

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
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NAME OF PROVIDER OR SUPPLIER BERGEN NEW BRIDGE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 230 E RIDGEWOOD AVE PARAMUS, NJ 07652
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(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
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F 000	INITIAL COMMENTS COMPLAINT #122405. Census: 535. Sample: 5.	F 000		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ 122405 Based on observation, interview, and review of facility provided documentation on 5/14/2019, it was determined that the facility failed to repair and maintain in a safe condition, 1 of 8 Resident bathroom toilets observed during a tour. This deficient practice is evidenced by the following: At 10:20 a.m. on 5/14/19, during the entrance conference of the survey, a request was made to the facility's Administrator (Admin) and Director of Facilities (DOF), maintenance requests for March, April, and May 2019, for review. A tour of the facility on 5/14/19, was conducted in the presence of the DOF. Starting at 11:35 a.m., eight resident rooms were inspected. At 11:53 a.m. an inspection inside Resident #2's bathroom was performed. The surveyor observed that the bathroom toilet had separated away from the wall	F 921	1. The toilet for Resident #2 was repaired on May 14, 2019 prior to the surveyor leaving the building. 2. All residents have the potential to be affected by this practice. All resident bathrooms were inspected to ensure each toilet is secured properly to the wall. 3. An in-service was given to Maintenance Staff regarding work orders and making sure the work is completed prior to considering the work closed and if a work order is not completed, a supervisor should be notified. A supervisor audit tool was created to be used as a follow up to closed work orders to ensure its completion to a safe, functional, comfortable and satisfactory	6/14/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/14/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 921	<p>Continued From page 1</p> <p>1/4 of an inch between the toilet and the ceramic wall tiles. The surveyor also observed that the toilet had two pieces of 4 inch PVC pipe under the toilet, which was propping the toilet up.</p> <p>A review of the work order requests for Resident #2's room indicated:</p> <ol style="list-style-type: none"> Maintenance request dated 7/16/2018. <ul style="list-style-type: none"> Reason: Toilet is separating from the wall. Priority: Immediately/ Life Safety. Completed 7/17/2018, 12:38 p.m. Report: Secure toilet with 4 inch POC brace until contractor receives order for bracket to secure toilet. <p>At this time, the DOF told the surveyor that this work order had been closed out on 7/17/2018. These two pieces of PVC piping could easily be dislodged and there would no support for the toilet if a resident were to sit on the toilet.</p> <p>NJAC 8:39 - 31.2 (e).</p>	F 921	<p>level.</p> <p>4. The Director of Facilities or designee will visually conduct an audit of ten(10)closed work orders per month to ensure the work has been completed to a safe, functional and comfortable level. The results from the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.</p> <p>The Director of Facilities or designee will visually conduct an audit of ten(10)bathrooms per month to ensure the toilet is secured to the wall properly. The results from the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.</p>		