STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315182	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgeway Care and Rehab Center at Bridgewater	270 Route 28 Bridgewater, NJ 08807

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. C#: 2679544Based on interviews, medical record review, and review of other pertinent facility documentation on 04/08/2026 and 04/09/2026, it was determined that the facility failed to a) honor Resident #2's family representative's (Responsible Party (RP) decision to request and/or refuse laboratory test on the resident and b) failed to follow the facility's policy titled Requesting, Refusing and/or Discontinuing care or Treatment. This deficient practice was identified for 1 of 4 residents reviewed for resident right.The evidence was as follows:This deficient practice was evidenced by the following:According to the admission Record Resident #2 had diagnoses which included but were not limited to: unspecified dementia (a decline in mental ability), heart failure (a chronic progressive condition where the heart cannot pump enough blood to meet the body's needs) and major depression (a serious mood disorder causing persistent sadness).According to the resident's Minimum Data Set (MDS), an assessment tool dated 02/09/2026, Resident #2 had a Brief Interview Mental Status (BIMs) score of 9/15, which indicated that Resident #2's cognition was moderately impaired. The MDS also indicated that the Resident required assistance with activities of daily living (ADLs).A review of a document titled Care Profile Report under Special Instructions revealed the following: Call the RP before any blood work.A review of Resident #2's progress notes (PN) dated 08/28/2025, and timed at 4:49 PM, indicated that the Registered Nurse (RN#1) spoke to Resident #2's RP regarding blood test for the resident and that the RP refused for the blood test to be done on the resident.A review of the medical record revealed that the facility completed a laboratory test on Resident #2 on 08/29/2025 at 8:31AM.During an interview on 04/08/2026 at 2:26PM, RN #2 stated that since the RP declined laboratory blood tests, the test should not have been carried out. RN#2 stated the facility policy was not followed on 08/29/2025 when Resident #2 had blood drawn without their RP consent.During interview on 04/09/2026 with the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator, the DON stated that if the RP declined blood test, the test should have been cancelled.A review of the facility policy titled requesting, Refusing and/or Discontinuing care or Treatment with a revised date of February 2021 revealed under: Policy Statement residents and resident representatives have the right to request, refuse and/or discontinue treatment. Treatment refers to medical care, nursing care, and interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms. N.J.A.C. 8:39-13.1(a)(d)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315182	A. Building B. Wing	04/09/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. C#: 2679544Based on interviews, medical record review, and review of other pertinent facility documentation on 04/08/2026 and 04/09/2026, it was determined that the facility failed to provide a resident's (Resident #2) responsible party (RP) a written summary and resolution of the investigation regarding a grievance filed by the RP on 08/29/2025; failed to follow its policy titled Grievance/Complaints, Filing. The deficient practice was identified for 1 of 4 residents reviewed for grievance.This is evidenced by the following:According to the admission Record, Resident #2 had diagnoses which included but were not limited to: unspecified dementia (a decline in mental ability), heart failure (a chronic progressive condition where the heart cannot pump enough blood to meet the body's needs) and major depression (a serious mood disorder causing persistent sadness).According to the resident's Minimum Data Set (MDS), an assessment tool dated 02/09/2026, Resident #2 had a Brief Interview Mental Status (BIMs) score of 9/15, which indicated that Resident #2's cognition was moderately impaired. The MDS also indicated that the Resident required assistance with activities of daily living (ADLs).A review of a facility document titled Grievance/Complaint Form dated 08/29/2025, with date of occurrence on 08/25/2025, revealed that Resident #2's RP informed the facility about a grievance she filed regarding Resident #2's pain medication administration.A review of the Summary of Pertinent Findings/Conclusion section of the grievance form revealed the form to be as left blank on the question of Corrective Action taken/To be Taken by the facility. There was no information regarding Resident/Family Response to Outcome, and no Grievance official's Signature and Date. There was also no Administrator's or Director of Nursing's Signature and date on the grievance form.During interview on 04/09/2026 at 12:07 PM with the Social Worker (SW), she acknowledged the grievance form was not complete. She further stated, a complete grievance form report should have a summary of findings/conclusion and should be signed by the grievance official, administrator and director of nursing with a date of review. She stated the family should be notified through written communication of the outcome of the grievance. The SW acknowledged the facility grievance policy was not followed for the grievance filed by Resident #2's RP on 08/29/2025.An interview was conducted on 04/09/2026 at 2:30 PM with the Licensed Nursing Home Administrator (LNHA) in the presence of the Director of Nursing. The LNHA stated that the family member or resident who filed the grievance should be informed of the resolution, and that it should be documented on the grievance form. She further stated for the grievance filed by the resident's RP on 08/29/2025, it was not addressed properly and that the facility policy on grievances and complaints was not followed.Review of facility's policy titled, Grievances/Complaints, Filing with a Date Reviewed of 11/15/2025, under Policy Interpretation and Implementation, 3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues or resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response. 8. Upon receipt of a grievance and/or complaint the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator within five (5) working days of receiving the grievance and /or complaint. 11. The administrator will review the findings with the grievance officer to determine what corrective actions, if any, need to be taken. NJAC 8:39-13.2(c)