STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315510	A. BUILDING _____ B. WING _____	C 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT HILLSBOROUGH	**395 AMWELL ROAD HILLSBOROUGH, NJ 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
F 000	INITIAL COMMENTS COMPLAINT#: NJ160620, NJ160665, NJ163052 CENSUS: 122 SAMPLE SIZE: 8 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.	F 000		

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

Electronically Signed | 04/27/2023

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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	18104	A. BUILDING: _____ B. WING _____	C 04/06/2023

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

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S 000	Initial Comments Complaint#: NJ160620, NJ160665, NJ163052 Census: 122 Sample: 8 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ163052 Based on facility document review on 4/5/2023 and 4/6/2023, it was determined that the facility failed to ensure staffing ratios were met for 3 of 7 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	S 560	This plan of correction does not constitute an admission or agreement with the conclusions of the April 6, 2023, Unannounced Visit. It is being submitted solely as a matter of regulatory compliance. The facility works to staff on a daily basis based on, at a minimum, the standards as set forth by the state of New Jersey. 1. On the dates reviewed during the unannounced visit, we appeared not to	4/27/23

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

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S 560	Continued From page 1 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 as 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 of all staff members shall be CNAs and each direct staff member shall be signed into 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. For the week of 3/26/2023 to 4/1/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows: On 03/26/23 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. On 03/27/23 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. On 03/31/23 had 14 CNAs for 119 residents on the day shift, required 15 CNAs.	S 560	have sufficient staff for 3/26/23 (14 CNAs for 121 residents, 15 needed), 3/27/23 (14 CNAs for 121 residents, 15 needed) and 3/31/23 (14 CNAs for 119, 15 needed). No residents were negatively affected by the deficient practice and there were no negative outcomes. 2. All residents have the potential to be affected by this deficient practice. 3. To help maintain the required staffing ratios, our company is working tirelessly on recruiting qualified licensed personnel so that we can reduce agency usage and fill the open positions we have. Our dedicated staffing coordinator and other management staff work to cover any last-minute call outs by offering incentives to in-house staff and boosting rates for agency staff. We will continue to post on our schedule so that we can attempt to fulfill the need for a 1 to 8 ratio on the day shift as identified in 2567. We attempt to utilize staffing agencies and offer/pay additional incentives to our staff to pick up shifts. Our staffing system posts all our open positions allowing for staff and agency personnel to pick up those shifts. We post openings to be able to satisfy, at a minimum, the 1 CNA to 8 residents' ratio on the day shift, 1 to 10 in the evening and 1 to 14 at night. We contract with numerous agencies to fill any remaining openings. We offer incentives to our staff and those in the agency to get those shifts filled. We have a staffing coordinator dedicated to obtaining the necessary staff. Aside from that person we have other nursing supervisors and managers that	

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S 560	Continued From page 2	S 560	help with making any necessary phone calls and outreach to get the positions filled. 4. The facility plans to have the Staffing Coordinator / designee monitor staffing ratios daily and will report any days where staffing is lower than recommended. Data will be tracked and reported in the facilities monthly QAPI meeting.	