

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

PRINTED: 03/17/2023  
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>04/01/2021</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  DATE: 3/29/21  CENSUS: 389  SAMPLE: 35 + 36 = 71  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 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 homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are	F 584		4/15/21	

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

TITLE

(X6) DATE

Electronically Signed

04/13/2021

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 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: Based on observation, interview, and record review, it was determined that the facility failed to maintain resident care equipment and personal items clean and sanitary for 1 of 35 residents (Resident #30) reviewed for safe, clean, comfortable, and homelike environment.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/23/21 at 10:45 AM during the initial tour of unit [REDACTED], the surveyor observed Resident #30 in the bed with eyes closed. There was a tube feeding (TF) pole and feeding pump at the bedside providing the resident with nutritional support.</p> <p>The surveyor observed the base of the TF pole had a heavily soiled coating of dried tan colored substance and the floor under the TF pump was soiled with the same dried substance observed at</p>	F 584	<p>1. All resident care equipment and personal items for Resident #30 were fully cleaned and sanitized prior to the end of survey.</p> <p>The suction machine and tubing in the room of Resident #30 was replaced prior to the end of survey.</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>A full audit of all rooms in the facility was completed, prior to the end of survey, to ensure resident care equipment and personal items for all residents were clean and there was a sanitary environment for the residents.</p> <p>3. All staff will be educated on ensuring a safe and clean resident environment and</p>		

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F 584	<p>Continued From page 2</p> <p>the base. The TF pump was soiled with dried tan colored substance droplets that were sticky to the touch, and there was also a dried light tan colored film on the entire surface of the TF pump.</p> <p>The over bed table was soiled with splatter of dried white and tan colored substance. There was a suction machine on the over bed table that was soiled with dried white and tan colored substances and the base of the suction machine was heavily soiled with a dried tan color substance.</p> <p>The collection bottle that was attached by tubing from the suction machine had approximately 600 ml (milliliters) of a yellowish liquid inside. There was nothing to indicate how long the yellowish liquid had been in the collection bottle.</p> <p>The surveyor observed the resident's television (TV) on the nightstand. The TV screen was soiled with scattered drops of a dried white substance and under the entire length of the TV and on the top of the nightstand was a dried white substance that had dripped down to the first drawer.</p> <p>On 3/24/20 at 10:00 AM, the surveyor returned to Resident #30's room. The resident was in bed with eyes closed. The surveyor observed the same heavily soiled items that were observed during the initial tour on 3/23/20 and as mentioned above.</p> <p>On 3/25/21 at 9:20 AM, the surveyor observed the resident in bed with eyes closed. The TF pole was a different pole and appeared clean. The over bed table and suction machine had</p>	F 584	<p>the proper notification mechanism when there is a cleanliness concern.</p> <p>All Environmental Services staff will be re-educated on proper cleaning techniques and daily responsibilities in room and on units.</p> <p>All Nursing Staff will be re-educated on ensuring tube feeding pumps, suction machines, tubing and other clinical equipment are cleaned in a timely manner.</p> <p>The audit tool used to check the cleanliness of rooms will be revised to ensure all resident care equipment and personal care items are clean.</p> <p>4. The Director of Environmental Services/Designee will audit five (5) resident rooms per week to ensure all resident care equipment and personal items are clean, sanitary and reflect a safe, comfortable and homelike environment. The results of the audit will be reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.</p> <p>The Director of Nursing/Designee will audit five (5) rooms per week with tube feeding pumps, suction machines or other clinical equipment to ensure that the clinical items are clean and sanitary and reflect a safe, comfortable and homelike environment. The results of the audit will be reported to the Administrator and the</p>		

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F 584	<p>Continued From page 3</p> <p>been cleaned and the collection bottle was emptied and clean.</p> <p>However, the surveyor observed the TF pump had the same dried tan substance and a tan film around the entire surface, the TV screen and nightstand remained soiled with the dried white substance, and the floor under the base of the pole remained soiled with the dried tan color substance that was observed on 3/23/20 and 3/24/20.</p> <p>On 3/25/21 at 9:30 AM, the surveyor interviewed the Certified Nursing assistant (CNA) assigned to Resident #30 who stated that she observed the area needed to be cleaned and she told the nurse about it. The Registered Nurse (RN) came into the room and the surveyor asked if the CNA had reported to her that the area needed to be cleaned. She stated "no, she didn't tell me anything." The CNA then stated, "you must have forgotten."</p> <p>The surveyor asked the RN if she noticed that the floor under the TF pole, TF pump, suction machine, overbed table, TV screen and nightstand were soiled. The RN stated she did not notice the area was soiled and stated that the 11 to 7 shift was responsible for emptying and cleaning the collection bottle.</p> <p>On 3/25/21 at 9:39 AM, the surveyor interviewed the housekeeper assigned to Resident #30's room. She informed the surveyor that she floats, and this was not her regular floor. The housekeeper stated that she would clean the over bed table and nightstand but did not clean the equipment.</p>	F 584	Quarterly Quality Assurance Performance Improvement Committee.		

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F 584	<p>Continued From page 4</p> <p>On 3/25/21 at 9:45 AM, the surveyor spoke to the RN Unit Manager (RNUM) and informed her of the concern regarding the soiled equipment, TV and nightstand that was observed over three days. The RNUM and surveyor went to the resident's room where the RNUM observed the TF pump, TV and nightstand that remained soiled. The RNUM stated that she knew the pole was changed on 3/24/20, but she was not aware that the resident's TF pump, floor, TV screen and nightstand were heavily soiled with the dried white and/or tan substance.</p> <p>On 3/25/21 at 9:47 AM, the surveyor interviewed the Director of Environmental Services (DES) who stated that the poles were scheduled to be cleaned weekly. The surveyor brought the DES to Resident #30's room and showed her the dried tan color substance on the floor under the TF pole, the dried white substance on the TV screen and nightstand. She said stated it was the responsibility of the housekeeper to clean the rooms, that the poles are cleaned weekly and all resident rooms are completely cleaned monthly. The surveyor asked the DES for the cleaning schedules.</p> <p>The surveyor reviewed Resident #30's medical record that revealed the following:</p> <p>According to the Physician's Renewal Order form, Resident #30 was admitted to the facility with diagnoses that included</p> <div style="background-color: black; width: 300px; height: 50px; margin-left: 100px;"></div>	F 584		

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F 584	<p>Continued From page 5</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]</p> <p>The Quarterly Minimum Data Set an assessment tool dated [REDACTED] indicated that the facility assessed the resident as [REDACTED] meaning the resident [REDACTED]. The resident was unable to be interviewed.</p> <p>The resident had a physician's order to be given nothing by mouth and to receive [REDACTED]. <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]</p> <p>On 3/25/20 at 1:30 PM, the surveyor informed the Administrator of the above findings. The Administrator stated that she was made aware of the situation.</p> <p>On 3/29/21 at 11:08 AM, the DES provided the surveyor with the EVS Rolling Stock forms dated 3/3/20 to 3/24/20, that indicated on 3/3/20, 3/10/20 and 3/17/20 there were no poles cleaned on uni [REDACTED]. On the 3/24/20 EVS Rolling Stock form revealed documentation that three poles were cleaned. A review of the Cycle Room Cleaning Schedule form indicated that Resident #30's room was last cleaned on 3/11/20.</p> <p>A review of the facility's policy titled Cycle Cleaning Procedure that was not dated indicated under Procedures #8 and #16 indicated the following: #8, "Wipe low level surfaces, Surfaces to include, but not limited to, over bed table, bed</p>	F 584			

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F 584	Continued From page 6 rails, frames, dispensers, mirrors, walls, over bed table, bed rail, bedside table (inside/out), closets, storage units, phone, light switches, door knobs, nurses call button pad, chairs, baseboards, low ledges and counters." #16, " ...Damp mop hard surface floors beginning with corners and edges, moving from the far side of the room toward the door ..."	F 584			
F 761 SS=D	NJAC 8:39-27.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 761		4/15/21	

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F 761	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documents it was determined that the facility failed to store a controlled substance in a manner that would decrease the possibility of loss or drug diversion. This deficient practice was found in 1 of 27 medication carts inspected (cart #2 on Unit [REDACTED]) and was evidenced by the following:</p> <p>On 3/24/21 at 9:40 AM, the surveyor inspected medication cart #2 (1 of 2 medication carts) on Unit [REDACTED] in the presence of the Licensed Practical Nurse (LPN) assigned to that cart. Upon inspection of the top drawer of the cart the surveyor observed 1 [REDACTED] (an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) in its unit dose packaging under a container that held an opened vial of insulin. The surveyor asked the LPN if she noticed the pill was there when she took possession of the medication cart that morning. She stated she did not notice it. The surveyor checked the compartment that held the controlled substances. The compartment was locked. The surveyor and the LPN counted the controlled substances in the compartment and compared them to the corresponding declining inventory sheets. There were no discrepancies. The surveyor confirmed with the LPN that there were three residents who were receiving [REDACTED]. The residents were Resident # 60, Resident #288, and Resident #137. The surveyor reviewed the current Medication Administration Records (MARs) for those residents. The MARs for the month of March 2021 did not indicate that any doses were missed for those residents. The surveyor then inspected</p>	F 761	<p>1. A full inspection of medication cart #2 on Unit [REDACTED] was completed prior to the end of survey to ensure all controlled substance medications were properly stored and accounted for in the medication cart.</p> <p>An investigation for the loose [REDACTED] pill in medication cart #2 was completed prior to the end of survey.</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>All medication carts throughout the facility were inspected to ensure all controlled substance medications were properly secured and stored prior to the end of survey.</p> <p>3. All licensed nurses will be re-educated on proper medication storage and the Controlled Substance Policy that addresses storage of controlled substances.</p> <p>A checklist of medication cart organization will be created to include proper medication storage of controlled substances to ensure medication safety.</p> <p>4. The Director of Nursing/designee will audit all medication carts throughout the facility weekly to ensure that all controlled substances are properly secured and stored. The results of the audit will be</p>		

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F 761	<p>Continued From page 8</p> <p>Medication Cart #1 and counted the controlled substances in the locked compartment with the LPN assigned to that medication cart. There were no discrepancies.</p> <p>On 3/24/21 at 9:50 AM the surveyor spoke to the Unit Manager/Registered Nurse (UM/RN) and made her aware of the controlled substance improperly stored in the medication cart. The UM/RN took the pill and said she would start an investigation.</p> <p>On 3/24/21 after the discovery of the improperly stored controlled substance on Unit [REDACTED], the survey team inspected all medication carts in the facility including the count of all stored controlled substances and there were no discrepancies.</p> <p>On 3/24/21 at 1:00 PM the surveyor interviewed Resident #60 and asked if they ever missed any doses of pain medication or if they were ever in pain. The resident said no, they did not miss any doses of medication and did not experience pain that was not addressed by the staff. The surveyor then interviewed Resident #288 and asked if they ever missed any doses of pain medication or if they were ever in pain. The resident stated no, they did not miss any doses of medication and did not experience pain that was not addressed by staff. The surveyor then went to Resident #137 who was in bed. The resident did not respond when spoken to due to [REDACTED] NJAC 8:43E-2.1 and [REDACTED] NJAC 8:43E-2.1 and Exec O. The resident did not appear to be in pain.</p> <p>On 3/29/21 at 11 AM the surveyor reviewed the facility's policy and procedure titled "Controlled Substances Long Term Care." Under Number 4;</p>	F 761	<p>reported to the Administrator and the Quarterly Quality Assurance Performance Improvement Committee.</p>		

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F 761	<p>Continued From page 9</p> <p>"Storage of Controlled Dangerous Substances"</p> <p>a) read "All CDS [controlled dangerous substances] medications will be stored under double lock, separate from all other medications."</p> <p>On 3/30/21 at 10:32 AM the surveyor asked the UM/RN for the outcome of the investigation. The UM/RN stated "I gave the [REDACTED] to the Pharmacist, I went and spoke with all of the residents and assessed every resident for pain and asked those who could answer if they receive their pain medication. I interviewed the nurses on each shift for care of the cart #2 and also #1. As per the nurses they were not aware of the [REDACTED] ab in the top drawer of the cart. I did an in-service with all nurses day, evening, and nights on disposal of medication and controlled substances." The UM/RN said she was unable to conclude why the controlled substance was not stored properly and further stated "We will monitor very closely."</p> <p>On 3/30/21 at 12:23 PM the surveyor asked the Director of Nursing (DON) what she expected the nurse to do when she took possession of the cart at the start of the shift. The DON stated "They are responsible for the cart. When they receive the cart they do a count and make sure everything is there, the narcotics. They don't do drawer by drawer because that is a lot."</p> <p>NJAC 8:39-29.7 (c)</p>	F 761			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315017	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/10/2021	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 F0761	Correction	ID Prefix	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. #	Completed
LSC	04/15/2021	LSC	04/15/2021	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** 4/1/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO