



weapon, are not available to at risk patients; and 2) ensuring that rooms with items identified on the ERA as a risk to be thrown or used as a weapon, are monitored per facility policy.

On May 30, 2024, the surveyor inquired about safety measures and patient monitoring in the Behavioral Health (BG) Unit. Staff confirmed that chairs in the community rooms, B031 (TV room) and B021 (Day room), were identified as risks on the Environmental Risk Assessment (ERA) due to their potential to be thrown or used as weapons. These included ModuMaxx armless activity chairs and Integra lightweight plastic chairs. The ERA from March 29, 2024, recommended that chairs be sturdy and heavy to minimize risk.

A review of facility policies showed that the chairs were not weighted or secured, contrary to the ERA's recommendations. Additionally, the facility's policy on "Constant Observation" requires continuous monitoring of patients in these areas, which was not consistently followed. Staff admitted that monitoring was not formalized, and staff were not assigned to oversee the rooms, relying only on verbal communication.

Medical record review of patient 1 (P1), admitted on March 25, 2024, showed a history of aggression. On May 16, 2024, P1 threw a chair at another patient, grazing their arm. Video surveillance revealed that a staff member left the area unobserved, allowing P1 to throw the chair. Similarly, on May 29, 2024, P4, also with a history of aggression, threw a chair in the community room. The video confirmed that the chairs were easily accessible and could be used as weapons. S12, a Mental Health Associate, confirmed that the ModuMaxx chairs were used for physical exercises, further demonstrating their potential misuse. Based on observation, interviews, and record reviews, the surveyor determined that the facility failed to implement proper safety measures, leaving patients at risk. The chairs identified as a risk were not properly secured, and monitoring was not consistent, resulting in an unsafe care environment.

Penalty: In accordance with N.J.A.C. 8:43E-3.4(a)8, and because these violations represent a direct risk that a patient's physical or mental health will be compromised, a penalty of \$1000.00 per violation is assessed for May 16, 2024, the day P1 became agitated and threw a chair at another patient, which grazed their arm, and for May 29, 2024, when P4 was observed picking up a chair and throwing it in a community room. Thus, the total penalty assessed for this violation is \$2,000.

The facility is also in violation of N.J.A.C. 8:43G-26.9(h), which requires psychiatric care units to comply with the suicide prevention regulation as provided in Guidelines for Design and Construction of Residential Health, Care and Support Facilities, 2014 edition. Survey determined that, based on observation, document review, and staff interview, the facility failed to ensure measures are in place to mitigate areas of risk identified on the Safety Risk Assessment.

On May 30, 2024, the surveyor inquired about the measures in place to address risks identified on the Behavioral Health (BH) Units. Staff explained that the Environmental Risk Assessment (ERA), conducted on March 29, 2024, identified windows and glass as risks, noting that windows should not yield sharp shards when broken. The ERA stated that windows on most exterior walls and interior doors posed a risk. The facility's primary mitigation strategy was regular patient rounds every 15 to 30 minutes based on patient acuity, but no additional measures were implemented.

The Director of Facilities (S13) provided documentation showing 41 safety-tempered windows and 9 wired-tempered windows on Unit BG. S13 confirmed that these windows were being replaced with laminated glass due to breakability, but explained that replacements were reactive, occurring only after windows broke, not proactively based on the ERA's identified risk.

Incident reports from 2023 and 2024 revealed multiple cases where patients broke windows on the BH Units. For example, on November 17, 2023, a patient (P16) broke a window with a plastic bed frame. On February 21, 2024, a patient (P15) threw a chair at a window, shattering it. Other reports detailed similar incidents in April and May 2024, including a patient (P1) who broke a window with their hands on May 16, 2024. During an interview, S13 confirmed that the mitigation strategies and glass replacement project had

been ongoing since 2022 but were reactive rather than proactive. S7 (Director of Security) provided a photo of the May 16, 2024, broken window.

Based on document review, incident reports, and interviews, the surveyor determined that the facility failed to implement proactive measures to address the risks identified in the ERA, specifically regarding windows and glass. This failure contributed to an unsafe environment for patients on the BH units.

Penalty: In accordance with N.J.A.C. 8:43E-3.4(a)(8), because there are multiple deficiencies related to patient care and physical standards throughout the facility and such violations of N.J.A.C. 8:43G-26.9(h) pose a direct risk that a patient's physical or mental health will be compromised, a penalty of \$1,000 per violation is assessed for each day from May 30, 2024, the day Survey discovered both deficiencies, to October 14, 2024, the day all the windows were replaced with laminated safety glass and the chairs were removed and replaced by heavier chairs that could not be thrown. This represents 138 days at \$1,000 per day.

Thus, the total penalty assessed for both violations is \$140,000.

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control X24046.**

#### **INFORMAL DISPUTE RESOLUTION (IDR)**

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel. Send the above-referenced information to:

Nadine Jackman, Office of Program Compliance  
New Jersey Department of Health  
P.O. Box 358  
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR does not delay the imposition of any enforcement remedies.

#### **FORMAL HEARING:**

Bergen New Bridge is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. Bergen New Bridge must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests  
Office of Legal and Regulatory Compliance, New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Bergen New Bridge is owned by a corporation, representation by counsel is required.

In the event of an OAL hearing regarding the curtailment, Bergen New Bridge is further required to submit a written response to each, and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Bergen New Bridge in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Lisa King, Office of Program Compliance at [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov).

Sincerely,

A handwritten signature in blue ink that reads "Lisa King" followed by a stylized flourish.

Lisa King, Program Manager  
Office of Program Compliance  
Division of Certificate of Need and Licensing

GR:LK:jc:nj

DATE: March 27, 2025

E-MAIL: [KRichardson@newbridgehealth.org](mailto:KRichardson@newbridgehealth.org),

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REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# AX24046