STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
F0000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaints: 2618313 and 400497 Survey Dates: 01/19/26 through 01/22/26 Survey Census: 123 Sample Size: 31 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F0000		02/20/2026
F0628 SS = E	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information	F0628	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Verify and update the proper address to where residents and NJ Exec Order 26.4b1 can appeal hospital transfers. R10, R159, R1 and R164 were provided with updated letters citing the correct address for appeals information. Discharge/transfer documentation was reviewed to ensure all required elements were included. All identified residents have safely returned to the facility and experienced no adverse outcome related to the transfer process. The facility determined that this alleged deficient practice had the potential to affect all residents who are transferred to a hospital. The Administrator/designee conducted a 30-day look back of all hospital transfers and updated notices to residents/families with the proper appeals location. NJ Exec Order 26.4b1 related to the transfer process was identified in the 30-day look back period.	02/20/2026

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0628 SS = E	Continued from page 1 (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required	F0628	Continued from page 1 To prevent recurrence of this alleged deficient practice, the facility Administrator updated the Notice of Emergency transfer notice that is mailed to resident representatives and to the resident to include the corrected appeals address. Admissions and Reception staff was educated by the Administrator on the changes to the Notice of Emergency transfer notice. This was completed by 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Administrator/Designee will audit 10% of hospital transfer for the next 4 weeks and then monthly for 3 months. The findings of the audit will be presented during the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

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F0628 SS = E	Continued from page 2 by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.	F0628		02/20/2026

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F0628 SS = E	Continued from page 3 §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab,	F0628		02/20/2026

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F0628 SS = E	Continued from page 4 radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and document review, the facility failed to ensure three of three residents and their resident representatives (R)10, R159, R1 and R164) reviewed for [NJ Exec Order 26.4b] hospital [NJ Exec Order] out of a total sample of 31 residents were provided with a written bed hold policy and transfer notice that contained the appeal process. This failure had the potential to affect the resident and their [NJ Exec Order 26.4b1]) by not having the knowledge of how to appeal the transfer, if desired, and had the potential to contribute to the possible denial of re-admission and loss of the resident's home following a hospitalization for residents transferred to the hospital. Findings include: 1.Review of R10's "Admission Record" located under the "Profile" tab in the electronic medical record (EMR) revealed admitted to the facility on [NJ Exec Order 26]. Review of R10's "Progress notes" dated [NJ Ex Order 26.4] revealed R10 was [NJ Exec Order 26.4b] to the hospital due to [NJ Exec Order 26.4b1] and [NJ Exec Order 26] to the facility on [NJ Exec Order 26]. R10 [NJ Exec Order 26] to the hospital on [NJ Exec Order 26] for [NJ Exec Ord] o [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4] on [NJ Exec Order 26] Review of R10's Medicare five-day "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [NJ Exec Order 26] revealed a "Brief Interview for Mental Status (BIMS)" score of [NJ Ex] out of 15 which indicated R10's [NJ Exec Order 26] was [NJ Exec Order 26.4b1]. 2.Review of R159's "Admission Record" under the "Profile" tab in the EMR revealed admitted on [NJ Exec Order 26]. Review of R159's "Census" located under the "Census" tab in the EMR revealed on [NJ Exec Order 26] "[NJ Exec Order 26.4b1]" and on [NJ Exec Order 26][NJ Exec Order 26.] to the facility. Review of R159's EMR located under the "MDS" tab	F0628		02/20/2026

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F0628 SS = E	Continued from page 5 revealed the admission "MDS" with an ARD of [redacted] revealed a "BIMS" score of [redacted] out of 15 indicating [redacted]. Review of R159's "Progress Note" dated [redacted] located under the "Progress Note" tab of the EMR revealed R15 had [redacted]. New order received to [redacted] to hospital for evaluation and treatment. [redacted] in to [redacted] resident. Review of "[redacted] notice prior to Hospitalization or [redacted]" [redacted] by the facility for R10 and R159 revealed that the document did not include the appeal process. 3.Review of R1's "Admission Record" located under the "Resident" tab in the EMR revealed admitted to the facility on [redacted] and [redacted] on [redacted] Review of R1's admission "MDS" with an ARD of [redacted] revealed a "BIMS" score of [redacted] out of 15 which indicated R1 was [redacted] Review of R1's "Progress Note" dated [redacted] located under the "Resident" tab of the EMR written by [redacted] revealed received verbal order to [redacted] R1 to [redacted] for further evaluation. Review of "Notice of [redacted]" dated [redacted] revealed it did not indicate the appropriate appeal information. 4. Review of R164's "Face Sheet" located under the 'admissions" tab revealed that R164's [redacted] admission date was [redacted] with a [redacted] admission date of [redacted]. The "Face Sheet" indicated that R164's most recent [redacted] was from [redacted] Review of R164's [redacted] notice" located under the "miscellaneous" tab in the EMR revealed on [redacted] R164 was [redacted] to the hospital for [redacted]. The transfer notice did not provide the appeal process. During an interview on 01/22/26 at 11:16 AM, the [redacted]) stated when a resident was transferred to the hospital she would contact their emergency contact and let them know. They would be provided with a bed hold letter, and information to reach out to the Ombudsman if they disagree with	F0628		02/20/2026

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F0628 SS = E	Continued from page 6 the transfer. No other information was provided to the family or resident regarding how to appeal other than the Ombudsman contact information. NJAC 8:39-4.1(a)	F0628		02/20/2026
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.	F0550	The corrective action put in place to rectify the deficient practice identified during the annual survey was to: Resident R59 is [NJ Exec Order 26.4] residing at the facility; therefore, no direct corrective action could be implemented. The Director of Nursing provided re-education to RN3, CNA7, and CNA8 regarding residents' rights to refuse care regardless of family request or staff perception of need. Education included appropriate documentation of refusal of care and required escalation procedures. The facility determined that this alleged deficient practice had the potential to affect all residents receiving care. To identify potentially affected residents: • Nursing leadership conducted a review of 10% of current residents with documented refusals of care within the last 30 days to ensure refusals were honored and appropriately documented. • Nursing supervisors completed observational rounds to validate staff compliance with honoring resident refusals • Any concerns identified were immediately addressed through staff counseling and re-education. To prevent recurrence of the deficient practice, the facility implemented the following: • Re-education of all nursing staff regarding resident rights to refuse care, including situations involving family disagreement conducted by facility Staff Development Nurse. The Staff Development nurse reinforced the facility policy regarding refusal of care documentation and required nurse notification. The education included clarification of escalation procedures when family members request care contrary to resident wishes. The Staff	02/20/2026

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F0550 SS = D	Continued from page 7 This REQUIREMENT is NOT MET as evidenced by: Based on observation record review and interview, the facility failed to ensure a resident's rights (R59) was [redacted] when [redacted] to [redacted] the resident [redacted] r the resident [redacted] for one resident (Resident (R)59) of one resident reviewed for [redacted] in the sample of 31 residents. This had the potential to affect all residents receiving care. Findings include: Review of R59's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed on [redacted], with diagnosis of [redacted] Review of R59's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated the resident's [redacted] was [redacted] Review of R59's "Other Incident Report " dated [redacted] at 4:30 PM, written by Registered Nurse (RN)3 and "Nurse's Notes" dated [redacted] in the EMR under the "Notes" tab revealed, [redacted] r and 2 CNA [Certified Nurse Aides] [redacted] was the patient from [redacted] to [redacted] r...During [redacted] the [redacted] and [redacted] the wheelchair [redacted] and [redacted] with [redacted]. During an interview 01/21/25 4:02 PM, CNA7 Stated on [redacted], R59 [redacted] of the [redacted]. CNA7 said R59 was [redacted] and [redacted] to be [redacted] in the [redacted] CNA7 said staff should have respected [redacted] to [redacted] and [redacted] in the [redacted]. She said nothing was reported to the nurse about [redacted] and the [redacted] demand until R59 [redacted] During an interview on 01/21/26 at 4:20 PM, RN3 said a resident has the right to refuse care, and staff should honor that right even when a family member demanded the care be given. On [redacted] she heard [redacted] coming from R59's room. When she went into the room, she [redacted] to [redacted] the resident, but [redacted] was [redacted] onto the [redacted] and would [redacted] was [redacted] into [redacted]. [redacted] to [redacted] t of the [redacted], and [redacted] on the [redacted] and was [redacted]. During an interview on 01/22/26 at 1:26 PM, CNA8	F0550	Continued from page 7 Development nurse along with the Director of Nursing reviewed and updated the facility orientation program to include case-based examples addressing resident refusal of care and family involvement. These actions were completed by 2/20/2026 To monitor ongoing compliance: • The Director of Social Work, Social Work for LTC, and/or designee will provide resident rights education to long-term residents during quarterly and annual care plan meetings and to short-term residents during initial care plan meetings. • Nursing leadership or designee will complete weekly audits of refusal of care documentation and staff response for one month, then monthly for three months • Compliance goal is 100% adherence to honoring resident refusal of care and proper documentation • Any identified non-compliance will result in immediate corrective action and staff re-education • Audit results will be reviewed monthly by the Interdisciplinary Team and quarterly during QAPI meetings The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

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F0550 SS = D	Continued from page 8 stated that all residents have the right to refuse care. When a resident refuses care, CNAs are supposed to report it to the nurse. On [redacted], she [redacted] two other CNAs going into the resident's room along with the [redacted]. She said the R59 [redacted] of the [redacted]. She overheard one of the CNAs tell a nurse that R59 [redacted] to [redacted] of [redacted], but the [redacted] was [redacted]. She went into the resident's room and [redacted] R59 [redacted] to [redacted] of the [redacted]. She left the room. During an interview on 01/22/26 at 5:22 PM, the U.S. FOIA (b)(6)) said staff should honor a resident's right to refuse care regardless of their cognition. NJAC 8:39:4.1(a) NJAC 8:39:5.1(a) NJAC 8:39:27.1(a)	F0550		02/20/2026
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and policy review, the facility failed to protect the resident's right to be free from [redacted] by staff for one of five residents (Resident (R)178) reviewed for [redacted] out of 31sample residents. This had the potential to affect residents in the facility who were at risk for [redacted]	F0600	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Resident R178 [redacted] residing in the facility; therefore, no direct corrective action can be implemented for this resident. At the time of the incident, the facility immediately [redacted] CNA9 from resident care assignments, placed the staff member on the facility's [redacted], and notified the staffing agency. A [redacted] assessment was completed, and the resident's family and physician were notified. The facility conducted a thorough [redacted] investigation and [redacted] conduct that created an [redacted] and [redacted] environment for the resident, including failure to maintain appropriate supervision and resident-centered care practices during care delivery. The facility determined that this alleged deficient practice had the potential to affect all residents receiving care, particularly residents receiving assistance with activities of daily living and residents receiving care from agency staff. Nursing leadership completed resident interviews and skin assessments for residents who received care from CNA9 during her shift on the date of the allegation to identify any concerns or injuries. No care concerns were brought up.	02/20/2026

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F0600 SS = D	Continued from page 9 Findings include: Review of R178's "Face Sheet" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted on [redacted] with diagnosis of NJ Exec Order 26.4b1 [redacted]. Review of R178's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, which indicated the resident was NJ Exec Order 26.4b1. Review of R179's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted on [redacted], with diagnosis of [redacted]. Review of R179's quarterly "MDS" with an ARD of [redacted] and located in the EMR under the "MDS" tab revealed a "BIMS" score of [redacted] out of 15, which indicated the resident was NJ Exec Order 26.4b1. Review of R178's "Nurse's Note" dated [redacted] at 7:00 PM, and located in the EMR under the "Notes" tab written by Registered Nurse (RN) 4 revealed, "On [redacted] around 7:00 PM resident has a[redacted] with [redacted] U.S. FOIA (b)(6) [redacted]. [redacted] immediately [redacted] from [redacted], [redacted] assessment done, [redacted] and primary made aware of the incident." Review of the undated "Facility's Five Day Follow Up" indicated the incident was on [redacted] at 7:00 PM. Further, review revealed, "R178 [redacted] to the U.S. FOIA (b)(6) that [redacted] was [redacted] for [redacted] when the assigned aide [CNA9] walked into the room for PM [evening] [redacted]. R178 [redacted] the aide that [redacted] to [redacted] but that the aide [redacted] on [redacted], then [redacted] for [redacted]. R178 [redacted] that the aide [redacted] to [redacted] and [redacted] R178 [redacted] that [redacted] was [redacted]." The summary and conclusion indicated, "The facility is substantiating [redacted] to [redacted] at this time. [CNA9] was [redacted] on our [redacted] list and has been [redacted] to pick up further shifts. The Agency has also been made aware." During an interview on 01/21/26 at 1:45PM, CNA9 stated that on [redacted], at [redacted] she went into R178's room. She said R178 was [redacted] for [redacted]	F0600	Continued from page 9 To prevent recurrence of this alleged deficient practice, the facility Staff Development nurse revised agency staff onboarding procedures to ensure agency personnel receive facility-specific abuse prevention education, resident rights training, and expectations regarding resident-centered care prior to providing care. Agency staff will complete this training prior to starting their shift and providing resident care. The facility Staff Development nurse reinforced communication expectations between agency staff and facility nursing leadership regarding resident preferences and refusal of care situations. These actions were completed by 2/20/2026. To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Director of Nursing/Designee will audit 3 agency staff a week for 4 weeks for any care related concerns along with verification that required education is completed. After the 4-week period, the Director of Nursing/Designee will audit 3 agency staff for 3 months for care related concerns along with verification of education. The results of the audit will be reviewed in the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844

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F0600 SS = D	Continued from page 10 NJ Exec Orde so she NJ Exec Order 26.4b1 for NJ Exec Orde. She said R178's roommate [R179] was in the room. CNA9 told R178 she would put NJ Exec in NJ Exec and then she would NJ Exec in wheelchair for NJ Exec Orde. At that time, the roommate [R179] NJ Exec Order 26.4b1 NJ Exec and NJ Exec Order 26.4b1. At that time, she left the room and found a registered nurse [(RN)4] and NJ Exec Order 26 that R178 NJ Exec Order 26.4b1 to be NJ Exec in NJ Exec. RN4 told her to NJ Exec R178 about NJ Exec Order 26.4b1 and NJ Exec Order 26.4 She NJ Exec Order 26.4b and RN4 went into room with her and she told R178 that she wanted to NJ Exec Order 26.4b1 and NJ Exec Orde in NJ Exec. The roommate [R179] NJ Exec Order 26.4b1 at her that R178 NJ Exec Order 26.4b1. RN4 NJ Exec Orde the NJ Exec Orde NJ Exec Order 26.4b1 the residents, and the roommate [R179] NJ Exec Order 2 the NJ Exec Orde, and NJ Exec to NJ Exec Order 26.4b1 so NJ Exec Order 26.4b1. At that time, CNA9 walked out of the room and RN4 came out and continued passing medications. About three minutes later, R178 NJ Exec Order 26.4 of the room in NJ Exe wheelchair and NJ Exec Order 26.4b to be NJ Exec Order 26.4b1 for the NJ Exec Orde and NJ Exec Order 26.4b into NJ Ex room. RN4 went into the room at which time R178 NJ Exec Order 26.4b1 and NJ Exec Orde, stating that CNA9 NJ Exec Order 26.4b1. The roommate [R179] was NJ Exec Order 26.4b1 that NJ Exec, NJ Exec Order 26 NJ Exe. RN4 asked CNA9 if she NJ Exec R178. CNA9 said NJ Exe." She was NJ Exec Order 26.4b1 into R178's room. During an interview on 01/21/26 at 3:37PM, RN4 said on the NJ Exec t o NJ Exec Order 26.4 , R178 was NJ Exec Order 26.4b NJ Exec Order 26.4b. The NJ Ex was NJ Exec Orde on the resident's wheelchair underneath R178. RN4 stated that another staff member said that R178 was NJ Exec Orde. He spoke with R178 who NJ Exec Order 26.4b NJ Exec Order 26.4b1 and NJ Exec NJ Exec him that CNA9 was NJ Exec Orde to NJ Exec Order 2. The roommate [R179] NJ Exec Order 26.4b1 CNA9 NJ Exec R178. CNA9 was NJ Exec Order 26 the NJ Ex Orde and NJ Exec Orde to NJ Exec Orde During an interview on 01/22/26 at 5:22 PM the U.S. FOIA (b)(6) NJ Ex Order 26.4(b)(1) said they substantiated the Review of the facility's policy "Abuse, Neglect, Exploitation and Misappropriation Prevention Program" revised 06/23/25 revealed, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from…physical abuse…" NJAC 8:39-4.1(a) NJAC 8:39-5.1(a)	F0600		02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

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F0600 SS = D	Continued from page 11 NJAC 8:39-9.4(f) NJAC 8:8:39-27.1(a)	F0600		02/20/2026
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interviews, document review and policy review, the facility failed to report an [NJ Exec Order 26.4b] of [NJ Exec O] of [NJ Exec Order 26.4b1] for one (Resident (R) 104) of two [NJ Ex Order 2] [NJ Exec Order 26.4b1] reviewed in the sample of 31 residents to the State Agency (SA) immediately, but no later than 2 hours after the incident. This failure had the possibility to negatively impact residents currently residing at the facility. Findings include: Review of facility's policy titled, "Investigation, Incident and Reporting," revised 02/19/25, indicated, "[name of the facility] is committed to… abuse-free	F0609	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: A comprehensive review of the incident involving R104 was conducted. Since the incident occurred in the past, the facility is unable to correct the 2-hour rule for reporting of this event. The facility reviewed the investigation to confirm that [NJ Exec Orde] had not [NJ Exec Order 26] or been [NJ Exec Order 26.4b] at the time of the reporting. The care plan was reviewed and updated at the time of the incident to reinforce interventions. Nursing staff involved (LPN4, CNA2) received immediate re-education on NJ Ex Order 26.4(b)(1) reporting requirements and the two-hour reporting mandate. The facility determined that this alleged deficient practice had the potential to affect all residents. The Director of Nursing/designee conducted a 30-day look back audit of all incidents classified as injury of unknown origin, bruising, unwitnessed injuries. Incidents were reviewed to determine whether reporting occurred within required timeframes. Resident BIMS scores indicating [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] were reviewed to ensure heightened monitoring and appropriate reporting practices. No additional late state reporting was identified. To prevent recurrence of this alleged deficient practice, the facility Administrator reviewed the Investigation, Incident and Reporting policy to include verbiage on reporting injuries of unknown origin within 2 hours if abuse is suspected or serious bodily injury occurred and unable to explain the injury or within 24 hours if no serious bodily injury occurred or no suspicion of abuse exists. All licensed nurses and management staff have been re-educated by the Staff Development nurse on the two-hour reporting requirements. This was completed by 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Director of Nursing/Designee will audit 10% of injuries of unknown origin for the next 4 weeks and then monthly for 3 months. The findings of the audit	02/20/2026

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F0609 SS = D	Continued from page 12 environment. All staff are required to report any allegation or suspicion of abuse, neglect, exploitation, or mistreatment immediately. The facility will ensure that all incidents are reported to the appropriate regulatory agencies…Policy Interpretation and Implementation: The [name of state] Department of Health…via the online reporting system or hotline, Initial report must be made within 2 hours if the incident involves serious bodily injury and/or is related to abuse/neglect…." Review of R104's "Admission Record" in the electronic medical record (EMR) under the "Census" tab revealed R104 was NJ Exec Order 26.4b1 to the facility on NJ Exec Order 26 with the diagnosis of NJ Exec Order 26.4b Review of R104's annual "Minimum Data Set (MDS)" with an assessment reference date (ARD) of NJ Exec Order 26 in the EMR under the "MDS" tab with a "Brief Interview for Mental Status (BIMS)" score of NJ Ex out of 15, indicating R104's NJ Exec Order 26.4 was NJ Exec Order 26.4b1 Review "Nursing Note" dated NJ Exec Order 26 provided by the facility indicated, "11:20 PM: Certified Nursing Assistant [(CNA) 2] informed writer [Licensed Practical Nurse (LPN) 4] while giving report, R104 has NJ Exec Order 26.4b on the NJ Exec Order 26.4b [CNA4] assigned to R104 on the 3-11 PM shift was NJ Exec Order 26 and NJ Exec Order 26.4b he NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 as R104 was NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. 7-3 AM nurse did no NJ Exec Order 26.4b any NJ Exec Order 26.4b1 while giving report." No evidence o NJ Exec Ord of NJ Exec Order 26.4 NJ Exec Or is being NJ Exec Order 26 to the U.S. FOIA (b)(6). Review of facility provided "[name of state] Department of Health Facility Information Reporting Category Long Term Care," (initial report) dated NJ Exec Order 26.4 indicated, "…R104 was NJ Exec Order 26 to have a NJ Exec Orde or NJ Exec Order 26.4b1. R104 is NJ Exec Orde to NJ Exec Order 26.4b NJ Exec Order 26 . BIMS-03 [Brief Interview for Mental Status], relevant dx: NJ Exec Order 26.4b1 R104 is on NJ Exec Order 26.4b1 and has been NJ Exec Order 26.4b1 for NJ Exec of NJ Exec Order 2 and NJ Exec Order 26.4 ." There is no evidence that this NJ Exec Or of NJ Exec Order 26.4b1 was NJ Exec Order 26.4 to the SA within the two-hour timeframe. During interview on 01/20/26 at 3:00 PM, the U.S. FOIA (b)(6) indicated that there is a two-hour reporting timeframe to report any NJ Ex Order 26.4(b)(1) to the SA; however, the U.S. FOIA (b)(6) stated that the [name of the state] Department of Health does not include injury of unknown origin within that two hour timeframe to report unless the resident cannot tell staff what happened. Stated that	F0609	Continued from page 12 will be presented during the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

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F0609 SS = D	Continued from page 13 [name of the state] has 24 hours to report injury of unknown origin. In addition, the U.S. FOIA (b)(6) said that the facility does not contact the NJ Exec Ord. Said that the facility leaves that up to the resident, and/or the family. Interview on 01/21/26 at 2:17 PM, LPN4 stated that he worked the 3-11 shift on NJ Exec Order 26, and that R104 was NJ Exec Order throughout the evening shift, NJ Exec Orde on his NJ Exec Order 26.4b1. LPN4 NJ Exec Order 26.4b1 that the U.S. FOIA (b)(6) was not made aware and indicated that if an incident is unwitnessed, it should be reported immediately. LPN4 stated that he spoke with the U.S. FOIA (b)(6) the next morning. Interview on 01/22/26 at 8:45 AM, CNA2 said that upon beginning her 11-7 shift, she went to NJ Exec Order 2 R104 and NJ Exec Order 26.4b1 that R104 had a NJ Exec Orde to the NJ Exec Order 26.4 area. CNA2 NJ Exec Order 26.4 the NJ Exec Orde immediately to LPN4. Interview on 01/22/26 at 6:15 PM, the U.S. FOIA (b) indicates that he was not unaware that an injury of unknown origin should be reported to the SA within two hours after having knowledge of the incident. NJAC 8:39-9.4(f)	F0609		02/20/2026
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by:	F0610	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Conduct a retrospective review of R104 NJ Exec O of NJ Exec Order 26.4b1 investigation. Additional interviews were completed with LPN4, CNA2, and staff assigned to the unit during the timeframe. Documentation was added to the investigation to reflect the staff interviews. NJ Exec Order 26.4b1 based on the updated interviews. NJ Exec Orde and NJ Exec Order or NJ Exec Order 26.4b1 was again ruled out. Resident 178 is no longer in the facility and the roommate is also not in the facility, therefore no interviews can be made with them. Assignment sheet for CNA9 was re-reviewed and available residents were interviewed. Residents do not recall who CNA9 was and had no further concerns. CNA9 was placed on the facility NJ Exec Order 2 NJ Exec Orde" list and agency was notified. The facility determined that this alleged deficient practice had the potential to affect all residents. The Administrator/designee conducted a 60-day look back of all abuse allegations and injury of unknown origin investigation to ensure all involved staff were	02/20/2026

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F0610 SS = D	Continued from page 14 Based on observation, interviews, record review and policy review, the facility failed to thoroughly investigate an NJ Exec Order 26.4b of an NJ Exec Or of NJ Exec Order 26.4 NJ Exec Or for one (Resident (R) 104) of one resident and failed to thoroughly investigate an NJ Exec Order 26.4b of NJ Exec Order 26.4b1 for R178, out of two residents reviewed for NJ Exec Orde in a sample of 31 residents. This failure had the potential to negatively impact all residents residing at the facility. Findings include: 1.Review of R104's "Admission Record" in the electronic medical record (EMR) under the "Census" tab revealed R104 was NJ Exec Order 26.4b1 to the facility on NJ Exec Order 26 with the diagnosis of NJ Exec Order 26.4. Review of R104's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26 located in the EMR under the "MDS" tab with a "Brief Interview for Mental Status (BIMS)" score of NJ E out of 15, indicating R104's NJ Exec Order 26.4 was NJ Exec Order 26.4b1. Interview on 01/19/26 at 1:40 PM, attempts to interview R104; however, R104 was NJ Exec Order 26.4b and NJ Exec Order 26.4b1 any questions. During interview, NJ Exec Order 26.4NJ Exec Order 26, which NJ Exec Order 26.4b to be NJ Exec Order 26.4b1 R104 was NJ Exec Order 2 NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. Review of the facility provided "Nursing Note" dated NJ Exec Order 26 indicated, "11:20 PM: Certified Nursing Assistant [(CNA) 2] informed writer [Licensed Practical Nurse (LPN) 4] while giving report, R104 has NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b ..." No evidence of NJ Exec O of NJ Exec Order 26.4b1 was NJ Exec Order 26.4 to the U.S. FOIA (b)(6) Review of facility provided "[name of state] Department of Health Facility Information Reporting Category Long Term Care," (initial report) dated NJ Exec Order 26 indicated, "...R104 was NJ Exec Order 26.4 to have a NJ Exec Orde on NJ Exec Order 26.4b1. R104 is NJ Exec Order 26.4b1 what NJ Exec Order 26 ...R104 is on NJ Exec Order 26.4b1 ..." Review of facility provided undated "Reportable Event Summary" (5-day summary) indicated, "History: On NJ Exec Order 26.4 at around 11 PM, [CNA 2] was NJ Exec Order 26.4b1 to R104 when she NJ Exec Order NJ Exec Order 26.4b1 on NJ Exe NJ Exec Order 26.4b. Conclusion: A thorough investigation was conducted, including NJ Exec O assessment, resident interview, review of NJ Ex factors and care plan interventions. The NJ Exec Or was first NJ Exec Or on NJ Exec Order 26 at around 11:00 PM, and NJ E NJ Exec were NJ Exec Order 26.4 the day prior NJ Exec Order 26.4b1,	F0610	Continued from page 14 interviewed, resident and witness interviews were completed, and preventable measures were implemented during investigation. No additional incomplete investigations were identified. To prevent recurrence of this alleged deficient practice, the facility Administrator reviewed the Investigation, Incident and Reporting policy to include verbiage on who should be interviewed during reportable events of abuse/neglect and injury of unknown origin. Policy changes made by the Administrator also include physical evidence documentation. U.S. FOIA (b)(6), U.S. FOIA (b)(6) and U.S. FOIA have been re-educated by the Staff Development nurse on the requirement for resident interviews during the investigation process and the updated policy. This was completed by 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Administrator/Designee will audit 10% of abuse allegations and injuries of unknown origin for the next 4 weeks and then monthly for 3 months. The findings of the audit will be presented during the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

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F0610 SS = D	Continued from page 15 making the [redacted] the most probable cause..." Review of the investigation revealed that there was no evidence of residents' interviews, and no evidence of LPN4's interview. Interview on 01/21/26 at 2:17 PM, LPN4 stated that he worked the 3-11 shift on [redacted] and that throughout the evening shift, R104 was [redacted] on his [redacted]. LPN4 [redacted] that he wrote a progress note after he was [redacted] of the [redacted] on R104's [redacted]. LPN4 stated that he spoke with the U.S. FOIA (b)(6) the next morning. Interview on 01/22/26 at 8:45 AM, CNA2 said that at the beginning her 11-7 shift, she went to [redacted] R104 and [redacted] that R104 had a [redacted] to [redacted] CNA2 [redacted] the [redacted] immediately to LPN4. Interview on 01/22/26 at 6:15 PM, the [redacted] confirmed that LPN4 was not spoken to during the investigation. Interview on 01/22/26 at 6:50 PM, the [redacted] indicated since this was an [redacted] of [redacted] no resident interviews would be conducted. 2.Review of R178's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on [redacted] with diagnosis of NJ Exec Order 26.4b1 Review of R178's annual "MDS" with an ARD of [redacted] and in the EMR under the "MDS" tab revealed a "BIMS" score of [redacted] out of 15, which indicated the resident was NJ Exec Order 26.4b1 Review of R178's "Nurse's Note" dated [redacted] at 7:00 PM and located in the EMR under the "Notes" tab written by Registered Nurse (RN) 4 revealed, "On [redacted] around 7:00 PM resident has a [redacted] with [redacted] CNA [CNA9]. [redacted] immediately [redacted] from [redacted]." Review of the undated "Facility's Five Day Follow Up" revealed the incident was [redacted] at 7:00 PM, "R178 [redacted] to the U.S. FOIA (b)(6) that [redacted] was [redacted] for NJ Exec Order 26.4b1 when the assigned aide, [CNA9] [redacted] on [redacted] to [redacted], then [redacted] for [redacted]. R178 [redacted] that the aide [redacted] to [redacted] and [redacted] with [redacted]. R178 [redacted] that [redacted] was NJ Exec Order 26.4b1." The summary and conclusion indicated, "The facility is substantiating [redacted] to [redacted] at this time." Further review of the	F0610		02/20/2026

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F0610 SS = D	Continued from page 16 investigation revealed not all staff working were interviewed, there was no documentation of the roommate's interview or other residents' interviews. During an interview on 01/22/26 at 5:22 PM, the U.S.: FOIA stated that they did not document the roommate or other residents' interviews, but they were done. He stated they did not interview additional staff since the roommate confirmed the NJ Ex Order 2 they did not feel the need to do additional interviews. Review of the facility's policy titled, "Investigation, Incident and Reporting" revised 02/19/25, indicated, "[name of the facility] is committed to…abuse-free environment. All staff are required to report any allegation or suspicion of abuse, neglect, exploitation, or mistreatment immediately. The facility will ensure that all incidents are… investigated promptly and thoroughly, and that corrective actions are taken, as necessary. Policy Interpretation and Implementation…3. Initiation of Investigation: • The Administrator or designee will initiate a thorough investigation within 24 hours of receiving the report. • The investigation may include: • Interviewing the resident(s), witnesses, and involved staff • Reviewing medical records, assignments, and surveillance (if available) • Examining physical evidence or the environment • All interviews and findings will be documented in a confidential investigation report." NJAC 8:39-9.4(f)	F0610		02/20/2026
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:	F0645	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Immediately verify and update the PASARR NJ Exec Orde for R9 based on the added diagnosis of NJ Exec Orde NJ Exec Order 26 and NJ Exec Order 26.4b1. The corrected screening was reviewed to determine if the resident NJ Exec criteria for a NJ Exec Order PASARR referral. R9 NJ Exec Order 26.4b1 criteria NJ Exec Order 26.4 a NJ Exec Order	02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
F0645 SS = D	Continued from page 17 (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before	F0645	Continued from page 17 PASARR evaluation. R9 is [NJ Exec Order 26.4] in the facility for updates to the care plan to reflect the [NJ Exec Orde] [NJ Exec Order 26] and NJ Exec Order 26.4b1. The facility determined that this alleged deficient practice had the potential to affect all residents who are admitted with a PASARR and have a mental health diagnosis. The Director of Social Services/designee conducted a 30-day look back of all admissions to ensure proper PASARR Level I screening was conducted and filed in the residents EMR file. No additional inaccurate PASARR screenings were identified. To prevent recurrence of this alleged deficient practice, the[U.S. FOIA (b)(6)] was re-educated on the PASARR process by the Administrator. The Director of Social Work/designee will review all new admission diagnosis based on hospital documentation, physician history and physical, and behavioral health records to ensure the PASARR is accurately completed. Notification to the appropriate agency's will be made if there are any discrepancies found or if a PASARR Level II referral is needed. The education given to the [U.S. FOIA (b)(6)] was completed on 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Director of Social Work/Designee will audit 10% of new admissions for the next 4 weeks and then monthly for 3 months. The findings of the audit will be presented during the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

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BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

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F0645 SS = D	Continued from page 18 admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility failed to ensure that an accurate Preadmission Screening and Resident Review (PASARR) [redacted] assessment was completed for one resident (Resident (R) 9 one of resident [redacted] for PASARR out of 31 sampled residents. This created a potential failure to identify what [redacted] or [redacted] services the resident needed. Findings include: Review of R9's"Admission Record" located in the "Profile" tab of the EMR revealed R9 admitted to the facility on [redacted] with diagnoses including [redacted] and NJ Exec Order 26.4b1 [redacted] Review of R9's "Diagnosis List" revealed [redacted], and NJ Exec Order 26.4b1 [redacted] dated [redacted] Review of R9's "NJ [New Jersey] Department of Human Services Pre-Admission Screening and Resident Review (PASRR) [redacted] screen" dated [redacted] and located in the EMR under the "Miscellaneous" tab revealed [redacted] of [redacted] was [redacted] During an interview on 01/22/26 at 9:45 AM, the U.S. FOIA (b)(6) [redacted] R9 PASRR [redacted] She was [redacted] an additional [redacted] that was [redacted] accurately and timely. During an interview on 01/22/26 at 5:22 PM, the U.S. FOIA (b)(6) [redacted]) said he expected staff to complete assessments timely and accurately.	F0645		02/20/2026

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F0645 SS = D	Continued from page 19 NJAC 8:39-5.1(a)	F0645		02/20/2026
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, interview and policy review, the facility failed to ensure an active physician order for NJ Exec Order 2 administration for one of one resident (Resident (R) 93) reviewed for NJ Exec Order administration of 31sample residents.. This failure had the potential for the residents to receive NJ Ex Order 26.4(b)(1) causing NJ Ex Order 26.4(b)(1) [redacted]. Findings include: Review of R93's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed admitted on NJ Exec Order 26 with diagnosis of NJ Exec Ord and NJ Exec Order 26.4b1. Review of R93's admission "Minimum Data Set (MDS)" located under the "MDS" tab of the EMR with an Assessment Reference Date (ARD) of NJ Exec Order 26, revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Exec out of 15 which indicated R1 was NJ Exec Order 26.4b1 Review of R93's "Care Plan" located under the "Care Plan" tab of the EMR dated NJ Exec Order 26.4 revealed the resident was NJ Exec Order 26.4b1 for NJ Exec Order. Review of R93's "Physician Orders" located under the "Orders" tab in the EMR, dated NJ Exec Order 26.4 revealed NJ Exec Order 26.4b1 order for NJ Exec Order 2 During observations on NJ Exec Order 26 at 8:13 AM, NJ Exec Order 26 at 10:15 am and on NJ Exec Order 26.4 at 8:35 AM the resident was lying in bed NJ Exec Or al NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was at NJ Exec NJ Ex Order 26.4(	F0695	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Upon identification of lack of formal treatment order, the facility immediately conducted a clinical revie of R93's NJ Exec Order 26.4b1. Although the clinical need for NJ Exec Order 2 was documented in the Physician and Nursing Progress notes, a specific order was obtained on 1/21/2026 to formalize the delivery method, flow rate, and titration parameters. R93's NJ Exec Order 26.4b1 assessment was updated, confirming that NJ Exec Order 26.4b1 was clinically NJ Exec Order 26.4b1 and that the resident NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 The care plan was updated to align the clinical practice with the formalized order. The facility determined that this alleged deficient practice had the potential to affect all residents who are receiving oxygen administration. The Director of Nursing/designee conducted an immediate facility-wide audit of all residents receiving oxygen therapy and respiratory treatments to verify that an active physician order was present. The audit also verified that the order specifies flow rate and indication. The audit included a review of the care plan to reflect the respiratory needs. No additional residents were identified as receiving oxygen without an active physician order. To prevent recurrence of this alleged deficient practice, the facility Director of Nursing implemented a mandatory Oxygen Verification checklist requiring verification of active physician order, verification of parameters (flow rate, delivery method), care plan updated confirmation, and documentation of indication for therapy. All licensed nurses were re-educated by the Staff Development nurse on requirements for respiratory care, oxygen administration standards of practice, physician order verification requirements, care plan integration requirements and documentation standards. Oxygen Administration policy was reviewed and updated by the Director of Nursing with changes. This was completed by 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Director of Nursing/Designee will audit 10% of	02/20/2026

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F0695 SS = D	Continued from page 20 NJ Ex Order 26.4(b)(1) During an interview on 01/22/25 at 8:45 AM, Registered Nurse (RN)1 NJ Exec Order 26.4b R9 NJ Exec Order 2 NJ Exec Order and that a resident should not receive NJ Ex Order 26 without a physician order. During an interview on 01/22/26 at 5:22 PM, the U.S. FOIA (b)(6)) stated that a resident should not received NJ Ex Order 26 without a physician order. Review of the facility's policy titled "Oxygen Administration" dated 11/15/25 revealed the purpose of this procedure is to provide guidelines for safe oxygen administration'. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. Review the resident's care plan to assess any special needs of the resident. NJAC 8:39-27.1(a)	F0695	Continued from page 20 new oxygen administration weekly for the next 4 weeks and then monthly for 3 months. The findings of the audit will be presented during the quarterly QAPI meeting. The audit will include active physician order, flow rate consistency, care plan accuracy and documentation compliance. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F0880	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: Immediately evaluate R78's NJ Exec Orde and NJ Exec Order NJ Exec Order 26 status by the Director of Nursing and Infection Preventionist. The resident was assessed for signs or symptoms of NJ Exec Order 26 , NJ Exec Order 26.4b1 NJ Exec Order 26.4b were identified. The physician was notified of the incident and gave no new orders. R78's care plan was reviewed and updated to reinforce NJ Exec Orde NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 prevention measures. RN1 received immediate re-education and return demonstration on proper glove removal and change when moving from soiled to clean areas, proper catheter cleansing techniques and wound care infection control practices. The facility determined that this alleged deficient practice had the potential to affect all residents who are receiving indwelling urinary catheter and wound care services. The Infection Preventionist/designee conducted an immediate facility-wide education to licenses staff on proper catheter care technique, proper glove use and hand hygiene practices, compliance with wound care infection prevention standards and staff adherence to PPE policy.	02/20/2026

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F0880 SS = D	Continued from page 21 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, policy review, and interviews, the facility failed to ensure that staff	F0880	Continued from page 21 To prevent recurrence of this alleged deficient practice, the facility Director of Nursing implemented a mandatory competency validation for all licensed nursing staff on catheter care procedures, wound care infection prevention practices, proper glove use and hand hygiene, transitioning from contaminated to clean care tasks. Competency validation includes skills demonstration, direct observation validation, and on the spot correction of any discrepancies observed. The Personal Protective Equipment-Using Gloves policy was reviewed and reinforced with the licensed nursing staff by the Staff Development Nurse. This was completed by 2/20/2026. To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Infection Preventionist/Designee will conduct a weekly direct observation audit of wound and catheter care for 10% of facility residents for 4 weeks. The audit direct observation will then continue monthly for 3 months. The audits will evaluate the glove usage and hand hygiene compliance, catheter care technique compliance, wound care infection prevention compliance and PPE adherence. The findings of the audit will be presented during the quarterly QAPI meeting. Staff identified with noncompliance will receive corrective education and progressive discipline if indicated. The completion date of this alleged deficient practice is 2/20/2026.	02/20/2026

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F0880 SS = D	Continued from page 22 changed gloves when going from a soiled to a clean area while providing [NJ Exec Order 26.4b1] for one of two residents (Resident (R) 78) reviewed for [NJ Exec Order 26.4b1] to prevent possible cross contamination. In addition, the facility failed to ensure that staff cleansed the NJ Exec Order 26.4b1 and changed gloves when going from a soiled to a clean area, for one of two residents (R78) observed for [NJ Exec Order 26.4b1], to prevent possible NJ Exec Order 26.4b1. Findings include: 1. During [NJ Exec Order 26] observation on [NJ Exec Order 26] at 9:33 AM with Registered Nurse (RN) 1, gathered all the [NJ Exec Order 26] items, applied her personal protective equipment (PPE). RN1 sanitized her hands and donned gloves. RN1 [NJ Exec Order 26.4b1] R78's [NJ Exec Order 26.4b1] [NJ Exec O] and NJ Exec Order 26.4b1; however, RN1 did not clean the [NJ Exec Order 26]. Without changing her gloves, RN1 [NJ Exec Orde] R78's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] RN1 removed the basins, doffed the gloves, and sanitized her hands. 2. During [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4] at 9:38 AM, RN1 gathered supplies and placed the items on the barrier. RN1 sanitized her hands and donned gloves. RN1 [NJ Exec Order 26.4] the [NJ Exec Order] [NJ Exec Orde] the [NJ Exec Order 26.4b] and [NJ Exec Order 26] the [NJ Exec Orde] per physician orders, while wearing the same gloves. Afterwards, RN1 [NJ Exec Order 26] R78's [NJ Exec Order 26.4] and R78's [NJ Exec Order 26.4b1]. RN1 doffed the gloves and sanitized her hands. Interview on 01/21/26 at 5:18 PM, RN1 confirmed that she should have changed her gloves when going from a soiled to a clean area during the [NJ Ex Order 26.4] care and [NJ Ex Order 2] care. RN1 said that during [NJ Ex Order 26.4] care she mainly focused on washing the resident and not the [NJ Ex Order 26.4] unless the [NJ Ex Order 26.4] is visually soiled. RN1 [redacted] R78's [NJ Exec Ord] was [NJ Exec Orde]. Interview on 01/22/26 at 9:10 AM, the [U.S. FOIA (b)(6)] U.S. FOIA (b)(6)) confirmed that gloves are to be changed when going from a dirty area to a clean area. In addition, the [U.S. FOIA] confirmed that staff are to clean the [NJ Ex Order 26.4] when completing [NJ Ex Order 26.4] care. Review of the facility's policy titled, "Catheter Care, Urinary" revised 11/15/25 indicated, "The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections...Steps in the Procedure...f. If indwelling catheter is in place...v. Anchor the catheter with one hand and clean the catheter where it exits the urethra by wrapping the catheter in the washcloth/wipe and using a twisting motion, vi.	F0880		02/20/2026

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F0880 SS = D	Continued from page 23 Move your hand to where you just cleaned and wash the reminder of the catheter to beyond where securement device will be." Review of the facility's policy titled, "Personal Protective Equipment-Using Gloves" revised 02/16/25 indicated, "To establish guidelines for the proper use of gloves to ensure hygiene, safety, and infection control in healthcare settings…Guidelines for Glove Use…4. Use non-sterile primarily to prevent contamination of the employee's hands when treating patients or cleaning contaminated surfaces…" NJAC 8:39-19.4	F0880		02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18104	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

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S0000	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.	S0000		02/13/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "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 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: 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	S0560	The corrective action put in place to rectify the alleged deficient practice identified during the annual survey was to: The dates identified in the annual survey of 1/13/2025 and 1/17/2026 were unable to be rectified since the dates passed. The Administrator reviewed the staffing schedule for the dates stated above where the CNA staffing ratios were not met and determined that the cause of the missing requirement was due to staff call outs and the staffing coordinator was unable to find staff at such short notice to pick up the shifts. A retrospective review of resident outcomes (falls, incidents, grievances) for the identified dates was completed and no adverse outcomes related to staffing shortages were identified. The facility determined that this alleged deficient practice had the potential to affect all residents who received direct CNA care on the dates of 1/13/25, 1/17/2026. To prevent the recurrence of this alleged deficient practice, the facility Administrator reviewed the 1:8, 1:10, and 1:14 CNA ratios with the Staffing Coordinator. The Administrator tasked the staffing coordinator with notifying the Administrator/designee when they are struggling with replacing staff who call out and meeting the ratios for the day. The Administrator also reviewed the staffing contracts with the 3 staffing agencies to verify they are still active and able to be used as a	02/20/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18104	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

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BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
S0560	Continued from page 1 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. For the 4 weeks of AAS-11 staffing, the facility was deficient as follows: 1. For the week of Complaint staffing from 01/12/2025 to 01/18/2025, the facility was deficient in CNA staffing for residents on 1 of 7-day shifts as follows: -01/13/25 had 15 CNAs for 126 residents on the day shift, required at least 16 CNAs. 2. For the 2 weeks of staffing prior to survey from 01/04/2026 to 01/17/2026, the facility was deficient in CNA staffing for residents on 1 of 14-day shifts as follows: -01/17/26 had 15 CNAs for 125 residents on the day shift, required at least 16 CNAs.	S0560	Continued from page 1 back-up for call outs of in-house staff. A contingency staffing plan including agency utilization and internal call-in lists was reinforced by the Staffing Coordinator. This was completed by 2/20/2026 To monitor the corrective actions put in place to ensure the alleged deficient practice will not recur, the Staffing Coordinator/designee will communicate with the Administrator/designee in real time (immediately) when there are struggles with meeting the required ratios. The Staffing Coordinator/designee will continue to post all open positions to current in-house staff along with the agency contracted vendors to meet the minimum state requirements. The Staffing Coordinator/designee will track all CNA call outs, and coverage daily for 4 weeks, then weekly for an additional 3 months. The findings of the audit will be reviewed at the quarterly QAPI meeting. The completion date of this alleged deficient practice is 2/20/2026	02/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/24/2026 in relation to the 01/22/2026 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18104	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/24/2026 in relation to the 01/22/2026 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - BRIDGEWAY ...** B. WING	(X3) DATE SURVEY COMPLETED **01/22/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

(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
K0000 Bldg. 01	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 01/20/26 and the facility was found to be in non-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 Occupancies. Bridgeway Care and Rehab Center at Hillsborough is a three-story building with basement that was built in 2012. It is composed of Type I protected construction. The facility is divided into 12 smoke zones. The 500 KW diesel generator powers 100% of the building per the Maintenance Director. The number of occupied beds was 123 of 129.	K0000		02/13/2026
K0761 SS = F Bldg. 01	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This STANDARD is NOT MET as evidenced by:	K0761	The corrective action put into place to rectify the deficient practice identified during the facilities' annual life safety survey was to: 1. U.S. FOIA (b)(6) [redacted], who completed a certification in Maintenance Director Training: Fire Door Inspection on 10/1/2025, inspected all facility fire doors and created an audit tool to show documentation of the Fire Door Inspections. 2. Director of Maintenance/designee determined that this deficient practice has the potential to affect all 123 residents that resided in the facility at the time of the inspection. 3. To prevent recurrence of this alleged deficient practice, the Director of Maintenance/designee will inspect all facility fire doors on an annual basis and complete the "Annual Fire Door Inspection" Check list. The Director of Maintenance/designee will complete this inspection on an annual basis and/or as needed. The Director of Maintenance/designee will continue with annual education on Fire Door Inspections offered either through the various healthcare associations or via the facility education portal. A policy titled: Fire Door Inspections was created to ensure annual compliance and	02/10/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRIDGEWAY ... B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844

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K0761 SS = F Bldg. 01	Continued from page 1 Based on document review and interview, it was determined that the facility failed to ensure fire doors were inspected annually by an individual who could demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 123 residents and was evidenced by the following: A review of the facility's untitled fire safety binder 01/20/26 between 9:00 AM and 12:00 PM provided by the facility's U.S. FOIA (b)(6), revealed no documented evidence that the facility's fire doors were inspected annually. During an interview at 4:30 PM, the U.S. FOIA (b)(6) U.S. FOIA (b)(6) stated that they did conduct the fire door inspection but they did not document the inspections. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K0761	Continued from page 1 documentation for the corrective actions taken in the event of a faulty door. This was completed by 2/10/2026 4. Director of Maintenance/designee will report the findings of the annual door audit immediately to the Administrator/designee and any faulty doors will be immediately repaired. The audit will also be presented at the quarterly QAPI meeting. 5. The completion date for this deficient practice is 2/10/2026.	02/10/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844**

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 01/20/26. The facility was found to be in compliance with 42 CFR 483.73.	E0000		02/05/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BRIDGEWAY ... B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	395 AMWELL ROAD , HILLSBOROUGH, New Jersey, 08844

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 3/19/2026 in relation to the 1/22/2026 Life Safety Code survey. The facility 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.	K0000		

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