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STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

M.K.,

PETITIONER,

v.

BRIDGEWAY CARE AND

REHABILITATION CENTER,

RESPONDENT.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09638-25

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the OAL case file, the documents in evidence, and the Initial Decision in this matter. Petitioner filed exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is September 8, 2025, in accordance with N.J.S.A. 52:14B-10 which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of the agency's receipt.

This matter arises from the involuntary discharge/transfer of Petitioner from Bridgeway Care and Rehabilitation Center (Bridgeway) due to medical necessity and the

endangering of the physical welfare or safety of Petitioner or other residents. The issue presented here is whether Petitioner's involuntary discharge from Bridgeway is appropriate under 42 C.F.R. §483.15(c) and N.J.A.C. 10:166-1.10.

Under 42 C.F.R. §483.15(c), the facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident. Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. The facility may not transfer or discharge the resident while the appeal is pending, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to §431.220(a)(3), unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. 42 C.F.R. §483.15(c)(4)(i).

Pursuant to N.J.A.C. 10:166-1.10, a Medicaid beneficiary may be transferred involuntarily for the following reasons:

1. The transfer is required by medical necessity.
2. The transfer is necessary to protect the physical welfare or safety of the beneficiary or other residents.
3. The transfer is required because the resident has failed, after reasonable and appropriate notice, to reimburse the NF for a stay.
4. The transfer is required by the NJ State Department of Health pursuant to licensure action.

On March 20, 2025, Bridgeway received approval to initiate an involuntary transfer or discharge from the Division of Aging Services (DoAS). (R-1.) Petitioner appealed Bridgeway's determination and a Fair Hearing was scheduled. ID at 2.

During the hearing, Helen Bautista, Bridgeway's administrator, testified that Petitioner is in need of greater care than the facility can provide. ID at 2. She provided several examples of Petitioner becoming physical with the staff and the need for a higher

level of care to address his needs. Ibid. Ms. Bautista also testified that Petitioner's aggression had been escalating and rather than Petitioner just resisting efforts related to his care, he was swatting and hitting the staff. Ibid.

Andrew Badayos, the director of nursing services, also testified for Bridgeway. He testified that Petitioner suffers from Lewy Body Dementia and that Petitioner needs a higher level of care, which Bridgeway cannot provide. ID at 2. Mr. Badayos also testified that a higher level of care is essential for the safety and wellbeing of Petitioner as well as the other residents of the facility. Ibid. Lastly, he stated that Bridgeway requested permission to transfer Petitioner from the Department and the request was approved. Ibid.

Petitioner's wife, L.K. testified and stated that she believed the facility was responsible for the issues with Petitioner. ID at 3. L.K. provided a written narrative of these issues which included pictures of her husband and other residents of Bridgeway. (P-1). L.K. visits Petitioner daily to feed him, bathe him, and cut his hair when needed. L.K. objects to the transfer of Petitioner to a facility that is further from her home than Bridgeway. ID at 3. L.K. disagrees with the allegations that Petitioner was physical or that he placed himself or others in danger and claims that any of the behavioral challenges are a direct result of Bridgeway's lack of adequate care and staffing issues. Ibid.

In the Initial Decision, the Administrative Law Judge (ALJ) found that Petitioner has exhibited aggression and behavioral issues and even though the facility has increased the anti-psychotic medication, the aggressive behavior persists. ID at 3. More specifically, the ALJ found that Petitioner has been physically aggressive with staff and has knocked over tables on multiple occasions. Ibid. As a result, the ALJ found that Petitioner presents a threat to his own wellbeing, as well as to other residents and staff

and that Petitioner needs a higher level of care that can be provided at Bridgeway. ID at 4. The ALJ concluded that the transfer is appropriate and should be affirmed. ID at 5.

By letter dated August 5, 2025, Petitioner filed exceptions to the Initial Decision. The exceptions argue three main points. First, that the ALJ failed to adequately consider the serious risk and hardship of transferring Petitioner to a facility that is farther away and unfamiliar to him. Petitioner argues that transfer trauma in dementia patients is well-documented and often irreversible and that moving Petitioner to an unknown facility far from family, trusted caregivers, and his usual routine is tantamount to medical neglect. Second, Petitioner argues that Bridgeway's claims that Petitioner is aggressive and that Lewy Body disease is more aggressive than other types of dementia, is inaccurate and unsupported by clinical documentation. Petitioner states that there has not been any documented aggression toward staff or other residents and that Bridgeway staff are not qualified medical experts in dementia subtypes. Lastly, Petitioner argues that the involuntary transfer process has been rushed and lacking an adequate discharge plan and therefore is a violation of Petitioner's Due Process rights.

Here, the witnesses for Petitioner testified that Petitioner exhibited a disregard for the safety and well-being of the staff of Bridgeway. On multiple occasions Petitioner has acted aggressively and inappropriately while residing at Bridgeway. The ALJ heard their testimony and found them credible. ID at 5. Under state and federal regulations, Bridgeway has an obligation to its residents and staff to protect their safety and well-being. Additionally, Bridgeway presented testimony that Petitioner needs a higher level of care than can be provided at Bridgeway and the ALJ has found this as a fact. While Petitioner's exceptions argue that the transfer of Petitioner is tantamount to medical neglect, Petitioner did not call a witness with relevant medical background to testify to this assertion. Lastly, Bridgeway has properly requested an involuntary transfer and has

identified an alternative placement, which resulted in Petitioner exercising their Fair Hearing rights. Therefore, I do not find that the transfer process has been rushed or that Petitioner's Due Process rights have been violated.

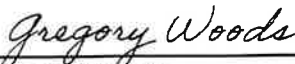
In reviewing an ALJ's Initial Decision, we give appropriate deference to the ALJ's findings of fact and their assessment of the weight to be accorded to the testimony of the witnesses." See Clowes v. Terminix Intern'tl, Inc., 109 N.J. 575, 587 (1988). Thus, we do not engage in an independent assessment of the evidence as if we were the court of first instance, but rather, defer to those findings "which are substantially influenced by [the ALJ's] opportunity to hear and see the witnesses and to have the 'feel' of the case." State v. Locurto, 157 N.J. 463, 471 (1999). We do not see any reason to depart from this general approach in this case, including with respect to the factual claims made in the Petitioner's exceptions. In particular, we decline to make a factual medical judgment that contradicts the findings of the ALJ, particularly given that the Petitioner did not provide testimony from a medical expert to contradict the testimony of Bridgeway's witnesses.

Thus, for the reasons set forth in the Initial Decision and set forth above, I hereby ADOPT the Initial Decision in this matter. Bridgeway's determination of Petitioner's involuntary transfer was necessary to protect the physical welfare or safety of Petitioner as well as other residents and staff, and for medical necessity.

THEREFORE, it is on this 8th day of September 2025,

ORDERED:

That the Initial Decision is hereby ADOPTED.



Gregory Woods, Assistant Commissioner
Division of Medical Assistance and Health Services