STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315182	A. BUILDING **01** B. WING _____	**02/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER	**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	INITIAL COMMENTS The nursing home building construction was stated to be in 1981, with no current major renovations. It is a one story building Type II (000) construction and is fully sprinklered. The facility added a wing called the "pavilion" in the 2000's. The facility utilizes 2-generators, one diesel 500 KW that does 100% of the main building and one natural gas 100 KW that does the Pavilion wing. There is supervised smoke detection located in the corridors, spaces open to the corridors and battery operated smoke detectors in approximately 80% of resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting, and life safety components utilized 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 facility has 151 certified beds. At the time of the survey, the census was 127. The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:	K 000		

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

Electronically Signed | 03/10/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315182	A. BUILDING **01** B. WING _____	**02/21/2023**

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K 241 SS=F	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: Based on observations and interviews on 02/13/23, in the presence of Maintenance Director from a Sister Facility (MDSF), it was determined that the facility failed to provide two acceptable exits from each story. This deficient practice was evidenced in 1 of 2 basements by the following: On 02/14/23 at 09:00 AM, the Administrator provided a progress report indicating site plan with construction details, a township of Bridgewater zoning permit application dated 12/01/23, Bridgewater Township request for site plan waiver dated 06/06/22. The current observation indicated permits were filed along with DCA documents. On 02/14/23 at 11:45 AM, the surveyor and the MDSF observed that the Pavilion 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 combustible supplies, records, and a fuel-fired hot water heater.	K 241	The facility is aware of this ongoing deficiency, and as stated has completed the time-limited waiver that was approved through CMS, from our life safety survey in 2019. To date all required permits have been filed and an architect has completed the plans for the 2nd means of egress. A contractor has been selected and the project should commence in 2023, with a completion well before the 10/13/24 deadline. Updates on progress will be reported in the facilities quarterly QAPI meeting.	3/10/23

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BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER	**270 ROUTE 28** **BRIDGEWATER, NJ 08807**

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K 241	Continued From page 2 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. At that same date and time, the surveyor observed the Pavilion basement and currently no site-work was being completed at this time. The time-limited waiver to correct the deficiencies for K-241, number of exits-story and compartment and come into compliance with the prescriptive requirements of the Life Safety Code will expire October 13, 2024. The facility failed the Fire Safety Evaluation System (FSES) for Zone-7. They requested a time-limited waiver and CMS approved it, but CMS only approved it, with an expiration date of 10/13/24. If the facility does not believe they will complete the project by 10/13/24 they will have to request an extension via the POC. The Administrator was notified of the ongoing deficiency at the Life Safety Code exit conference on 02/14/23. NJAC 8:39-31.2(e) 19.2.4.1-19.2.4.4	K 241		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits	K 271		3/27/23

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K 271	Continued From page 3 Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/14/23, in the presence of the Maintenance Director from a sister facility(MDSF) and Maintenance staff member, the facility failed to provide and maintain a level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency in accordance with NFPA 101, 2012 Edition, Section 19.2, 19.2.1, 19.2.7, 7.7, 7.7.1, 7.7.3.2, 7.1.6, 7.1.6.2, 7.1.6.3, 7.1.10, 7.1.10.1. This deficient condition was evidenced for 1 of 7 exit discharges by the following findings: On 02/14/23 at 12:18 PM, the surveyor and MDSF observed outside the Pavillion's (activity/day room), that the exit/egress leading to the public way was observed to have a concrete pad approximately 25' long x 20' wide. The concrete pad ended to a soft grassy area. The soft area continued for approximately 75' to the public way, failing to provide a firm level walking surface, free of all obstructions or impediments to full instant use in the case of fire or other emergency. The MDSF stated and confirmed that the area failed to provide a hard packed all-weather travel surface to the public way. The exit/egress route was confirmed on the facility evacuation route	K 271	Residents that have been impacted by this deficient practice have been made aware that this exit will not be accessible until completion of the walking path. Signage has been posted and the door has been blockaded to prevent usage during an emergency. Residents have been redirected to use the emergency exit 20 feet adjacent from the closed emergency exit. A time limited waiver will be submitted due to the completion of the project being outside of the standard date parameters. Plans have been drafted by a professional architect. A contractor is to be selected to construct a 4 foot wide concrete sidewalk from the existing landing pad which exits the Pavilion Day Room. The side walk will: 1. Be placed and cured in accordance with the procedures specified herein. 2. Base course will be omitted if subgrade material is satisfactory to the township engineer.	

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K 271	Continued From page 4 provided by the MDSF. The Administrator was informed of the finding at the Life Safety Code exit conference on 02/14/23. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.7, 19.2.7	K 271	3. Driveway apron to conform with requirements for sidewalk at driveway and dimensions. 4. Alternate expansion joints and construction joints to be placed every 8 feet. 5. Along all roadways sidewalk shall be constructed 2 feet from property line unless otherwise directed by the engineer. The project is subject to contractor availability but they have confirmed that it will be completed by 6/30/23. Project updates will be reported in the facilities quarterly QAPI meeting.	
K 324 SS=F	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96	K 324		2/24/23

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K 324	Continued From page 5 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 02/14/23, in the presence of the Maintenance Director from a sister facility(MDSF), Maintenance staff member and Dietary Director, it was determined that the facility failed to ensure that 2 of 4 exhaust hood grease baffles were in the proper position to protect against grease and fire from entering above the exhaust hood system as per NFPA 96. This deficient practice was evidenced by the following: Reference: NFPA 96 19.3.2.5.3* (10) Procedures for the use, Inspection, Testing, and Maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the Manufacturer's instructions and are followed. On 02/14/23 at approximately 10:22 AM, the surveyor observed in the kitchen that 3 of 4 kitchen hood grease baffles were not properly installed over the main commercial cooking area. The grease baffle from the left-side #1 to #2 was installed with an approximately 1" gap at the top to an 1/2" gap at the bottom. The #2 baffle had an approximately 3/4" gap at the bottom, and the #3 baffle had an	K 324	The baffles have been reinstalled to manufacturers specifications to correct the deficient practice. The facility was checked and no other baffles exist within the facility and therefore, no other areas of the facility are at risk The facility Maintenance Director or designee will audit the 4 baffles in the kitchen weekly for four week, every other week for four weeks, and then monthly for two months to ensure that baffles are correctly installed. The facility will have its contracted professionals clean and inspect these baffles every 6 months. Results of the audits will be reported in the quarterly facility QAPI meeting by the facility Maintenance Director or designee.	

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K 324	Continued From page 6 approximmately 1/2" gap at the top. The MDSF indicated the vents were just cleaned, so it appears the vendor reinstalled the baffles improperly. The grease baffles were held in place with 4 of 4 orange clamps observed. An interview was conducted with the MDSF, who acknowledged that 3 of 4 grease baffles over the cooking area, must be installed correctly to prevent a grease fire from entering the hood above the grease baffles. The Grease baffles are the first layer of protection in a commercial kitchen's grease management and exhaust ventilation system. Their purpose is to prevent flames and flammable debris from entering the exhaust duct and capture grease-laden vapors produced from cooking equipment. If this grease were not captured, it would build up in the ventilation system and become a significant fire hazard. The Administrator was notified of the findings at the Life Safety Code exit conference on 02/14/23. NJAC 8:39-31.2(e) NFPA 96, 19.3.2.5.3*(10)	K 324		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	K 911		3/10/23

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K 911	Continued From page 7 Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review of facility documentation on 02/13/23 in the presence of the Maintenance Director from a sister facility (MDSF), the facility failed to demonstrate reliability regarding fuel supply in accordance with NFPA 99, 2012 Edition Chapter 6 and NFPA 110, 2010 Edition, Section 5.1.4. for 1 of 2 generator's. This deficient practice was evidenced by the following: On 02/14/23 at 12:05 PM, the surveyor and MDSF reviewed all the facility's generator documentation. The facility currently has A 100 KW natural gas generator for the Pavilion wing of the facility. The MDSF could not produce a documented reliability letter from the natural gas provider. Reliability letters from the natural gas vendor regarding fuel supply must contain all of the following: 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption.	K 911	The facility will ensure that it has a reliable supply of fuel for it's generator for all residents that have the potential for impact. The facility has received confirmation, in writing, that there is a reliable fuel source and the residents will continue to have a constant source of fuel for the facility generator. Please see the attached letter from our natural gas provider that addresses the items listed in the 2567, K0911 - NFPA 101 Electrical Systems confirming that we have a reliable form of natural gas to the Pavilion Generator. This matter will be provided to the QAPI team in the quarterly meeting.	

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K 911	Continued From page 8 5. The signature of technical personnel from the natural gas vendor. The MDSF confirmed there was no reliability letter available from the natural gas providor for the 100 KW natural gas generator for the facility to present to the surveyor. No additional information was received. The Administrator was informed of the findings at the Life Safety Code exit conference on 02/14/23. NJAC 8:39-31.2(e) NFPA 99, 2012 Edition Chapter 6 and NFPA 110, 2010 Edition, Section 5.1.4.	K 911		
K 914 SS=E	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated	K 914		3/16/23

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K 914	Continued From page 9 repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, documentation review, and interview on 02/13/23, in the presence of the facility's Maintenance Director from a Sister Facility (MDSF), it was determined that the facility failed to functionally test electrical receptacles in residents' rooms annually for grounding, polarity, and blade tension in accordance with NFPA 99. This deficient practice was evidenced for 45 of 45 residents' rooms observed by the following: Throughout a tour of the facility on 02/14/23, the surveyor and MDSF observed that the residents' rooms observed were provided with electrical receptacles that were less than hospital grade and required an annual electrical inspection. The last annual electrical inspection by the facility's electrical vendor was dated 12/19/22. The inspection did not indicate any testing of non-hospital outlets on that report. The MDSF indicated he was not aware of any non-hospital outlet testing procedures. The Administrator was informed of the findings at the Life Safety Code exit conference on 02/14/23. NJAC 8:39-31.2(e) NFPA 99	K 914	The facility Maintenance Director contacted a qualified electrician to come check the facilities non-hospital grade outlets to ensure proper functionality. They will complete an audit for non-hospital grade outlets within the facility and provide a report to the maintenance director/designee. If any issues are found, they will be repaired by a qualified individual to ensure the safety of the patients. The annual outlet inspection will be included with the vendors annual electrical inspection. The results of the inspection will be reported in the facilities quarterly QAPI meeting by the Maintenance Director or designee.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315182 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	6/9/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER	270 ROUTE 28 BRIDGEWATER, NJ 08807

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0241	03/10/2023	LSC K0271	03/27/2023	LSC K0324	02/24/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. #	Completed
LSC K0911	03/10/2023	LSC K0914	03/16/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/21/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO