

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Bridgeway Care and Rehab Center at Hillsborough		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Amwell Road Hillsborough, NJ 08844	

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 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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: 315510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Bridgeway Care and Rehab Center at Hillsborough		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Amwell Road Hillsborough, NJ 08844	
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 0580 Level of Harm - Actual harm Residents Affected - Few	<p>Complaint: 268245 Based on interviews, review of medical records, and review of pertinent facility documentation, it was determined that the facility failed to notify the resident's physician of a change in condition for 1 of 3 residents (Resident #3) reviewed. This deficient practice was evidenced by the following: A review of Resident #3's Closed Medical Record's admission Record revealed that Resident #3 was admitted to the facility with diagnoses which included but were not limited to acidosis, unspecified (condition in which there is too much acid in the body fluids); major depressive disorder, recurrent, unspecified (mood disorder that causes a persistent feeling of sadness and loss of interest); difficulty in walking, not elsewhere classified; muscle weakness (generalized); need for assistance with personal care; other lack of coordination; and cognitive communication deficit (condition that affects a person's ability to communicate effectively and efficiently). A review of the Minimum Data Set (MDS), an assessment tool dated 09/29/2025, revealed that Resident #3 had a brief interview for mental status (BIMS) score of eight out of 15, which indicated that the resident had moderately impaired cognition. A review the Care Plan (CP) for Resident #3 revealed a focus area of, RISK FOR PAIN: [Resident #3] needs pain monitoring/management [related to]: generalized discomfort. With an initiation date of 09/22/2025. Interventions initiated on 09/22/2025 included to administer non-pharmaceutical pain relief measures; administer pain medications as per orders; encourage reporting of breakthrough pain to staff before it escalates; monitor for complaints of pain and encourage reporting of pain before it escalates; and monitor for effectiveness of pain interventions and, Notify physician if interventions are unsuccessful or if current complaint is a significant change from resident's past experience of pain. Further review of the CP for Resident #3 revealed a focus initiated on 10/02/2025 that the resident had communication problems related to making their self understood and understanding others. Interventions initiated on 10/02/2025 included but were not limited to anticipating and meeting the resident's needs. A review of Physical Therapy Encounter Notes (PTEN) for Resident #3 with a date of service of 10/10/2025, revealed that Resident #3 stated that they had constant left hip pain rated as five out of ten at rest, and eight out of ten pain with movement. The PTEN further revealed that Resident #3 was unable to move their left leg through its full range of motion due to pain. A review of the Progress Notes (PNs) for Resident #3 was conducted. The PNs included a Nursing Note (NN) written by a Licensed Practical Nurse (LPN #1), dated 10/10/2025 at 2:33 AM, which revealed that Resident #3 had an unwitnessed fall at 1:45 AM, and denied pain. The PN further revealed that Resident #3's family and physician were notified. A late entry NN written by the Unit Manager (UM #1) dated 10/10/2025 at 11:17 AM, revealed that Resident #3 complained of pain, and it was endorsed to the resident's primary nurse to obtain a physician order (PO) for pain medication, and administer pain medication as per doctor's orders. A PN by the Nurse Practitioner (NP #1) dated 10/10/2025 at 2:58 PM, revealed that Resident #3 had mild discomfort to their left hip and x-rays were requested. A PN by the Director of Nursing (DON) dated 10/10/2025 at 5:06 PM, revealed that a family member of Resident #3 reported that the resident was in pain that morning. The PN further revealed that Resident #3 reported five out of ten pain when attempting to move their left leg. A PN written by LPN # 2 dated 10/10/2025 at 7:32 PM, revealed that Resident #3 was sent to the hospital for left hip pain at approximately 6:00 PM. The PNs revealed no documentation that a physician was notified that Resident #3 developed constant left hip pain that worsened with movement and limited the resident's ability to move their leg as usual. A review of the Order Summary Report (OSR) for Resident #3 revealed the following POs: X-ray of the left hip and knee to rule out fracture (broken bones) after a fall. The order date was 10/10/2025. Send to the emergency department for evaluation of left hip pain. The order date was 10/10/2025. The OSR revealed no orders for pain medications or non-pharmaceutical methods for pain relief. On 11/05/2025 at 1:16 PM, a telephone interview was conducted with LPN #3, the nurse assigned to care for Resident #3 on day shift on 10/10/2025. LPN #3 stated that on 10/10/2025 she was assigned to give medication at the facility and was assisted by UM #1. LPN #3 stated that she did not remember details related to Resident #3. On 11/05/2025 at 1:35 PM, a telephone interview was conducted with the Unit Manager (UM #1). UM #1 stated that on 10/10/2025 he evaluated Resident #3 with NP #1 in the morning and the resident seemed to be in pain. UM #1 stated that he instructed LPN #3 to give pain medication to Resident #3 because the resident's family member reported that the resident was in pain. UM #1 stated that it was the responsibility of the resident's primary nurse to contact the resident's physician, inform them that the resident was in pain, and obtain POs for medication. UM #1 further stated that LPN #3 confirmed that she would notify the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Bridgeway Care and Rehab Center at Hillsborough		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Amwell Road Hillsborough, NJ 08844	
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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Bridgeway Care and Rehab Center at Hillsborough		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Amwell Road Hillsborough, NJ 08844	
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 0697 Level of Harm - Actual harm Residents Affected - Few	<p>COMPLAINT #: 2648245 Based on interviews, review of medical records, and review of pertinent facility documents, it was determined the facility failed to a.) assess and document a resident's pain level; b.) obtain orders for pain management; and c.) re-evaluate and document the effectiveness of pain management in accordance with professional standards of practice. This deficient practice was identified 1 of 3 residents reviewed for pain management (Resident #3), and was evidenced by the following: A review of Resident #3's Closed Medical Record's admission Record revealed that Resident #3 was admitted to the facility with diagnoses which included but were not limited to acidosis, unspecified (condition in which there is too much acid in the body fluids); major depressive disorder, recurrent, unspecified (mood disorder that causes a persistent feeling of sadness and loss of interest); difficulty in walking, not elsewhere classified; muscle weakness (generalized); need for assistance with personal care; other lack of coordination; and cognitive communication deficit (condition that affects a person's ability to communicate effectively and efficiently). A review of the Minimum Data Set (MDS), an assessment tool dated 09/29/2025, revealed that Resident #3 had a brief interview for mental status (BIMS) score of eight out of 15, which indicated that the resident had moderately impaired cognition. A review of the Care Plan (CP) for Resident #3 revealed a focus area of, RISK FOR PAIN: [Resident #3] needs pain monitoring/management [related to]: generalized discomfort. With an initiation date of 09/22/2025. Interventions initiated on 09/22/2025 included to administer non-pharmaceutical pain relief measures; administer pain medications as per orders; encourage reporting of breakthrough pain to staff before it escalates; monitor for complaints of pain and encourage reporting of pain before it escalates; and monitor for effectiveness of pain interventions and, Notify physician if interventions are unsuccessful or if current complaint is a significant change from resident's past experience of pain. Further review of the CP for Resident #3 revealed a focus initiated on 10/02/2025 that the resident had communication problems related to making their self understood and understanding others. Interventions initiated on 10/02/2025 included but were not limited to anticipating and meeting the resident's needs. A review of the Order Summary Report (OSR) for Resident #3 revealed the following physician's orders (POs): X-ray of the left hip and knee to rule out fracture (broken bones) after a fall. The order date was 10/10/2025. Send to the emergency department for evaluation of left hip pain. The order date was 10/10/2025. The OSR revealed no orders for pain medications or non-pharmaceutical methods for pain relief. A review of the October 2025 Medication Administration Record (MAR) for Resident #3 revealed no documentation that pain medication was administered to Resident #3. A review of the October 2025 Treatment Administration Record (TAR) for Resident #3 revealed no documentation that non-pharmaceutical methods of pain relief were provided to Resident #3. A review of the Progress Notes (PNs) for Resident #3 was conducted. The PNs included a Nursing Note (NN) written by a Licensed Practical Nurse (LPN #1), dated 10/10/2025 at 2:33 AM, which revealed that Resident #3 had an unwitnessed fall at 1:45 AM, and denied pain. A late entry NN written by the Unit Manager (UM #1) dated 10/10/2025 at 11:17 AM, revealed that Resident #3 complained of pain, and it was endorsed to the resident's primary nurse to obtain a PO for pain medication, and administer pain medication as per doctor's orders. A late entry NN written by UM #1 dated 10/10/2025 at 11:20 AM, revealed that Resident #3 expressed pain in their left leg and it was endorsed to the resident's primary nurse to assess for pain and administer pain medication. A PN by the Nurse Practitioner (NP #1) dated 10/10/2025 at 2:58 PM, revealed that Resident #3 had mild discomfort to their left hip and x-rays were requested. A PN by the Director of Nursing (DON) dated 10/10/2025 at 5:06 PM, revealed that a family member of Resident #3 reported that the resident was in pain that morning. The PN further revealed that Resident #3 reported five out of ten pain when attempting to move their left leg. Resident #3 and their family member agreed to have the resident sent to the emergency department for evaluation. A PN written by LPN # 2 dated 10/10/2025 at 7:32 PM, revealed that Resident #3 was sent to the hospital for left hip pain at approximately 6:00 PM. The PNs revealed no documentation that non-pharmaceutical pain relief methods or pain medications were provided to Resident #3 after facility staff became aware that the resident complained of pain on 10/10/2025 at 11:17 AM, prior to the resident's transfer to the emergency department at 6:00 PM that day. A review of Physical Therapy Encounter Notes (PTEN) for Resident #3 with a date of service of 10/10/2025, revealed that Resident #3 stated that they had constant left hip pain rated as five out of ten at rest, and eight out of ten pain with movement. The PTEN further revealed that Resident #3 was unable to move their left leg through its full range of motion due to pain. A telephone interview was conducted with 1 PN</p>		