

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

PRINTED: 11/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/14/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERGEN NEW BRIDGE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>230 E RIDGEWOOD AVE PARAMUS, NJ 07652</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Survey Date: 10/14/21  Census: 405  Sample: 10  Covid 19 Infection Control Survey:  A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.  Complaint Survey:  Complaint # NJ 148018  THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483,SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and	F 584		10/27/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/02/2021

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

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F 584	<p>Continued From page 1</p> <p>homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00148018</p> <p>Based on observation, interviews and medical record review, as well as review of pertinent facility documents on [REDACTED] it was determined</p>	F 584	<p>1. All resident rooms on [REDACTED] had a visual inspection to ensure there were not any shaving razors or nail clippers in resident areas prior to the end of survey.</p> <p>The staff member assigned to the room of</p>		

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F 584	<p>Continued From page 2</p> <p>that the facility failed to maintain a safe, sanitary, and homelike environment for 10 residents (Residents [redacted], [redacted], and [redacted]) observed during Environmental tour. This deficient practice is evidenced by the following:</p> <p>During the tour of the units with the Housekeeping Director (HD) on [redacted] the following were observed:</p> <ol style="list-style-type: none"> <li>On the [redacted] at 9:30 am, inside the room of Res [redacted] and [redacted] (Room [redacted]), the surveyor observed a used shaving razor and nail clippers on the window sill. The Certified Nurse Aide (CNA #1, assigned to Res [redacted] and [redacted]) entered the room and she confirmed that it was a used shaving razor. CNA #1 immediately disposed of the shaving razor and nail clippers in Resident's trash bin. The surveyor immediately called the attention of the Director of Nursing (DON). The DON immediately picked up the Resident's trash bin and disposed of the shaving razor and nail clippers into the sharp container. No residents attempted to get near the Resident's trash bin at the time of this observation.</li> <li>On the [redacted] from 9:58 am to 10:13 am, observed the following in the residents' rooms:</li> </ol> <p>Resident [redacted] clothes hamper was found with a large amount of thick dried brown substance that was foul smelling (feces like) in the bottom of the hamper.</p> <p>Residents [redacted] and [redacted] clothes hamper were noted with a brown dried substance in the bottom of the hamper.</p>	F 584	<p>Resident [redacted] was met with and provided with re-education related to the proper disposal of shaving razors and nail clippers.</p> <p>All resident laundry hampers in resident rooms on [redacted] were fully cleaned and sanitized on the same day of the survey. Those laundry hampers unable to be properly cleaned and sanitized were replaced with new hampers on the same day of the survey.</p> <p>The Nursing and Environmental Services staff responsible for the rooms of Residents [redacted] and [redacted] were provided with re-education on how to communicate about items that require cleaning, sanitizing and how to identify resident items not being maintained in a clean manner.</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>Proper disposal of sharps materials will be added to the mandatory annual education for all employees.</p> <p>A full audit of all resident rooms throughout the facility will be completed within five days of the survey to identify any laundry hampers requiring cleaning and sanitizing. Any identified hampers will be cleaned or replaced.</p> <p>Resident laundry hamper inspection has been added to the EVS Audit Checklist.</p>	

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F 584	<p>Continued From page 3</p> <p>The surveyor conducted an interview with the HD on [redacted] at 10:15 am who stated that CNA responsibility is to remove dirty laundry from the resident's clothes hamper and to notify housekeeping of the need for cleaning or to replace the clothes hamper. She further stated that the brown substance in Resident [redacted] clothes hamper was feces and she did not receive any notification to replace/clean the Resident's clothes hamper. The HD could no identify how long the brown substance had been in the hamper.</p> <p>The surveyor conducted an interview with CNA #3 on [redacted] at 10:20 am, stated that she did not see the soiled clothing hamper and when shown the hamper stated it looks like feces.</p> <p>The surveyor conducted an interview with the Administrator and DON on [redacted] at 11:55 am, they stated that the expectation of staff should be checking rooms, hampers, and trash cans. They stated that the facility has multiple supply to replace residents clothing hampers. As for the sharps disposal, the staff were in-serviced annually regarding proper sharps disposal and Administration ensures staff were following proper protocols during their daily rounding.</p> <p>The facility annual Waste Management Learning Protocol under "Waste that goes into Sharp Container" showed but not limited to: razors.</p> <p>NJAC 8:39-31.4(a)(f)</p>	F 584	<p>3. The Nursing staff will be re-educated on the proper disposal of shaving razors and nail clippers being placed in sharps container once used.</p> <p>All EVS and Nursing staff will be re-educated on the importance of ensuring that all resident hampers are kept clean and how to report any cleanliness concerns timely and appropriately.</p> <p>4. The Director of Nursing/Designee will audit ten (10) resident rooms per month for twelve consecutive months to ensure the areas are free from shaving razors and nail clippers. The results of the audit will be reported to the Quarterly Quality Assurance Performance Improvement Committee and the Administrator.</p> <p>The Director of Environmental Services/Designee will audit ten (10) resident rooms per month for twelve consecutive months and observe the laundry hampers to ensure that the hampers are clean and sanitized.. The results of the audit will be reported to the Quarterly Quality Assurance Performance Improvement Committee and the Administrator.</p>	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315017	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/5/2021	Y3
NAME OF FACILITY BERGEN NEW BRIDGE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 E RIDGEWOOD AVE PARAMUS, NJ 07652		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/27/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/14/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		