

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

PRINTED: 06/06/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 04/15/2021 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807 | |
| (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 |
| E 000 | Initial Comments | E 000 | | |
| K 000 | <p>INITIAL COMMENTS</p> <p>Bridgeway Care and Rehabilitation Center at Bridgewater was found to be in non-compliance with the requirement's 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.</p> <p>Bridgeway Care and Rehabilitation Center at Bridgewater is a one story building that was built in 1980's. It is composed of Type I (332) construction. The facility is divided into eight smoke zones.</p> <p>The sprinkler system is on domestic water with no fire pump with Static Pressure at 85 PSI and Residual Pressure at 75 PSI. There is supervised smoke detection located in corridors, spaces open to the corridors and in resident rooms.</p> <p>Emergency backup power to the building was supplied by two generators: Generac Model: OJ2549A and an Olympian Model: G100LG4 (located on the Pavillion Roof Top) 100 KW both units are stated to 100% of the building including the fire alarm control panel, cross corridor door (tied into the fire alarm system) hold open devices, exterior door releases, emergency facility lighting and life safety components utilized</p> | K 000 | | |

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

TITLE

(X6) DATE

Electronically Signed

04/22/2021

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/15/2021 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807 | | |
| (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 | |
| K 000 | Continued From page 1 for preservation of life. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions. The survey process was modified during this Covid-19 PHE as allowed by QSO Memo 20-31-all. The process revisions excluded approximately 50% of rooms and portions of the barriers. The facility has 151 certified beds. At the time of the survey the census was 118. The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by: | K 000 | | | |
| K 241 SS=D | Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: | K 241 | | 10/5/21 | |

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/15/2021 |
| NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807 | | |
| (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 | |
| K 241 | <p>Continued From page 2</p> <p>Based on observations and interviews on 04/06/21, in the presence of facility management, it was determined that the facility failed to provide two acceptable exits from each story.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/06/21 at 11:45 AM, the surveyor and the facility's Director of Maintenance (DM) observed that the [REDACTED] Unit basement was provided with only one exit. This exit consisted of a single stairway to the main floor. Further observations revealed that the basement was used for the storage of supplies, records, and a fuel-fired hot water heater.</p> <p>The basement was sprinklered and protected by a fire alarm system. The basement was accessible only to staff and had self-closing and positive locking doorknobs. The Administrator stated staff were to be in-serviced at orientation and annually thereafter on the danger of having one acceptable exit and would schedule a fire drill in the basement each year.</p> <p>On 04/06/21 at 10:00 AM, the Plant Operation's Director was provided with instructions for past "Waivered" citations indicating that a Fire Safety Evaluation System (FSES) is required to be conducted for every Recertification survey in which the deficiency is cited.</p> <p>The Acting Administrator was notified of the ongoing deficiency at the life safety code exit conference.</p> <p>NJAC 8:39-31.2(e) 19.2.4.1-19.2.4.4</p> | K 241 | <p>This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Actions Implemented</p> <p>The [REDACTED] Unit basement having one means of egress was reviewed at the time of the survey with the surveyor and Senior leadership. The facility's architect also provided information to the life safety surveyor during the survey regarding the one egress from the Pavilion Unit basement.</p> <p>The facility did not pass Fire Safety Evaluation System (FSES) #7 of 8 that was completed pursuant to the NFPA 101. A request for a time limited waiver has been submitted to have time to evaluate, submit approvals, and complete a second means of egress in this section of the facility to bring it in compliance with Life Safety Code.</p> <p>During the wavier period the facility have identified that all facility residents and staff may be impacted by the lack of a second egress from the [REDACTED] Unit basement.</p> <p>Systemic Changes</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/15/2021 |
|---|--|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807 | | |
| (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 | |
| K 241 | Continued From page 3 | K 241 | <p>To mitigate any immediate safety concerns for residents, the following measures have been instituted:</p> <ul style="list-style-type: none"> " Current entrance/egress door to the [REDACTED] Unit basement has auto-closure and auto lock and can only be accessed by key which will be kept in an area with restricted access to residents to ensure their safety " Access to the basement is limited to key personnel only with access granted by the Administrator " Pavilion Unit basement area is protected by fire alarms and sprinklers " Education on one means of egress provided to staff annually and in orientation for new hires " One of the annual fire drills will be conducted in the Pavilion Unit basement until completion of the second egress " The Maintenance Director or Designee will monitor the area weekly and document that rounds have been performed <p>Quality Assurance</p> <p>The facility Administrator will monitor that all safety measures related to the one egress of the [REDACTED] Unit basement are occurring. A quarterly report of progress on this matter will be provided by the Administrator to the Governing Board and the Administrator will report the status at the quarterly QAPI meeting, beginning in August.</p> | | |