STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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	INITIAL COMMENTS NJ00156250 NJ00151600 NJ00158716 NJ00159085 Survey Date: 4/06/23 Census:380 Sample: 35 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents it was determined, the facility failed to a.) transcribe a Physician's Order (PO) for a resident's [Exec Order 26, 4b1 NJAC 8] from [NJ Exec. Order 26:] through [NJ Exec. Order 26:] for (Resident #330); b.) obtained a PO for a [Exec Order 26:] [Exec Order 26, 4b1 NJAC] from [Exec. Order 26:] through [Exec. Order 26:] for (Resident #90). This was idenified for two (2) of thirty-six (36) residents reviewed for professional standards of practice; and c.) obtain a [NJ Exec. Order 26:4.b.] on NJ Exec. Order 26:4.b.1 , after a	F 658	1. The physician's order of the [Exec Order 26, 4b1 NJAC 8] for resident #330 was clarified with the physician and properly transcribed. The physician's order for the [Exec Order 26:] for resident #90 was written by the physician and transcribed properly on the Medication Administration Record (MAR).	4/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/20/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 1 NJ Exec. Order 26:4.b.1 for one (1) of seven (7) residents, (Resident #90) reviewed for nutrition. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1). On 3/22/23 at 11:43 AM, the surveyor observed Resident #330 lying-in bed in an upright position. The resident was alert with their eyes opened and did not respond to the surveyor. The resident was receiving Exec Order 26, 4b1 NJAC 8:43E-2.1	F 658	Resident #90 was NJ Exec. Order 26:4.b.1 to obtain a current NJ Exec. Order 2. Resident #90 was also put on NJ Exec. Order 26:4.b.1 to monitor resident NJ Exec. Order 26 2. All residents have the potential to be affected by this practice. A review of all residents' physician order sheets was completed to ensure there were no missing orders on the Medication Administration Record (MAR). A review of all resident weights was completed to ensure any resident who requires a re-weight has had the re-weight completed in a timely manner. 3. An inservice was provided to all licensed nurses on physician orders and proper and timely transcription of medications and dietary supplement orders. An inservice was provided to nurses, certified nursing assistants, and registered dietitians on the facility protocol for resident weights and re-weights to ensure the protocol is being properly followed. A Weight Committee, chaired by the Clinical Nutrition Manager, was initiated to review monthly resident weights and to ensure any re-weights required were completed timely. The Resident Weight Record form was revised by the Weight Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 2 Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] The surveyor reviewed Resident #330's medical records. Review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] Review of the Quarterly Minimum Data Set (QMDS), an assessment tool used to facilitate the management of care, dated Exec Order 26, 4b1 N reflected that the resident's cognitive skills for daily decision making score was Exec Order 26, 4b1 NJAC which indicated that the resident's cognition was Exec Order 26, 4b1 NJAC 8:43E-2.1 A review of the Nutrition Communication/Physician Order dated Exec Order 26, 4b revealed that the Registered Dietician (RD) made two recommendations: 1. increasing the Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] and 2. a Exec Order 26, 4b1 NJAC 8: to meet the recommended dietary intake. Further review of the Nutritional Communication/Physician Order dated NJ Exec. Order 26-[redacted], revealed that the physician approved the RD's recommendations on NJ Exec. Order 26-[redacted] (three days later).	F 658	4. The Director of Nursing will audit ten (10) new orders per month to ensure order is properly documented on the Medication Administration Records (MARs). The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee. The Clinical Nutrition Manager, on a monthly basis, will review all monthly weights to ensure that any resident requiring a re-weight, per protocol, had it completed timely and recorded properly in the medical record. The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 3	F 658		

A review of the February and March 2023 Physician's order forms revealed a new order for [redacted] There was no PO for the recommended [redacted].

On 3/29/23 at 11:05 AM, the surveyor interviewed Resident #330's Registered Nurse (RN#1) who stated that when the RD writes a recommendation, it is flagged in the chart. The nurse is responsible for reviewing the recommendation and notifying the physician regarding the RD's recommendation. RN#1 confirmed that the physician approved the above corresponding RD's recommendations, but the nurse "forgot" to carry out the PO.

On 3/29/23 at 11:15 AM, the surveyor interviewed the Registered Nurse/Unit Manger (RN/UM#2), who stated that when Resident #330's nurse recieved the authorization from the physician approving the RD's recommendations, she should have written a telephone order for the [redacted]

On 4/4/23 at 10:15 AM, the survey interviewed the RD#1 who acknowleded that she wrote the recommendations on 1/27/23, and that she did not review the resident's medical chart to ensure that her recommendations were followed. She stated that it was her responsibility to review the resident's medical record to ensure that her recommendations were addressed by the physician.

On 4/5/23 at 9:20 AM, the surveyor in the presence of the survey team met with the Licensed Nursing Home Adminsitrator (LNHA),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 4	F 658		

Director of Nursing (DON), Clinical Nutrtion Manger, and the In-HousePharmaicst and discussed the above findings. There was no additional information provided.

2). On 3/22/23 at 10:15 AM, the surveyor observed Resident # 90 in bed. The resident was alert and oriented. The resident did not respond to the surveyor.

On 3/30/23 at 12:10 PM, the surveyor observed the resident seated at a table with a small plate in front of the resident with a napkin over it.

At that same time, the RN/UM #2 picked up the napkin which revealed a partially eaten sandwich. The remaining meal tray was untouched. The RN/UM #2 encouraged the resident to eat more of their meal, but the resident refused.

The surveyor reviewed Resident #90's medical record.

Review of the Admission Record revealed the resident was admitted to the facility with diagnoses that included Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted]

Review of the QMDS, dated NJ Exec. Order 26:4.b [redacted], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of Exec Order 26, 4b1 NJAC 8 [redacted] indicating that the resident had a Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658		F 658		

Continued From page 5

[redacted]

A review of a Nutritional note dated [redacted] written by RD#1 indicated that the resident was recieving [redacted] three times daily.

A review of a Nutritional note dated [redacted] written by RD#1 indicated that the resident was recieving [redacted] three times daily.

A review of a Nutritional note dated [redacted] written by RD#1 indicated that the resident completed a three-day calorie count that included the consumption of [redacted] three times daily.

A review of Resident #90's Physician's Renewal Orders form (PROF) from [redacted] revealed that the resident had no physician's order for [redacted] three times daily.

Review of the [redacted] PROF revealed a telephone order dated [redacted], for [redacted] by mouth twice daily for supplement.

Further review of the [redacted] PROF revealed a telephone order dated [redacted] to discontinue [redacted] Twice daily and a new order to for [redacted] by mouth three times daily for supplement.

On that same day, the surveyor interviewed the RN/UM #2 who stated that the resident had a physician's order for [redacted] three times daily, but when the resident was transferred to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 6	F 658		

hositpal the order was discontinued. She further stated that when the resident was re-admitted on Exec Order 26, 4b1 NJ the Exec Order 26, 4b1 NJAC 8:43E-2.1 was not reordered, but the resident was still receiving the Exec Order 26, 4b1 NJAC 8 with each meal. She also stated that on Exec Order 26, the resident's nurse realized that the resident had no physician's order for the Exec Order 26, 4b1 NJAC 8:43E-2.1. The nurse contacted the physician and obtained a telephone order for Exec Order 26, 4b1 NJAC 8:43E-2.1 by mouth twice daily for a Exec Order 26, 4b1 NJAC 8 The RN/UM #2 further stated that the order was clarified and changed on Exec Order 26, 4b1 The RN/UM #2 further stated that it was the facility's policy that all supplements required a physician's order and nursing was responsible to document the resident's consumption in the MAR.

On 4/4/23 at 10:15 AM, the surveyor interviewed the RD#1 who stated that she was unaware that the resident had no physician's order for Exec Order 26, 4 from Exec Order 26, 4b1 NJAC 8:43E-2.1 She was also unaware that the nurses were not documenting the resident's consumption of Exec Order 26, 4b1 NJAC 8:43E-2.1 in the MAR. The RD acknowledged that reviewing the whole medical record which includes the physician's order and the MAR was part of her nutritional tool for assessing the resident. She also acknowledged that she did not review Resident #90's POS and MAR and was unable to respond to surveyor inquiry as to how she could monitor the resident's consumption of Exec Order 26, 4b1 NJAC 8:43E-2. if she was not reviewing the monthly MAR's.

On 4/5/23 at 9:20 AM, the surveyor met with the facility's Administration team which included the LNHA, DON, Clinical Nutrition Manager, and the in-house Pharmacist and discussed the above

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 7	F 658		

findings. The LNHA stated that the facility had obtained a Physician's order for the [redacted] when Resident #90 was re-admitted to the facility. She further stated the resident was receiving [redacted] with their meal tray and that she was able to provide the surveyor with the resident's meal tracker which confirmed that the resident was recieving the [redacted] with each meal. The LNHA acknowledged that there should have been a PO for the [redacted]

A review of the facility's policy for "Medication Orders" dated [redacted], which was provided by the DON included that "Orders for medications will be entered into a computerized order entry system or written on a Physician's Order Form or authorized hard copy forms."

A review of the facility's policy for "Physician Order Sheet" dated [redacted] which was provided by the DON included that "All Physician Order Sheets will include the following information...Complete diet, treatment, and medication orders."

3. On 3/22/23 at 10:15 AM, the surveyor observed Resident # 90 in bed. The resident was alert and oriented. The resident did not respond to the surveyor.

On 3/30/23 at 12:10 PM, the surveyor observed the resident seated at a table with a small plate in front of the resident with a napkin over it.

At that same time, the RN/UM #2 picked up the napkin which revealed a partially eaten sandwich. The remaining meal tray was untouched. The RN/UM #2 encouraged the resident to eat more of their meal, but the resident refused.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 8 The surveyor reviewed Resident #90's medical records. Review of the Admission Record revealed the resident was admitted to the facility with diagnoses that included Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] Review of the QMDS, dated Exec Order 26, 4b1 [redacted], reflected that the resident had a Brief Interview for Mental Status (BIMS) score of Exec Order 26, 4b1 NJAC 8 [redacted] indicating that the resident had a Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] A review of a Nutritional Note dated Exec Order 26, 4b1 N [redacted] reflected that Resident #90's December weight was Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted]) which indicated a NJ Exec. Order 26:4.b.1 for one month compared to November 2022's weight of Exec Order 26, 4b1 NJ [redacted] The RD documented "Possible error with Novemeber weight." A review of the Resident's weight record revealed that the resident's weights were as follows: - Exec Order 26 [redacted] the resident's weight was Exec Order 26, 4b1 NJAC 8 [redacted] - Exec Order 26, 4b1 N [redacted] the resident's weight was Exec Order 26, 4b1 NJAC 8 [redacted]. - Exec Order 26, 4 [redacted] the resident's weight was Exec Order 26, 4b1 NJAC 8:43E [redacted] - Exec Order 26, 4b1 [redacted] the resident's weight was Exec Order 26, 4b1 NJAC 8:4 [redacted] - Exec Order 26 [redacted] the resident's weight was Exec Order 26, 4b1 NJAC 8:4 [redacted] The resident's weight record revealed that they	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 9	F 658		

were no re-weights for Resident #90.

On 3/29/23 at 12:00 PM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) and RN/UM #2 regarding facility policy for obtaining weights. RN/UM #2 stated that the resident's weight should be obtained by the 5th of the month and it was the responsibility of the nursing staff to obtain the resident's weight. If a resident's weight was plus or minus five (5) lbs from the previous weight (weight gain or weight loss), the facility policy included that a resident should have been re-weighed and the dietician should have been notified. LPN #1 and the RN/UM #2 were unable to provide docuemnted evidence to the surveyor that the resident's re-weights were obtained.

On 4/4/23 at 10:00 AM, the surveyor interviewed the RD #1 regarding her nutritional note from 12/13/22. RD #1 stated that when a resident has a significant weight gain, weight loss or a change of weight by 5 pounds, that the resident should be re-weighed. RD #1 stated that Resident #90 was never re-weighed after having a NJ Exec. Order 26:4.b.1 [redacted], when the resident weighed [redacted] pounds which was a NJ Exec. Order 26:4.b.1 [redacted] from October 2022. The RD #1 further stated that Resident #90 should have been re-weighed after the NJ Exec. Order 26:4.b.1 in [redacted]. After the interview, the surveyor and RD #1 reviewed Resident #90's Weight Record and Unit [redacted] Review of the monthly weight book revealed that the resident was never re-weighed in [redacted] Further review of the resident's weight revealed they were no re-weights for [redacted] significant [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 658	Continued From page 10 On 4/5/23 at 9:20 AM, the surveyor met with the facility's administration team which included the LNHA, DON, Clinical Nutritional Manager and On-site Pharmacy Manager. The LNHA acknowledged that the facility did not obtain a re-weight for Resident #90's [redacted] She acknowledged that it was the facility policy to re-weigh any resident who had a significant weight gain or weight loss. A review of the facility's policy for "Weight: Resident" dated 7/31/22, whicg was provided by the DON included that the "Dietician will review weights and, for any weight which is five (5) pounds greater or less than the previous month's weight, dietician will direct nurses to re-weight within 24-hours. All re-weights will be documented on monthly weight sheets by Nurses. Dietician will compare weights with the previous results and take appropriate action when variances are noted. All reweight must be supervised by the Licensed Nurse." NJAC: 8-39-27.1 (a)	F 658		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: C# NJ158716 C# NJ159085 Based on observation, interview, record review and document review it was determined that the	F 677	1. Resident #218 was provided with [redacted] and personal hygiene care by nursing staff. The Certified Nurse's Aides (CNA)	4/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 11 facility failed to follow their care guidelines and provide appropriate [Exec Order 26, 4b1 NJAC 8] care and personal hygiene care for 1 of 5 residents reviewed (Resident #218) for Activities of Daily Living (ADL). This deficient practice was evidenced by the following: On 03/29/30 at 07:35 AM, the surveyor entered the [Exec Order 2] Unit. While approaching the nursing station a foul and strong [Exec Order] odor permeated in the hallway. The surveyor inquired about the [Exec Order 26, 4b1 NJAC 8] odor, and an unidentified staff member informed the surveyor that the smell was from the garbage that housekeeping had just removed. On 03/29/23 at 7:55 AM, the surveyor accompanied by the Registered Nurse/Unit Manager (RN/UM) and a random Certified Nursing Assistant (CNA) performed a care tour of the [Exec Order 26] Unit. Four random residents who were identified by the RN/UM as being dependent on staff for care, were checked for [Exec Order 26, 4b1 NJAC 8] care. One of the 4 residents checked for [Exec Order 26, 4b1 NJAC 8] care needed to be changed, however, there was no [Exec Order 2] odor pervasive inside the room. The surveyor continued the tour throughout the hallway of District 3 where the [Exec Order] odor became progressively stronger and intolerable. The [Exec Order] odor detected at the nursing station led to Resident #218's room. The surveyor then entered Resident #218's room, along with the UM and both observed Resident #218 lying in bed on top of the bedspread. Resident #218 was wearing [Exec Order 26, 4b1 NJAC 8] [redacted] which were [Exec Order 26, 4b1 NJAC 8:43E-2.1] [redacted]. Resident #218 was laying on the side. The UM asked the resident if she could check the [Exec Order 26, 4b1 NJAC 8:43E-2.1]	F 677	who were assigned to Resident #218 were provided with one to one re-education on the importance of [Exec Order 26, 4b1 NJAC 8:43] [redacted] and personal hygiene care and the hourly rounding which facility refers to as "4P"s defined as pain, personal needs, position and physical safety. 2. All residents who are dependent on staff for care have the potential to be affected by this practice. All residents who are dependent on staff for care were checked by the Unit Manager and Charge Nurse to ensure incontinence and personal hygiene care was completed timely. 3. All licensed nurses and certified nursing assistants were re-educated on the hourly rounding requirements and the 4P's which are defined as pain, personal needs, position and physical safety. An audit tool was created to be utilized by the Nurse Leadership team to ensure that resident incontinence care and personal hygiene is being done timely to ensure there are no care related concerns. 4. The Director of Nursing/Designee will visually audit ten (10) incontinent residents per week to ensure incontinence care and personal hygiene is being performed timely. The visual audit will consist of checking incontinence briefs, sheet and bed area. The results of the audit will be reported to the Administrator	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 12 and the resident agreed. The bedding was observed as being [Exec Order 26,] stained, and Resident #218 was wearing an [Exec Order 26, 4b1 NJAC 8:43E-2.1] was [Exec Order 26,] from the [Exec Order 2] and visibly soaked with [Exec Order 2] The surveyor observed that there was no urinal at the bedside. When inquired about [Exec Order 26, 4b1 NJAC 8] care provided, Resident #218 exclaimed in the presence of the UM, [Exec Order 26, 4b1 NJAC] On 03/29/23 at 8:15 AM, the surveyor observed a CNA transferring Resident #218 into a wheelchair and then to the shower room. On 03/29/23 at 11:00 AM, the surveyor reviewed Resident #218's medical record which revealed the following: According to the admission Face sheet, Resident #218 was admitted to the facility with diagnoses which included, but were not limited to, [Exec Order 26, 4b1 NJAC 8:43E-2.1] The Quarterly Minimum Data Set, (MDS) dated [Exec Order 26, 4b1] an assessment tool used by the facility to prioritize care, revealed that Resident #218 scored [Exec Order 2] on the Brief Interview for Mental Status (BIMS) indicative of [Exec Order 26, 4b1 NJAC 8:43E-2] Section G of the MDS - Functional Status indicated that Resident #218 required [Exec Order 26, 4b1 NJAC] Resident #218's Plan of Care dated [Exec Order 26, 4b1] last revised [Exec Order 26,] 3 had a focus for ADL related to [Exec Order 26, 4b1 NJAC 8:43E-2.1] with diagnosis of [Exec Order 26, 4b1] The goal was for Resident #218 to maintain current level of functioning. The interventions included, Provide cues, prompts encouragement and assistance	F 677	and the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 13 with ADLs. On 03/29/23 at 8:34 AM, the surveyor interviewed the UM regarding [redacted] care. The UM stated that the nurses and the CNAs were to make rounds at the start of the shift to ensure all residents were safe. The UM stated that she did not round the high side ([redacted] this morning where Resident #218 resided. The surveyor inquired about the census and the staffing and verified that the census was 56 and only 3 CNAs worked during the 11:00 PM-7:00 AM shift (average of 18 residents per CNA). The surveyor asked the UM where the CNA would document the care provided to all residents. The unit Manager indicated that the care provided was documented on the Point of care Kardex (computerized system) used by the CNA. On 03/29/23 at 8:41 AM, the surveyor reviewed the Kardex provided by the UM as indicated where the CNAs would document their observations on the hourly rounds and the care the CNAs provided. There were no entries on the Kardex regarding what was done for Resident #218 either on the 3:00 PM-11:00 and the 11:00 PM- 07:00 AM shift on 03/28/23 or 03/29/23. On 03/30/23 at 9:51 AM, the surveyor observed Resident #218 in bed and was resting. No [redacted] odor noted in the room. On 03/30/23 at 11:15 AM, the surveyor interviewed the CNA who cared for Resident #218 during the 7:00 AM-3:00 PM shift of 03/29/23. The CNA stated that she was familiar with Resident #218's routine. Resident #218 would use the bathroom during the day. She could not comment on the level of care required during the	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 14	F 677		

night shift. The CNA stated that on 03/29/23, she reported to work late, and did not have the time to check Resident#218 prior to the surveyor care tour. She further stated that normally Resident #218 would be [redacted] of [redacted] during the night, but yesterday referring to [redacted] was the worse she had ever encountered. She stated that on several occasions she informed the CNAs, including the nurses, that they needed to pay more attention to Resident #218. She was aware of the strong [redacted] odor when she entered the unit, but she did not know that was from Resident #218's room. When asked if Resident #218 had any wounds, the CNA stated that Resident #218 was noted with [redacted] on the [redacted] and [redacted] areas during care this morning and she had reported it to the nurse. The surveyor reviewed the physician order sheet and noted an order for [redacted] dated [redacted] for the [redacted].

On 03/30/23 at 11:32 AM, an interview with the resident revealed that he was aware that he/she needed to be changed but did not express any issues about it.

On 03/30/23 at 11:37 AM, the surveyor conducted an interview with the Licensed Practical Nurse, (LPN) that had been observed in the hallway next to Resident #218's room on 03/29/23 at 7:55 AM. The LPN stated that she completed resident rounds on the morning of 03/29/23 and observed that Resident #218 was [redacted] with [redacted]. She was aware of the [redacted] odor of [redacted] when she entered the room, and she informed the CNA that Resident #218 needed to be changed. She could not specify at what time she informed the CNA. The LPN stated that although she was to report any change in condition to the UM, she did not discuss her observations with the UM nor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 15	F 677		

attempt to get assistance to provide care to Resident #218.

On 03/31/23 at 9:51 AM, the surveyor observed Resident #218 sitting in the room, well-groomed and was more alert. Resident #218 stated that he/she Exec Order 26, 4b1 NJAC 8:43E-2.1 When asked about how he/she felt when his/her needs were not being met, mostly when not assisted with Exec Order 26, 4b1 NJAC 8 care, he/she stated, Exec Order 26, 4b1 NJAC 8:43E-2.1 Resident #218 declined to elaborate further.

On 03/31/23 at 10:29 AM, the surveyor interviewed the UM. The UM stated that out of the 54 residents, 27 residents were dependent on staff for Exec Order 26, 4b1 NJAC 8 care and all residents were to be checked every hour. When asked if Resident #218 was checked and provided with Exec Order 26, 4b1 NJAC 8 care on 03/29/23 during the 11:00 PM-7:00 AM shift, the UM stated, "Based on the observation of Exec Order 26, 4b1 NJAC 8:43E-2.1, Exec Order 26, 4b1 NJAC 8 care was not provided."

On 03/31/23 at 11:50 AM, an interview with the CNA who worked the 3:00 PM -11:00 PM shift revealed that she did not provide care to resident #218 during the shift. The CNA further stated that Resident #218 refused care. When asked if she informed the nurse she stated, "no".

On 03/31/23 at 1:15 PM, the surveyor interviewed the CNA who cared for Resident #218 on the 11:00 PM- 7:00 AM shift. The CNA stated when she made her first rounds at 1:00 AM, she provided Exec Order 26, 4b1 NJAC 8 care to Resident #218. She provided Exec Order 26, 4b1 NJAC 8:43 care again at 4:00 AM. When asked about how often Exec Order 26, 4b1 NJAC care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 16	F 677		

was to be provided, she stated every 3 to 4 hours. The CNA could not comment on the guidelines for rounding every hour as indicated by the facility as the policy. The surveyor asked the CNA how many residents she had on her assignment that night, she stated she had 12 residents. According to the assignment sheet provided by the UM, the CNA had 20 residents on 03/29/23 during the 11:00 PM-7:00 AM shift.

On 04/03/23 at 10:15 AM, the above concerns were discussed with the Director of Nursing (DON). The surveyor showed the bedding that was stained [redacted] and the [redacted] mattress to the DON. The DON stated, "that was unacceptable". The DON confirmed hourly rounds were to be performed and documented by direct care staff on the computer. The DON confirmed that the facility did not have a policy which addressed [redacted] care. The facility provided "Sample dialogue for Rounding" which included "The four P's-". The four P's revealed that staff were prompted to assess for the following: Pain, Personal Needs, Position and physical safety.

A review of the CNA's job description provided by the facility revealed the following under Job summary:

Under the direction of the Nurse Manager or designee, perform basic, routine duties related directly and indirectly to nursing care of patients.

Essential Job Functions
A. Patient Care
Patient care responsibilities are delivered with a knowledge of patient growth and development and are appropriate to the ages of the patient

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 677	Continued From page 17 served. 1.4 Assists patient with activities of daily living including skin care (e.g., bathes, dresses, helps patient ambulates. Communicates effectively with Charge Nurse/ Primary Nurse regarding patients' needs and requests. The Licensed Practical Nurse Job description indicated the following: Under supervision, of a professional (registered nurse) renders nursing care to patients and performs related work as required and within the limits of training. Essential Job description 1,4,8 Gives direct care to assigned patients (e.g.,) medications, treatments, dressing changes, resident care, Temperature, Pulse, Respirations, according to establish standards. (The LPN was aware since 7:00 AM, that Resident #218 needed [Exec Order 26, 4b1 NJAC 8:] care. She did not report her observations to the Unit Manager nor provided [Exec Order 26, 4b1 NJAC 8:] care to the resident. The CNA assigned to the 11:00 PM -7:00 AM shift, left the resident [Exec Order 26] with [Exec Order], the bedding was [Exec Order 26] stained, the mattress including underneath the pillow was observed to be [Exec Order 26, 4b1 NJAC 8:43E-2.1]. The [NJ Exec. Order 26:4.b.1] resident indicated that he/she had not received care during the 11:00 PM -7:00 AM shift. The CNA indicated that she last provided care at 4:00 AM to Resident #218 and there was no evidence to corroborate this.) NJAC 8:39-27.2 (d)(h)	F 677		
F 684 SS=G	Quality of Care CFR(s): 483.25	F 684		4/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 18 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: C #NJ159085 C #NJ158716 Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to follow the facility [Exec Order 26: 4b] procedure to ensure appropriate care was provided and there was no delay in treatment and ensure: a.) a supervisor was notified, b.) a physical assessment was completed and documented, c.) the physician was notified, and d.) the [Exec O] incident was documented in the medical record. This deficient practice occurred for 1 of 34 residents reviewed for quality of care (Resident #168) who had a history of [Exec Ord], including a [Exec Ord] with a [Exec Order 26, 4b1] [redacted], and who sustained an unwitnessed [Exec Or] when a noise was heard in Resident #168's room on [Exec Order 26, 4b1 NJAC 8:43E-2.1], and the Licensed Practical Nurse (LPN) found Resident #168 [Exec Order 26, 4b1 NJAC 8:43E-2.1] and transferred the resident [Exec Order 26, 4b1 NJAC 8:43E] On [Exec Order 26, 4b1 NJAC 8:43E-2.1] AM, Resident #168 complained of [Exec Orde] (approximately 4 hours later) and stated he/she had [Exec Order 26: 4b1 NJAC 8:43E-2.1] and had been [Exec Order 26: 4b1 NJAC 8:] [redacted] on	F 684	1. The Licensed Practical Nurse (LPN) who failed to follow the facility post [Exec O] procedure for Resident #168 was provided with one to one re-education on post [Exec Or] procedures and disciplinary action at the time of the incident. A thorough assessment for Resident #168 was completed, physician and resident representative notified, and incident report and medical record documentation completed once the [Exec Or] incident was reported. The Certified Nurses Aides assigned to resident #38 were provided with re-education on the importance of turning and positioning and the hourly rounding which facility refers to as "4P's" defined as pain, personal needs, position and physical safety. [NJ Exec. Order 26:4.b.1] was completed for Resident #38 and [NJ Exec. Order 26:4.b.1] [redacted] Resident was resting and comfortable in bed during the assessment by the Nurse Manager.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 19 Exec Order 26, 4b1 N and failed to d.) ensure a bed-bound resident was turned and repositioned every two hours per the resident centered Care Plan (CP). This deficient practice occurred for 1 of 34 residents reviewed for quality of care, and for 1 of 2 residents reviewed (Resident #38) for Exec Order 26, 4b care and was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." 1.) On 03/27/23 at 11:35 AM, Surveyor #1 observed Resident #168, sitting in the dayroom, appeared well groomed, and responded to the surveyor's greetings. Surveyor #1 reviewed Resident #168's electronic medical record which revealed in the Care Area Assessment Documentation that Resident #168 was triggered for Exec Order 26, 4b1 NJAC 8:43E-2.1 secondary to Exec Order 26, 4b1 NJAC 8:43E-2.1 According to the Admission face sheet, Resident #168 was admitted to the facility with diagnoses which included but were not limited to Exec Order 2	F 684	Resident #38 no longer resides in the facility. 2. All residents have the potential to be affected by this practice. The Exec Or intervention communication log was reviewed by unit staff where Resident #168 resides. Nurse Managers/ADNs performed visual rounding on all residents who are dependent on staff for turning and positioning to ensure proper protocol was being followed. 3. All staff were provided with re-education about the facility's post fall procedure to ensure timely clinical assessment, reporting, documentation and proper notifications to ensure there is no delay in treatment. An audit tool was created to review all falls and to ensure the post fall huddle procedure is properly followed. All licensed nurses and certified nursing assistants were re-educated on the hourly rounding requirements and the 4P's which are defined as pain, personal needs, position and physical safety to ensure staff understand the importance of turning and positioning. The turning and position protocol was also re-educated. An audit tool was created for Nurse Leadership rounds to ensure residents	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 20 Exec Order 26, 4b1 NJAC 8:43E-2.1 The Significant Change Minimum Data Set (MDS), an assessment tool used by the facility to prioritize care, dated Exec Order 26, 4b1, reflected that Resident #168 scored Exec Order 26, 4b1 NJAC 8 on the Brief Interview for Mental Status (BIMS) indicative of Exec Order 26, 4b1 NJAC 8:43E-2.1 On Exec Order 26, 4b1 N Resident #168 had an unwitnessed Exec O in their room. According to the facility provided incident report, Resident #168 was Exec Order 26, 4b1 NJAC 8: Resident #168 did not have any NJ Exec. Order 26:4.b.1. However, several hours later, Resident #168 complained of Exec Order 26, 4b1 NJAC Upon assessment, Resident #168 was noted to have Exec Order 26, 4b1 NJAC 8:43E-2.1 An Exec Order 2 was ordered and performed on Exec Order 26, 4b1 NJAC The results were forwarded to the facility on Exec Order 26, 4b1 NJAC 8:43E-2.1 and revealed Exec Order 26, 4b1 NJAC 8:43E-2.1 Resident #168 was transferred to the hospital and Exec Order 26, 4b1 NJAC 8:43E-2.1 Review of Resident #168 electronic progress notes dated Exec Order 26, 4b1 N did not contain any documentation regarding the Exec Ord that occurred on Exec Order 26, 4b1 N A nursing progress note dated Exec Order 26, 4b1 NJAC 8:43E-2.1 revealed the following documentation, "Resident #168, c/o Exec Order 26, 4b1 NJAC 8:43E-2.1 to the CNA (Certified Nurse Aide). The CNA informed the nurse. The nurse went and assessed the resident and noted that the resident Exec Order 26, 4b1 NJAC 8:43E-2.1 Resident #168 informed the nurse that he/she sustained a Exec Ord during the	F 684	are being turned and positioned according to the plan of care. 4. The Director of Nursing/Designee will audit all fall incidents Monday through Friday, with Saturday and Sunday fall incidents being reviewed on Monday, to ensure that the facility post fall procedure has been properly followed. The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee. The Director of Nursing/Designee will visually audit ten (10) residents per week who are dependent on staff for care to ensure proper turning and positioning as per protocol and plan of care. The visual audit will consist of the turning and positioning location of the resident. The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 21 3:00 PM-11:00 PM shift." The nurse alerted the Assistant Director of Nursing (ADON) on duty who came and assessed the resident. Resident #168 stated that he/she sustained a [redacted] after dinner and the LPN assisted him/her into bed. Further review of Resident #168's medical record progress notes dated [redacted] documented [redacted] The physician ordered to transfer Resident #168 to the hospital. A late entry dated [redacted] revealed that Resident #168 was [redacted] by a staff member. There was no evidence of a documented assessment. There were no progress notes to indicate that the physician was called and informed of the [redacted] The facility's post [redacted] procedure was not available for review. On 03/28/23 at 9:07 AM, Surveyor #1 observed Resident #168, in the room sitting in a wheelchair next to the bed. An interview with the resident revealed that he/she [redacted] while attempting to go to the bathroom. The resident stated [redacted] The surveyor asked the resident how he/she managed [redacted] Resident #168 stated [redacted] but was unable to recall the name of the staff. On 03/28/23 at 11:30 AM, Surveyor #1 requested the [redacted] investigation for review. According to the "Occurrence Report" dated [redacted] the resident reported the [redacted] Resident #168 informed the ADON that he/she [redacted] after dinner	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 22	F 684		

and before [redacted] The [redacted] was not entered on the 24-hour report or in the clinical record to alert the incoming shift to monitor the resident during the night.

On 03/28/23 at 12:21 PM, Surveyor #1 interviewed the LPN on duty regarding staffing on the floor. The LPN stated that staffing was very bad on the weekend. The LPN stated that sometimes there were only three CNAs for 56 residents and stated, "we try to do our best."

On 03/28/26 at 12:26 PM, Surveyor #1 then inquired about the facility post [redacted] protocol. The LPN stated that the process was to ensure no [redacted] recurrence. The LPN stated after a [redacted] a resident assessment "must" be completed, the physician and the nursing supervisor "must" be notified. An incident report "must" be generated. The LPN further added "it should be done immediately. You do not want any delay in treatment. The family or the resident's representative were to be made aware also."

On 03/29/23 at 10:38 AM, during a second interview with the LPN, she stated that at the end of the shift, a unit report was written regarding day-to-day activities of the unit and a detailed report was entered on the computer. Surveyor #1 requested the detailed report for [redacted] for the 3:00 PM-11:00 PM shift, however, there was no detailed report available for review.

On 03/29/23 at 11:39 AM, Surveyor #1 conducted a telephone interview with the LPN who worked the 3:00 PM - 11:00 PM shift on [redacted] the actual day of the [redacted] The LPN stated that he heard some movements emerging from Resident #168's room. He then entered the room and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 23	F 684		

observed Resident #168 [redacted] and there was also water on the floor. Resident #168 stated that he/she [redacted] The LPN confirmed that he assisted Resident #168 [redacted] When asked if he assisted Resident #168 to the bathroom, he stated, "No". The surveyor asked the LPN if he could recall the time of the incident, the nurse stated it was between [redacted] The nurse did not inform the physician nor the resident's representative of the [redacted] The LPN did not inform the ADON on duty that Resident #168 had a [redacted] and needed to be assessed. During the telephone interview, the LPN did not indicate that he forgot to log the [redacted] on the 24 hours report, or in the resident clinical record. The LPN stated clearly to the surveyor, "I did not do it". The surveyor then asked the LPN if he was familiar with the facility's policy and protocol post [redacted] and he stated, "Yes". The LPN went on to state the resident must be assessed, an incident report must be initiated, and the physician and the family are to be notified. The LPN further stated that it "was negligence" on his part not to report or discuss the [redacted] with the ADON on duty that evening.

On 03/29/23 at 12:11 PM, Surveyor #1 interviewed the Director of Nursing (DON) regarding the above incident. The DON revealed that she was aware of the incident. The DON stated that the LPN did not follow their protocol. The DON stated that the incident was not reported to DOH (Department of Health). The DON stated, "My expectation is to ensure that our residents were safe. For staff, my expectation was that they follow the policy. All policies were reviewed during orientation and as necessary if there is a change in the policy. All policies could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 24	F 684		

be accessed on the computer. The LPN did not follow the facility's policy." The DON stated that she had an open-door policy and staff were free to discuss any concerns.

On 03/29/23 at 12:30 PM, Surveyor #1 interviewed the ADON who conducted the Exec Order 26, 4b1 Exec Or investigation. The ADON revealed that the Exec Order 26, 4b1 NJ committee investigated all Exec Ord for Long Term Care. The ADON stated normally all Exec Ord must be reported and entered on the 24-hour report. The Unit Managers must report all Exec Ord. Disciplines which participated in the Exec Ord Committee included nursing, activities, and Physical Therapy (PT). All must interview the resident. The resident's clinical record was reviewed prior to interview. The ADON stated that the facility had daily meetings which discuss residents that were at risk or needed additional monitoring. The ADON stated that Resident #168 had a Exec Orde or Exec Order 26, 4b1 NJ during the evening shift after dinner. The resident stated that he/she was Exec Order 26, 4b1 NJAC 8:43E-2.1 and he/she Exec Order 26, 4b1 NJAC 8:43E The ADON stated staff were looking for the incident report and could not locate the occurrence report that should have been initiated on Exec Order 26, 4b1 NJ An investigation was started on Exec Order 26, 4b1. All CNAs who worked that shift were interviewed and were not aware of the Exec Ord The ADON and the UM interviewed the LPN who worked that evening. The LPN stated that he was monitoring another resident next door when he heard noises in Resident #168's room. He entered the room and observed Resident #168 on NJ Exec. Order 26:4. . The LPN did not observe NJ Exec. Order 26:4.b.1 and then assisted the resident NJ Exec. Order 26:4.b.1. The LPN was asked to elaborate on the protocol to follow a Exec Ord He stated that he was aware of the need to write an incident report, notify the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 25	F 684		

physician, notify the family and report to the next shift. The LPN stated he was sorry and received one day suspension and was reeducated verbally.

On 03/30/23 at 8:54 AM, Surveyor #1 obtained and reviewed the LPN's employee file. On 01/31/23, the LPN received one day suspension for the 01/22/23 incident.

On 03/30/23 at 9:01 AM, during an interview with the UM regarding the [redacted] she stated that she interviewed the LPN regarding the [redacted]. The LPN stated that he was focused on another patient. The UM stated that the LPN did not mention that "he forgot to report the [redacted]". The UM stated that the LPN was reeducated.

On 03/31/23 at 9:11 AM, Surveyor #1 interviewed the Administrator (LNHA) regarding the [redacted] incident. The LNHA revealed that she was made aware that Resident #168 reported that he/she [redacted] and was [redacted]. The evening shift nurse did not report the incident. The incident should have been reported to the next shift for follow up. Any [redacted] must be reported. The LNHA stated that they identified the event as an issue before the survey. The administrator added, "As an Administrator, I expected all staff to follow the facility's policies. Interventions should have been put to place immediately".

A review of the facility's policy titled,"Policy/Procedure: Occurrences-Assessment, Reporting and Intervention," last revised 12/21, included the following:

Policy: The facility will maintain systems for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 26	F 684		

reporting, patient/resident, staff, visitor, and property occurrences or potential occurrences (near misses). This date will be used to monitor, evaluate, and trend occurrences to identify opportunities for improvement in patient/resident care and overall safety in the medical center.

Occurrence:
An occurrence is defined as any incident that is not consistent with routine hospital operation or patient/resident care or any circumstance that threatens physical safety and well-being regardless of whether an actual injury is involved.

Responsibility
The employee discovering the incident is responsible for completing the occurrence report and informing his/her immediate supervisor of the event. The supervisor will begin an initial investigation of the occurrence and forwarded to the Department/Division VP (Vice President).
The VP/designee of the area is responsible to determine if additional action is required and for overseeing a complete and thorough investigation with corrective action plan when applicable.
Under Guidelines for completing an Occurrence Report, the following were entered:

An Occurrence Report should be completed ASAP [as soon as possible], while the facts are still fresh in everyone's mind.
Include essential information, including complete names of all witnesses.

Describe only what you saw and heard, and the actions taken on the scene, for example, unless you saw the patient fall, document "Patient found on the floor"...

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 27	F 684		

The Falls Prevention and Management Policy, Revised 12/2021 revealed a Post-Fall Algorithm: Fall; Perform Physical Assessment; Notify Physician, Supervisor; Patient/Resident's Next of Kin; Document Occurrence in Medical Record, Complete Occurrence Report; Perform Post Fall Huddle or Fall Team Meeting as per Divisional Protocol; Review and Update Care Plan Conduct a Fall Re-Assessment as per Policy & Procedure; Continue to re-evaluate patient for fall risk and follow division protocols.

2.) On 03/22/23 at 11:02 AM, Surveyor #2 observed Resident #38 lying flat on his/her back with the head of the bed slightly elevated. The resident was lying on a NJ Exec. Order 26:4.b.1 [redacted]

On 03/23/23 at 10:08 AM, Surveyor #2 observed Resident #38 lying in bed, flat on his/her back and was sleeping. There was cushioning observed under the resident's legs.

On 03/23/23 at 12:18 PM, Surveyor #2 observed Resident #38 lying in bed flat on his/her back with cushioning under the resident's legs and in the same position as observed at 10:08 AM. Surveyor #2 observed there had been no repositioning or turning for the resident.

On 03/27/23 at 8:51 AM, Surveyor #2 observed Resident #38 lying in bed flat on his/her back with cushioning under the resident's legs.

On 03/27/23 at 9:55 AM, Surveyor #2 observed Resident #38 lying flat on his/her back in bed. The television was on. The surveyor observed cushioning under the resident's legs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 28	F 684		

On 03/27/23 at 10:30 AM, Surveyor #2 observed Resident #38 lying flat on his/her back in bed with cushioning under the resident's legs.

On 03/27/23 at 10:54 AM, Surveyor #2 observed Resident #38 in the same position on his/her back as initially observed at 8:51 AM. At that time, the resident's CNA was in the hallway. During an interview with Surveyor #2, the CNA stated the resident was on [redacted] and required [redacted] care. The CNA stated she would do everything for the resident because the resident was [redacted] The CNA stated the staff would have to change, wash, and "clean up" the resident. The resident remained in the same position for approximately two hours, and had not been turned or repositioned.

Surveyor #2 reviewed Resident #38's hybrid medical records which revealed the resident had been admitted with diagnoses which included but were not limited to; [redacted]

A review of the most recent Quarterly MDS dated [redacted], included but was not limited to: Section [redacted]

The facility provided, "Plan of Care-Current",

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 29	F 684		

dated [redacted] included but was not limited to: a [redacted]

Exec Order 26, 4b1 NJAC 8:43E-2.1

Intervention dated [redacted]

A review of the Kardex Summary (a care guide) revealed the resident was [redacted] on staff for care; [redacted]

Exec Order 26, 4b1 NJAC 8:43E-2.1

On 03/29/23 at 10:03 AM, Surveyor #2 observed Resident #38 lying in bed on his/her back with cushioning under the resident's legs.

On 03/29/23 at 12:05 PM, Surveyor #2 observed Resident #38 in bed lying on his/her back with cushioning under the resident's legs. Surveyor #2 observed that no repositioning or turning had been done for over two hours.

On 03/30/23 at 8:44 AM, Surveyor #2 observed Resident #38 lying flat on his/her back with cushioning under the resident's legs.

On 03/30/23 at 10:45 AM, Surveyor #2 observed Resident #38 lying in bed flat on his/her back with cushioning under the resident's legs. Surveyor #2 observed that no turning or repositioning had been done for two hours.

On 03/30/23 at 11:07 AM, Surveyor #2 observed Resident #2 lying flat on his/her back with cushioning under his/her legs. The CNA was observed in a resident room across from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 30	F 684		

Resident #38's room, hanging up clothes.

On 03/30/23 at 11:09 AM, during an interview with the surveyor, the CNA stated she would use the computer Kardex to see what she would need to do for residents. The CNA showed Surveyor #2 the Kardex for Resident #38 on the computer. The Kardex indicated the resident [redacted] Surveyor #2 asked the CNA what [redacted] The CNA stated, [redacted] When asked how the CNA knew what the last position was, the CNA responded, "I've been here all morning". Surveyor #2 and the CNA went to Resident #38's room. The CNA acknowledged the resident was positioned on his/her back. The CNA showed the surveyor what she would do to reposition a resident. The CNA lifted the two pads that were under the resident and stated she would put a pillow under there to keep the resident on their side. Surveyor #2 observed no other pillows in the room except the one under the resident's head and legs. The CNA stated a resident would be repositioned and turned to avoid [redacted] When asked why Resident #38 had not been turned or repositioned, the CNA stated the [redacted] aide had been there about 9:00 AM and it was not time to reposition the resident.

On 03/30/23 at 11:21 AM, during an interview with Surveyor #2, the Registered Nurse (RN) showed Surveyor #2 the book that the [redacted] aides use to sign in which revealed the [redacted] aide had been there at 7:45 AM. The RN stated a resident in bed should be repositioned and turned every 2 hours. She stated the CNA should be documenting the turning and repositioning in the computer. The RN stated, [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684		F 684		

Continued From page 31

[redacted]" as the reason for turning and repositioning resident who were dependent on staff.

On 03/30/23 at 11:32 AM, during an interview with Surveyor #2, the DON stated that bed bound residents should be repositioned every two hours to avoid [redacted]

A review of the facility provided, "CNA Flow Sheet", dated [redacted] revealed an area for turning/repositioning. "Did you turn the resident Q2H [every two hours]?" N (night), D (day), P (PRN-as needed). The dates of [redacted] revealed no documentation to indicate the resident had been turned or repositioned every 2 hours or at all on the night shift, day shift, or as needed. On the night shift it was documented [redacted] on [redacted], to indicate the resident was repositioned and turned only one time and not every 2 hours of the day. On 27 of 28 days there was no documentation to indicate that the resident was turned or repositioned on the night shift. On the day shift it was documented [redacted], and [redacted] which indicated the resident was not turned and repositioned every 2 hours of the day. There was no documentation that the resident was turned and repositioned every 2 hours on the day shift on 8 of 28 days [redacted] On the as needed area, it was documented that the resident was turned and repositioned only [redacted] time on 4 of the 28 days. This indicated the resident was not repositioned or turned every 2 hours of the day.

A review of the facility provided, "CNA Flow Sheet", dated run date [redacted], revealed an area for turning/repositioning. "Did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 32	F 684		

you turn the resident Q2H?" The night shift documented [redacted] on 28 of 30 dates (not including [redacted]), and [redacted] on 1 of 31 dates. This indicated that the resident was not repositioned and turned every 2 hours of the day. Two of the dates, [redacted] and [redacted] had no indication that the resident had been turned or repositioned every two hours or at all. The day shift documented [redacted] time on 15 of 30 dates; [redacted] times on 5 of the 30 dates; and [redacted] times on 1 of the 30 dates. This indicated that the resident had not been turned or repositioned every 2 hours of the day. Nine of the dates, [redacted] had no indication that the resident had been turned or repositioned every two hours or at all. On the as needed area, it was documented that the resident was turned and repositioned [redacted] time on 21 days and [redacted] times on one day. This indicated that the resident had not been turned and repositioned every 2 hours of the day.

A review of the facility provided, "Nursing Orientation for Assistive Personnel Clinical Staff C.N.A. & MHA [Mental Health Assistant]," revised [redacted] included but was not limited to [redacted]. Included in the book was a card the facility used which had turning and repositioning schedule times and positions as follows: 12 a.m. back, 2 a.m. door, 4 a.m. window, 6 a.m. door, 8 a.m. back, 10 a.m. window, noon back, 2 p.m. door, 4 p.m. window, 6 p.m. back, 8 p.m. door, and 10 p.m. window. Notes: "follow above schedule when patient is in bed; otherwise directed by nurse."

The turning and repositioning schedule had not been followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 684	Continued From page 33 The surveyor requested the facility policy regarding turning and repositioning for residents. The facility provided, "Pressure Injury Prevention and Management", dated revised 8/22, included but was not limited to the responsibility of the RN, Licensed Practical Nurse (LPN), and CNA to ensure all residents in bed will be turned and repositioned every 2 hours per repositioning schedule or more often as indicated. A review of the facility provided, "Certified Nursing Assistant", undated, included but was not limited to performs basic, routine duties related directly and indirectly to nursing care of patients; and assists patient with activities of daily living. A review of the facility provided, "Registered Nurse", undated, included but was not limited to utilized patient care standards in clinical practice; and provides clinical supervision of LPN's, CNA's, and ancillary staff.	F 684		
F 689 SS=D	NJAC 8:39-27.1 (a) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review	F 689	1. The Certified Nurses Aide (CNA) who	4/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 689	Continued From page 34 and review of pertinent documents it was determined that the facility failed to ensure safety measures were consistently followed for a resident who required a NJ Exec. Order 26:4.b.1 [redacted] This deficient practice occurred for 1 of 12 residents reviewed for accidents (Resident #5) and was evidenced by the following: On 03/29/23 at 10:27 AM, the surveyor conducted a tour of the Exec Order 26; 4b1 NJAC 8:43E Unit and observed a Certified Nurse Aide (CNA) exit a resident room and enter another resident room across the hall where a Recreation Aide (RA) was visiting a resident. The CNA then stated to the RA, "Can you stand by me?" The surveyor observed both staff then enter the resident room across the hallway (Resident #5) and then closed the door. The RA exited the closed door at 10:30 AM (three minutes later) and the surveyor interviewed the RA at that time. The RA stated the CNA used the NJ Exec. Order 26:4.b.1 Resident #5 Exec Order 26; 4b1 [redacted] The surveyor asked the RA what her function was during the resident transfer and the RA stated, "I watched." The surveyor asked the RA if she had helped with the NJ Exec. Order 26:4.b.1 [redacted] and the RA stated, "that is not my job", and she stated she helped to watch to see if he/she "was safe." The RA stated, "I don't operate the NJ Exec. Order 26:4.b.1]." At that time, the CNA exited the room with Resident #5 who she pushed in a recliner chair down the hallway. The NJ Exec. Order 26:4.b.1] pad was sticking out from underneath the resident with the sides of the NJ Exec. Order 26:4.b.1 pad with the attached hook loops visible. The surveyor interviewed the CNA at that time regarding who is supposed to help with NJ Exec. Order 26:4.b.1. The CNA stated, "it can be a CNA, recreation, nurse or a housekeeper,	F 689	failed to perform a NJ Exec. Order 26:4.b.1 [redacted] for resident #5 was provided with one to one education and remediation. 2. All residents dependent on mechanical lift for transfers have the potential to be affected by this practice. The CNA who failed to perform the two-person transfer was visually observed performing a mechanical lift transfer to ensure the CNA followed all proper procedures including using a qualified nursing colleague to assist. The Assistant Directors of Nursing (ADNs) and Nurse Managers visually monitored the use of mechanical lift protocol to ensure there were two nursing staff to assist with mechanical lift transfers. 3. All licensed nurses and CNAs were re-educated on mechanical lift transfers with a focus on the two trained nursing staff being present during the transfer process. All non-clinical staff were re-educated on not providing assistance with mechanical lift transfers as he/she is not properly trained. An audit tool was created for Nurse Leadership to visually monitor mechanical lift transfers by nursing staff with a focus on CNAs. The annual competency regarding	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 689	Continued From page 35 we just need someone to stand by us when we do the [redacted] On 03/29/23 at 10:32 AM, the CNA returned, and the surveyor conducted an additional interview. The surveyor asked what the RA's function was during the NJ Exec. Order 26:4.b.1 for Resident #5, and did the RA physically assist with the NJ Exec. Order 26:4.b.1. The CNA stated that the RA was not holding the NJ Exec. Order 26:4.b.1 and stated, "just as long as someone was with you, it can also be a housekeeper, and you are not allowed to operate the [redacted] alone." The CNA stated, "usually someone else is with me, but the other CNA was busy with her own residents." The surveyor asked the CNA what would happen during the [redacted] if the other person was not trained to use the NJ Exec. Order 26:4.b.1 and the CNA stated, "hopefully nothing happens." The CNA confirmed the RA was not holding the NJ Exec. Order 26:4.b.1 On 03/29/23 at 10:44 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) regarding the facility mechanical lift policy, and who was qualified to use the [mechanical lift]. The ADON stated the mechanical lift required a "two person assist" and it would be either a CNA or licensed staff including a nurse. The surveyor asked the ADON if a housekeeper can help with a [mechanical lift] transfer. The ADON stated "no, they are not trained." The surveyor asked if a RA could assist with a [mechanical lift] transfer. The ADON stated "no, they are not trained." The surveyor asked the ADON why two trained people were required to use the [mechanical lift]. The ADON stated, "I believe that is our policy." The ADON then stated,	F 689	mechanical life transfers was modified to enhance the education and return demonstration for CNAs regarding mechanical lift transfers. 4. The Director Nursing/Designee will perform ten (10) visual audits per week on residents who are dependent on staff for mechanical lift transfers. The audits will capture day, evening and night shift and will include weekend observations. The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 689	Continued From page 36	F 689		

"I have never encountered anyone else other than a trained person, that is a big safety issue, to prevent any accidents or falls."

At that same time, the surveyor requested the [mechanical lift] policy and asked the ADON what the second person was responsible for during the mechanical lift transfer. The ADON stated they always help one another during the [mechanical lift] transfer and it was part of the competency to use the [mechanical lift].

On 03/29/23 at 11:44 AM, the surveyor reviewed Resident #5's medical record that was located at the nursing station. The record revealed a Long-Term Care Quarterly Screen/Referral Form dated [redacted], and signed by an Occupational Therapist (OT) [redacted]

At that same time, the surveyor interviewed the Charge Nurse (CN) regarding where a CNA would find the information on what type of transfer Resident # 5 would require. The CN provided the surveyor with a copy of Resident #5's CNA Care Plan. The CNA Care plan revealed that under ADLs (Activities of Daily Living), [redacted]."

At that same time, the surveyor requested to see Resident #5's Interdisciplinary Plan of Care which revealed a Plan of Care for ADL, originally dated [redacted], with an Effective date of [redacted]. The Problems/Strengths section revealed ... [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 689	Continued From page 37	F 689		

Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] Needs assist from staff related to Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] A goal revealed Resident #5 will not have Exec Order 26, 4b1 NJAC 8:43E [redacted] X3 months, effective Exec Order 26, 4b1 NJ [redacted] Interventions included Exec Order 26, 4b1 NJAC 8:43E-2.1 [redacted] " effective Exec Order 26, 4b1 NJ [redacted] with disciplines listed [Licensed Nurse and Nurse Aide].

On 03/29/23 at 11:54 AM, the surveyor asked the UM if Resident #5 had falls and the UM stated Exec Order 2 [redacted] The UM stated the resident was NJ Exec. Order 26:4.b. [redacted] and was Exec Order 26, 4b1 NJ [redacted]

On 03/29/23 at 12:15 PM, the Director of Nursing (DON) provided the Nursing Orientation Book, Version 12, reviewed for 2023 and the Mechanical Lift Policy/Procedure issued 03/00. The DON stated the book was part of the nursing orientation. The Points to Remember When Using the Mechanical Lift section revealed: "Mechanical lifts can be used to transfer a physically compromised or obese resident from a bed, chair or floor to a bed, chair or toiled ...", "Always-No exceptions. Two people to transfer a resident when using a mechanical lift. From the moment the sling is being placed under the resident in addition to the actual transfer." One of the two staff members must be an employee the other one may be an agency staff. The surveyor asked the DON if the two people required meant that one person was watching. The DON stated, no, that the second person had to assist, "two to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 689	Continued From page 38	F 689		

assist." The Mechanical Lift Policy revealed "The Mechanical Lift will be used for those residents who cannot be transferred comfortably and/or safely by normal transfer technique.

On 03/29/23 at 12:40 PM, the surveyor reviewed the medical record for Resident #5 which revealed the following:

An Admission Record revealed the resident had diagnoses which included, but were not limited to, [redacted]

An Annual Minimum Data Set dated [redacted] revealed a Brief Interview for Mental Status Score of [redacted] indicative of [redacted]

The Care Area Assessment (CAA) Documentation Notes revealed ADL Functional/Rehabilitation Potential dated [redacted] revealed [redacted] due to [redacted] was needed for bed mobility, dressing, eating, personal hygiene, and [redacted]

On 04/03/23 at 11:30 AM, the facility provided a copy of a Competency Day [redacted] documented dated [redacted] and signed by the CNA. The document revealed a Mechanical Lift Post Test, #1. Always 2 staff members from the moment the sling is put under the resident, True was circled by the CNA. Additionally, on [redacted], the CNA was educated on Lifting and Moving Patients, and Quality and Patient/Resident Safety.

NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: C #NJ159085 Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to provide adequate staff to ensure all residents were provided with timely: a.) incontinent care, and b.) turning and repositioning for a bed-bound	F 725	1. Resident #218 was provided with [redacted] and personal hygiene care by nursing staff. The Certified Nurse's Aides (CNA) who were assigned to Resident #218 were provided with one to one re-education on the importance of [redacted] and	4/22/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 40 resident. This deficient practice occurred for 1 of 2 residents reviewed for [redacted] and for 1 of 34 residents reviewed for quality of care (Resident #38 and #218) and was evidenced by the following: The surveyor reviewed the staffing for dates 10/16/2022 through 10/22/2022 and 10/23/2022 through 10/29/2022 which revealed that the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 14 of 14 day shifts as follows: -10/16/22 had 34 CNAs for 381 residents on the day shift, required 48 CNAs. -10/17/22 had 40 CNAs for 381 residents on the day shift, required 48 CNAs. -10/18/22 had 38 CNAs for 381 residents on the day shift, required 48 CNAs. -10/19/22 had 47 CNAs for 381 residents on the day shift, required 48 CNAs. -10/20/22 had 46 CNAs for 381 residents on the day shift, required 48 CNAs. -10/21/22 had 42 CNAs for 381 residents on the day shift, required 48 CNAs. -10/22/22 had 41 CNAs for 387 residents on the day shift, required 48 CNAs. -10/23/22 had 40 CNAs for 386 residents on the day shift, required 48 CNAs. -10/24/22 had 33.5 CNAs for 386 residents on the day shift, required 48 CNAs. -10/25/22 had 44 CNAs for 386 residents on the day shift, required 48 CNAs. -10/26/22 had 46 CNAs for 386 residents on the day shift, required 48 CNAs. -10/27/22 had 42 CNAs for 386 residents on the day shift, required 48 CNAs. -10/28/22 had 42 CNAs for 386 residents on the day shift, required 48 CNAs.	F 725	personal hygiene care and the hourly rounding which facility refers to as "4P's" defined as pain, personal needs, position and physical safety. [redacted] assessment was completed for Resident #38 and [redacted] Resident was resting and comfortable in bed during the assessment by the Nurse Manager. Resident #38 no longer resides at the facility. The Certified Nurses Aides assigned to resident #38 were provided with re-education on the importance of turning and positioning and the hourly rounding which facility refers to as "4P's" defined as pain, personal needs, position and physical safety. The Nurse Leadership team and the Staffing Coordinator were re-educated on the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. The facility will continue to offer a financial incentive for additional CNA shifts that are worked on Saturday and Sunday 2. All residents have the potential to be affected by this practice. 3. The Director of Human Resources/designee, the Director of Nursing/designee and the Staffing Coordinator will meet bi-monthly (twice	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 41 -10/29/22 had 31 CNAs for 386 residents on the day shift, required 48 CNAs. a.) On 03/29/30 at 7:35 AM, a surveyor entered the [Exec Order 26] Unit. While approaching the nursing station a foul and strong [Exec Order 2] odor permeated in the hallway. On 03/29/23 at 7:55 AM, the surveyor accompanied by the Registered Nurse/Unit Manager (RN/UM) and a random CNA performed a care tour of the [Exec Order 26] Unit. Four random residents who were identified by the RN/UM as being dependent on staff for care, were checked for [Exec Order 26, 4b1 NJAC 8:43] care. One of the 4 residents checked for [Exec Order 26, 4b1 NJAC 8] care needed to be changed, however, there was no [Exec Order] odor pervasive inside the room. The surveyor continued the tour throughout the hallway of District 3 where the [Exec Order] odor became progressively stronger and intolerable. The [Exec Order] odor detected at the nursing station led the surveyor to Resident #218's room. The surveyor then entered Resident #218's room, along with the UM and both observed Resident #218 lying in bed on top of the bedspread. Resident #218 was wearing blue colored sweat-type pants which wer [Exec Order 26, 4b1 NJAC 8:43E-2.1] Resident #218 was laying on the side. The UM asked the resident if she could check the [Exec Order 26, 4b1 NJAC 8:43] brief and the resident agreed. The bedding was observed as being [Exec Order 26] stained, and Resident #218 was wearing an [Exec Order 26, 4b1 NJAC 8] [NJ Exec. O] which was [Exec Order 26, 4b1 NJAC 8:43E-2.1] The surveyor observed that there was no [Exec Order 26] at the bedside. When inquired about [Exec Order 26, 4b1 NJAC 8:43] care provided, Resident #218 exclaimed in the presence of the UM, [Exec Order 26, 4b1 NJA]	F 725	per month) to review CNA current vacancies and staffing needs. The Human Resources Department will host or participate in CNA recruitment opportunities monthly. The Nursing Education Department increased dates of new hire orientation to accommodate more frequent onboarding of CNAs. The Human Resources Department will continue to engage in partnerships with agency contracts for needed vacancies. In partnership with Bergen Community College, the facility will remain an active on-site NATCEP training and competency evaluation program. An internal facility referral bonus program is in place for current staff members who recruit an individual to enroll, complete the training program and commit to employment at facility as a CNA. The facility will incur the cost of the training course if the CNA completes one year of service in the facility. 4. The Director of Human Resources/designee will monitor CNA turnover, number of new CNA applicants and the number of new hire CNAs each month and will report to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee. The Staffing Coordinator will monitor the CNA staffing on all shifts and report	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 42 Exec Order 26, 4b1 NJAC 8:43E-2.1 On 03/29/23 at 11:00 AM, the surveyor reviewed Resident #218's medical record which revealed the following: The Quarterly Minimum Data Set, (MDS) dated Exec Order 26, 4b1 an assessment tool used by the facility to prioritize care, revealed that Resident #218 scored Exec Order 2 on the Brief Interview for Mental Status (BIMS) indicative of Exec Order 26, 4b1 NJAC 8:43E-2. Section Exec O of the MDS - Functional Status indicated that Resident #218 Exec Order 26, 4b1 NJAC 8:43E-2.1 Resident #218's Plan of Care dated Exec Order 26, 4b1 7/ last revised Exec Order 26, 4b1 had a focus for ADL related to Exec Order 26, 4b1 NJAC 8:43E-2.1 with diagnosis of Exec Order 26, 4b1 The goal was for Resident #218 to Exec Order 26, 4b1 NJAC 8:43E-2.1 The interventions included, Provide cues, prompts encouragement and assistance with ADLs. On 03/29/23 at 8:34 AM, the surveyor interviewed the UM regarding Exec Order 26, 4b1 NJAC 8 care. The UM stated that the nurses and the CNAs were to make rounds at the start of the shift to ensure all residents were safe. The UM stated that she did not round the high side (NJ Exec. Order 26:4.b.1 this morning where Resident #218 resided. The surveyor inquired about the census and the staffing and verified that the census was 56 and only 3 CNAs worked during the 11:00 PM-7:00 AM shift (average of 18 residents per CNA). The surveyor asked the UM where the CNA would document the care provided to all residents. The unit Manager indicated that the care provided was documented on the Point of care Kardex	F 725	Monday through Friday, with Saturday and Sunday reported on Monday, to the Administrator and Director of Nursing, if the required minimum direct staff to resident ratio is not met. The data will be reported to the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 43	F 725		

(computerized system) used by the CNA.

On 03/29/23 at 8:41 AM, the surveyor reviewed the Kardex provided by the UM as indicated where the CNAs would document their observations on the hourly rounds and the care the CNAs provided. There were no entries on the Kardex regarding what was done for Resident #218 either on the [redacted] and the [redacted] shift on [redacted].

On 03/30/23 at 11:15 AM, the surveyor interviewed the CNA who cared for Resident #218 during the [redacted] shift on [redacted]. The CNA stated that normally Resident #218 would be [redacted] of [redacted] during the night, but yesterday referring to [redacted] was the worse she had ever encountered. She stated that on several occasions she informed the CNAs, including the nurses, that they needed to pay more attention to Resident #218. She was aware of the strong [redacted] odor when she entered the unit, but she did not know that was from Resident #218's room.

On 03/30/23 at 11:37 AM, the surveyor conducted an interview with the Licensed Practical Nurse, (LPN) that had been observed in the hallway next to Resident #218's room on [redacted]. The LPN stated that she completed resident rounds on the morning of [redacted] and observed that Resident #218 was visibly wet with [redacted]. She was aware of the [redacted] odor of [redacted] when she entered the room, and she informed the CNA that Resident #218 needed to be changed.

On 03/31/23 at 10:29 AM, the surveyor interviewed the UM. The UM stated, "Based on the observation of [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 44 [redacted] care was not provided." On 03/31/23 at 11:50 AM, an interview with the CNA who worked the 3:00 PM -11:00 PM shift revealed that she did not provide care to resident #218 during the shift. The CNA further stated that Resident #218 refused care. When asked if she informed the nurse she stated, "no." On 03/31/23 at 1:15 PM, the surveyor interviewed the CNA who cared for Resident #218 on the [redacted] shift. The CNA could not comment on the guidelines for rounding every hour as indicated by the facility as the policy. The surveyor asked the CNA how many residents she had on her assignment that night, she stated she had 12 residents. According to the assignment sheet provided by the UM, the CNA had 20 residents on [redacted] during the [redacted] shift. A review of the CNA's job description provided by the facility revealed the following under Job summary: Under the direction of the Nurse Manager or designee, perform basic, routine duties related directly and indirectly to nursing care of patients. Essential Job Functions A. Patient Care Patient care responsibilities are delivered with a knowledge of patient growth and development and are appropriate to the ages of the patient served. 1.4 Assists patient with activities of daily living including skin care (e.g., bathes, dresses, helps patient ambulates. Communicates effectively with Charge Nurse/ Primary Nurse regarding patients' needs and requests.	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 45	F 725		

b.) The surveyor observed Resident #38 in his/her room, lying flat on his/her back on the following dates and times:

On 03/22/23 at 11:02 AM
On 03/23/23 at 10:08 AM
On 03/23/23 at 12:18 PM - no repositioning or turning had been done.

On 03/27/23 at 8:51 AM
On 03/27/23 at 9:55 AM
On 03/27/23 at 10:30 AM
On 03/27/23 at 10:54 AM - At that time, the resident's CNA was in the hall. During an interview with the surveyor, the CAN stated the resident was on [redacted] and required [redacted]. The CNA stated she would do everything for the resident because the resident was [redacted] CNA stated the staff would have to change, wash, and "clean up" the resident. The resident still had not been turned or repositioned.

The surveyor reviewed Resident #38's hybrid medical records which revealed the most recent Quarterly MDS dated [redacted] included but was not limited to: Section B, [redacted] Section O revealed Resident #38 had been on [redacted] care while a resident.

A review of the, "Plan of Care-Current", dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 46	F 725		

Exec Order 26, 4b, included but was not limited to: a focus area of Exec Order 26, 4b1 NJAC 8:43E-2.1 dated Exec Order 26, 4b1 turn and NJ Exec. Order 26:4.b.1 including Exec Order 26, 4b1 NJAC 8:43E-2.1

A review of the Kardex Summary (a care guide) revealed the resident was NJ Exec. Order 26:4.b.1 staff for care; to turn and reposition q (every) 2 hours, pillows to offload pressure areas; On Exec Order 26, 4b care.

The surveyor observed Resident #38 in his/her room, lying flat on his/her back on the following dates and times:

On 03/29/23 at 10:03 AM
On 03/29/23 at 12:05 PM - no repositioning or turning had been done.

On 03/30/23 at 8:44 AM
On 03/30/23 at 10:45 AM - no turning or repositioning had been done.
On 03/30/23 at 11:07 AM - at that time, the CNA was observed in the resident room across from Resident #38's room, hanging up clothes. The CAN stated she would use the computer Kardex to see what she would need to do for residents. The CNA showed the surveyor the Kardex for Resident #38 on the computer. The Kardex indicated the resident was to be turned and repositioned every 2 hours. The surveyor asked the CNA what repositioning and turning the resident involved. The CNA stated, "we go one side, back, and other side". When asked how the CNA knew what the last position was, the CNA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 47	F 725		

responded, "I've been here all morning".

The surveyor and the CNA went to Resident #38's room. The CNA acknowledged the resident was positioned on his/her back. The CNA demonstrated what she would do to reposition a resident. She lifted the two pads that were under the resident and stated she would put a pillow under there to keep the resident on their side. The surveyor observed no other pillows in the room except the one under the resident's head and legs. The CNA stated a resident would be repositioned and turned to avoid pressure ulcers. When asked why Resident #38 had not been turned or repositioned, the CNA stated the [redacted] aide had been there about 9:00 AM and it was not time to reposition the resident.

On 03/30/23 at 11:21 AM, during an interview with the surveyor, the Registered Nurse (RN) showed the surveyor the book that the [redacted] aides use to sign in which revealed the [redacted] aide had been there at 7:45 AM. The RN stated a resident in bed should be repositioned and turned every 2 hours. She stated the CNA should document the turning and repositioning in the computer. The RN stated, "we want to prevent skin breakdown" as the reason for turning and repositioning resident who were dependent on staff.

On 03/30/23 at 11:32 AM, during an interview with the surveyor, the Director of Nursing (DON) stated that bed bound residents should be repositioned every two hours to avoid skin breakdown.

A review of the facility provided, "CNA Flow Sheet", dated [redacted] revealed an area for turning/repositioning. "Did you turn the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 48	F 725		

resident Q2H [every two hours]?" N (night), D (day), P (PRN-as needed). The dates of [redacted] through [redacted] revealed no documentation to indicate the resident had been turned or repositioned every 2 hours on night shift, day shift, or as needed. On the night shift it was documented [redacted] on [redacted]6, to indicate the resident was repositioned and turned only one time and not every 2 hours. On 27 of 28 days there was no documentation to indicate that the resident was turned or repositioned on the night shift. On the day shift it was documented [redacted] on [redacted] to indicate the resident was not turned and repositioned every 2 hours. There was no documentation that the resident was turned and repositioned every 2 hours on the day shift on 8 of 28 days: [redacted] On the as needed area, it was documented that the resident was turned and repositioned only 4 of the 28 days, [redacted] time. This indicated the resident was not repositioned or turned every 2 hours.

A review of the facility provided, "CNA Flow Sheet", dated run date [redacted] revealed an area for turning/repositioning. "Did you turn the resident Q2H?" The night shift documented [redacted] on 28 of 31 dates, and [redacted]" on 1 of 31 dates. This indicated that the resident was not repositioned and turned every 2 hours. Two of the dates, [redacted] and [redacted] had no indication that the resident had been turned or repositioned every two hours. The day shift documented [redacted] on 15 of 31 dates; [redacted] on 5 of the 31 dates; and [redacted]" on 1 of the 31 dates. This indicated that the resident had not been turned or repositioned every 2 hours. Nine of the dates, [redacted] had no indication that the resident had been turned or repositioned every

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 49	F 725		

two hours. On the as needed area, it was documented that the resident was turned and repositioned [redacted] on 21 days and [redacted] on one day. This indicated that the resident had not been turned and repositioned every 2 hours.

A review of the facility provided document for "Pressure Injury Prevention and Management", dated revised 8/22, included but was not limited to the responsibility of the RN, Licensed Practical Nurse (LPN), and CNA to ensure all residents in bed will be turned and repositioned every 2 hours per repositioning schedule or more often as indicated.

A review of the facility provided document for "Nursing Orientation for Assistive Personnel Clinical Staff C.N.A. & MHA", revised 1/23, included but was not limited to Pressure Injuries, preventative measures, and avoid pressure on bony prominences, turn and position q (every) 2 hours. Included in the book was a card the facility used which had turning and repositioning schedule times and positions as follows: 12 a.m. back, 2 a.m. door, 4 a.m. window, 6 a.m. door, 8 a.m. back, 10 a.m. window, noon back, 2 p.m. door, 4 p.m. window, 6 p.m. back, 8 p.m. door, and 10 p.m. window. Notes: "follow above schedule when patient is in bed; otherwise directed by nurse."

The turning and repositioning schedule had not been followed.

A review of the facility provided document for "Certified Nursing Assistant", undated, included but was not limited to performs basic, routine duties related directly and indirectly to nursing care of patients; and assists patient with activities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 50	F 725		

of daily living.

A review of the facility provided document for "Registered Nurse", undated, included but was not limited to utilized patient care standards in clinical practice; and provides clinical supervision of LPN's, CNA's, and ancillary staff.

On 04/03/23 at 10:27 AM, the surveyor conducted an interview with the Staffing Coordinator (SC). The SC stated to the surveyor that she was aware of the required minimum staffing standards. The SC stated the Certified Nurse Aide (CNA) ratio for each shift was 1 CNA to 8 residents for the 7:00 AM-3:00 PM, 1 CNA to 12 residents for the evening and 1 CNA to 14 residents for the 11:00 PM-7:00PM shift. The surveyor asked the SC if the facility was meeting the minimum ratios. The SC stated some days and mostly evenings and nights the facility would meet more than the minimum staffing. When asked about why the day shift would be short staff, the SC stated the morning shift was the hardest shift to staff. The surveyor asked how do you determine the staffing levels needed to meet each resident's needs each day and during emergencies. The SC stated they have a computer program that determined the staffing for each unit and it is reassessed each day. When asked about how the residents' acuity needs and diagnoses are considered to determine staffing needs, the SC stated that is not her part and she does not go that deep into staffing. The surveyor asked about how the facility census impacts staffing. The SC stated that she did not thing the census impacts the staffing level. The surveyor asked if staff, residents or family's bring workload concerns to her and she stated, no. The surveyor asked if th

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 725	Continued From page 51 SC participated in the Quality Assurance Program and she stated, no. NJAC 8:39-27.1 (a)	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10201L	A. BUILDING: _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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) COMPLETE DATE
S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. This deficient practice was identified for CNA staffing for residents on 12 of 14 days shifts. The findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 1/28/2021, "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	S 560	1. The facility will continue all hiring an onboardingefforts to ensure that there are adequate staff for all residnets. The Human Resources Department will continue to engage in partnerships with agency contract for needed vacancies. The facility will continue to offer a financial incentive for additional CNA shifts that are worked on Saturday and Sunday. 2. All residents have the potential to be affected by this practice. 3. The Director of Human Resources/designee, the Director of	4/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/20/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10201L	A. BUILDING: _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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) COMPLETE DATE
S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and 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 CNA and perform CNA duties. A review of the "Nursing Staffing Report" completed by the facility for the weeks of 3/05/23 through 3/11/23 and 3/12/23 through 3/18/23, revealed the staffing to resident ratios did not meet the minimum requirement for one CNA to eight residents for the day shift as documented below: -03/05/23 had 33 CNAs for 382 residents on the day shift, required 48 CNAs. -03/06/23 had 40 CNAs for 382 residents on the day shift, required 48 CNAs. -03/07/23 had 44 CNAs for 382 residents on the day shift, required 48 CNAs. -03/09/23 had 46 CNAs for 382 residents on the day shift, required 48 CNAs. -03/10/23 had 45 CNAs for 382 residents on the day shift, required 48 CNAs. -03/11/23 had 39 CNAs for 381 residents on the day shift, required 48 CNAs.	S 560	Nursing/designee and the Staffing Coordinator will meet bi-monthly (twice per month) to review CNA current vacancies and staffing needs. The Human Resources Department will host or participate in CNA recruitment opportunities monthly. The Nursing Education Department increased dates of new hire orientation to accommodate more frequent onboarding of CNAs. The Human Resources Department will continue to engage in partnerships with agency contracts for needed vacancies. In partnership with Bergen Community College, the facility will remain an active on-site NATCEP training and competency evaluation program. An internal facility referral bonus program is in place for current staff members who recruit an individual to enroll, complete the training program and commit to employment at facility as a CNA. The facility will incur the cost of the training course if the CNA completes one year of service in the facility. 4. The Director of Human Resources/designee will monitor CNA turnover, number of new CNA applicants and the number of new hire CNAs each month and will report to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10201L	A. BUILDING: _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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) COMPLETE DATE
S 560	Continued From page 2 -03/12/23 had 36 CNAs for 381 residents on the day shift, required 48 CNAs. -03/13/23 had 36 CNAs for 381 residents on the day shift, required 48 CNAs. -03/14/23 had 44 CNAs for 380 residents on the day shift, required 47 CNAs. -03/16/23 had 46 CNAs for 378 residents on the day shift, required 47 CNAs. -03/17/23 had 41 CNAs for 378 residents on the day shift, required 47 CNAs. -03/18/23 had 31.5 CNAs for 378 residents on the day shift, required 47 CNAs. On 4/3/23 at 10:27 AM, the surveyor interviewed the Staffing Coordinator who acknowledged the new minimum staffing requirements for nursing homes. She stated that the facility is meeting the ratios "some days" and that "mostly evening and nights are met more than the morning shift." She further stated that, "the morning shift is the hardest shift to staff." No additional information was provided.	S 560	The Staffing Coordinator will monitor the CNA staffing on the day shift and report Monday through Friday, with Saturday and Sunday reported on Monday, to the Administrator and Director of Nursing, if the required minimum direct staff to resident ratio is not met. The data will be reported to the Quarterly Quality Assurance Performance Improvement Committee.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
10201L		5/24/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 04/22/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 4/6/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ **YES** ☐ **NO**

 EVENT ID: WX0412

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315017	A. Building B. Wing	5/24/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 04/22/2023	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 04/22/2023	ID Prefix F0725 Reg. # 483.35(a)(1)(2) LSC	Correction Completed 04/22/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/6/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315017 Y1	A. Building B. Wing Y2	5/24/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0684	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25	Completed
LSC	04/22/2023	LSC	04/22/2023	LSC	04/22/2023
ID Prefix F0689	Correction	ID Prefix F0725	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. #	Completed
LSC	04/22/2023	LSC	04/22/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/6/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING **01** B. WING _____	**04/06/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	**230 E RIDGEWOOD AVE** **PARAMUS, NJ 07652**

(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 . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 03/23/2023. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/23/23 and was found to be in compliance 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. Bergen New Bridge Medical Center is an eight story building that was built in 1913 It is composed of Type II (222) protected construction. The facility is divided into 26 - smoke zones. The generator does 100 % of the building as per the Maintenance Director. The current occupied beds are 64 of 70. .	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/17/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING **01** B. WING _____	**04/06/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	**230 E RIDGEWOOD AVE** **PARAMUS, NJ 07652**

(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 . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 03/23/2023. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/23/23 and was found to be in compliance 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. Bergen New Bridge Medical Center is an eight story building that was built in 1913 It is composed of Type II (222) protected construction. The facility is divided into 26 - smoke zones. The generator does 100 % of the building as per the Maintenance Director. The current occupied beds are 64 of 70. .	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/17/2023

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.