 8/11/2025 at 9:48 AM, the Infection Preventionist confirmed that privacy was to be maintained during wound care by closing the door, pulling the privacy curtain, and pulling the window shades if the resident is in a window bed.During an interview with the surveyor on 8/11/2025 at 12:20 PM, the Director of Nursing, in the presence of the Licensed Nursing Home Administrator, Regional Administrator, and Administrator in Training, confirmed that privacy was to be maintained during wound care by closing the door, pulling the privacy curtain, and pulling the window shades if the resident is in a window bed.A review the facility policy titled, Promoting/Maintaining Resident Dignity, last revised 11/2024, revealed that: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances resident 's quality of life by recogniziing each residents individuality. The policy further revealed the following under Compliance Guidelines: 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights [.]; 12. Maintain resident privacy [.].A review the facility policy titled, Wound Care, last revised 12/20205, revealed the following under Procedures: [.] 8. Ensure privacy by pulling the privacy curtain or shutting the door if in a private room [.] . NJAC 8:39-4.1(a)12

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observations, interview, record review, and review of pertinent facility documents it was determined that the facility failed to provide appropriate and sufficient care urinary catheter care, specifically by having the catheter drain bag not secured in a manner to maintain infection control, outside of a privacy bag, and improperly positioned at the foot of the bed in manner to potentially cause pain to resident. The deficient practice was identified for 1 of 3 Residents (Resident # 13) reviewed for Urinary Catheter or Urinary Tract Infections and was evidenced by the following:During initial tour of the facility on 8/4/2025 at 10:52 AM, the surveyor observed the resident's catheter drainage bag draped over the foot of the Resident #13 bed. The draining catheter bag was not fully contained inside the privacy bag and resident's urine was visible inside the bag. The resident stated that he was not sure how long the drainage bag has been in this manner and confirmed that they do not have any pain at this current time. The surveyor reviewed the medical record for Resident #18.A review of the [admission Record], an admission summary, revealed the resident had diagnoses which included, but were not limited to: Rhabdomyolysis (a muscle injury where the muscles break down into the blood), and hemiplegia (complete paralysis of one side of the body) and hemiparesis (weakness on one side of the body) following cerebrovascular disease (a group of disorders that affect blood vessels and blood supply to the brain). A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 6/3/2025, included that Resident #13 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was intact. Further review of the MDS under Section H for Bladder and Bowel revealed the resident had an indwelling catheter.A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 5/28/2025, that the resident required insertion of indwelling urinary catheter due to urinary retention and has indwelling catheter. Interventions included, but were not limited to: Position catheter bag and tubing below the level of the bladder and away from entrance room door and privacy cover.On 8/7/2024 at 10:10 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that urinary drainage bags should be fully encased in the privacy bags, not touching the floor, and that they should be secured on the side of the bed with the provided hook.On 8/7/2024 at 10:15 AM,, the surveyor interviewed the Registered Nurse/Charge Nurse (RN/CN #1) who confirmed that urinary drainage bags were to be secured on the side bed frame fully inside the privacy bag. Upon review of the picture obtained of Resident #18's urinary drainage bag on initial tour of the facility, the RN/CN #1 acknowledged that the urinary catheter bag should have been parallel to the resident to allow gravitation pull into the bag. RN/CN #1 further explained that the bag being positioned at the end of the bed could potentially cause a pulling sensation and pain to the catheter site. On 8/11/2025 at 9:48 AM, the surveyor interviewed the Infection Preventionist, who upon review of the picture, confirmed that the urinary drainage bag should have been fully contained within the privacy bag, placed parallel to the resident, and secured with the provided hook to allow proper drainage. On 8/11/2025 at 12:20 PM, the survey team interviewed the Director of Nursing, in the presence of the Licensed Nursing Home Administrator, Regional Administrator, and Administrator in Training, acknowledged that it is the expectation of the facility that urinary drainage bags should be fully contained within the privacy bags, placed parallel to the resident, and secured with the provided hook on the bed frame. A review the facility policy titled, Urinary Catheters, last revised 2/4/2025, revealed the following under Procedures: [.] 6. Indwelling catheters should be properly secured to prevent movement and urethral traction; [.]15. Keep the collection bag below the level of the bladder and place in a privacy bag [.]. N.J.A.C. 8:39-19.4 (a)