STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315017	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	**230 E RIDGEWOOD AVE , PARAMUS, New Jersey, 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
F0000	INITIAL COMMENTS COMPLAINT #s: 2599980,2596709,370149 CENSUS: 355 SAMPLE SIZE: 2 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		09/25/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10201L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE , PARAMUS, New Jersey, 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
S0000	Initial Comments The facility was 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		
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 facility document review on 09/08/25, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 9 of 14 dayshifts from 08/17/25 to 08/30/25. This deficient practice was evidenced by the following: 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	S0560	The facility continued all recruitment, hiring and onboarding efforts to ensure that there are adequate Certified Nursing Assistant's (CNAs) for all residents. The facility engages in partnerships with agency contract CNAs for needed vacancies. The facility increased the financial incentives for available CNA shifts on Saturday and Sunday. All residents have the potential to be affected by this practice. The Director of Nursing/Designee and Director of Talent Acquisition/Designee meet weekly to review CNA vacancies, recruitment ideas and staffing needs. The Human Resources Department hosts or participates in CNA recruitment and hiring opportunities monthly. The Facility has an on site NATCEP program, in conjunction with a local college as an additional recruitment tool. The facility incurs the cost of the course if the CNA completes one year of service working as a CNA in the facility. The Staffing Coordinator and the Nursing Leadership team were re-educated on the required minimum direct care staff to resident ratios for the day shift. The Director of Talent Acquisition/Designee will monitor CNA turnover, number of new CNA applicants, number of new CNA applicants and the number of new CNAs hired each month and report to the Administrator and the Long Term Care Quarterly Quality Assurance Performance Improvement Committee. The Staffing Coordinator and Director of Nursing/Designee will	10/01/2025

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: 10201L	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

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

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S0560	Continued from page 1 all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide 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. The surveyor requested staffing for the weeks of 08/17/25 to 08/30/25. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -08/17/25 had 29 CNAs for 354 residents on the day shift, required at least 44 CNAs. -08/18/25 had 42 CNAs for 354 residents on the day shift, required at least 44 CNAs. -08/21/25 had 40 CNAs for 356 residents on the day shift, required at least 44 CNAs. -08/22/25 had 36 CNAs for 355 residents on the day shift, required at least 44 CNAs. -08/23/25 had 40 CNAs for 355 residents on the day shift, required at least 44 CNAs. -08/24/25 had 39 CNAs for 355 residents on the day shift, required at least 44 CNAs. -08/25/25 had 39 CNAs for 355 residents on the day shift, required at least 44 CNAs. -08/29/25 had 42 CNAs for 354 residents on the day shift, required at least 44 CNAs. -08/30/25 had 31 CNAs for 351 residents on the day shift, required at least 44 CNAs.	S0560	Continued from page 1 monitor CNA staffing on the day shift and report to the Administrator if the required minimum direct staff to resident ratio is not met. The data will be reported to the Administrator and LTC Quarterly Quality Assurance Performance Improvement Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315017	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/09/2025

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

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/09/25 in relation to 09/08/25 Complaint Survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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.

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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **10201L**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/09/2025**

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

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/09/25 in relation to the 09/08/25 State of New Jersey Complaint 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