STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBOKEN UNIVERSITY MEDICAL CENTER TCU	**308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030**

(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
F0000	INITIAL COMMENTS STANDARD SURVEY: 12/29-12/31/25 CENSUS: 8 SAMPLE SIZE: 8+2 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Deficiencies were cited for this survey.	F0000		01/09/2026
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review and policy review, it was determined that the facility failed to a.) failed to restrain employees hair and, b.)	F0812	All residents have the potential to be affected by this deficient practice. The individual employee observed not wearing his hair net correctly, was immediately re-educated onsite and also received a verbal disciplinary warning. The U. S. FOIA (b) (2) services and/or her Managers provided re-education on wearing a hair net as well as the proper way of stacking pans after washing to avoid "wet nesting," so that there is no potential of harmful bacterial growth on pans. The education is provided to employees at the manager's daily huddle with employees. The Managers will visually observe employees for non-compliance daily, which will be reported on a log and then compiled monthly. After the month is completed and for a ninety-day period, the results will be brought forth to the QAPI committee for review and recommendations. The review will be monitored for the next four quarters or until a 100% compliance rate is reached. There are also visual reminders for staff at the dish sink to not "wet nest." The process on properly washing and stacking pans will be part of the onboarding process for temporary agency	02/28/2026

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

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HOBOKEN UNIVERSITY MEDICAL CENTER TCU	**308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030**

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F0812 SS = F	Continued from page 1 failed to sanitize and air dry steam table pans in a manner to prevent microbial growth. This deficient practice was evidenced by the following: On 12/29/25 at 11:24 AM, in the presence of the U. S. FOIA (b) (2)) the surveyor observed the following: 1.Near the dishwashing area, the surveyor observed a Food Service Worker (FSW #1) with a hairnet on but the hair net was observed not covering all of the FSW #1's hair. The FSW #1 stated that he did not realize his hair net was like that. 2.In the area near the 3 compartment sink the surveyor observed a shelf with stacked sheet pans of various sizes. The surveyor observed the following; four 1/4 sized sheet pans stacked with water between them, four 1/3 sheet pans stacked with water between them, three 1/6 sized sheet pans stacked with water between them, and, two 1/2 sized sheet pans stacked with water between them. The U. S. FOIA stated that these items should be air dried before stacking. At 11:50 AM, the surveyor observed a FSW #2, who was observed washing steam table pans in the 3 compartment sink. The FSW #2 stated that he been here 3 months not sure what happened with the stacked and wet steam table pans but they should be air dried first. The Uniform Dress Code policy with a revision date of 1/25/25, revealed "Wear the approved hair restraint when on duty regardless of length or presence of hair." The Storage of Pots, Dishes, Flatware, and Utensils policy, with a revision date of 1/26/25, which revealed "Air dry all food contact surfaces, including pots, dishes, flatware, and utensil before storage, or store in a self-draining position. Do not stack or store when wet." At 1:30 PM, the surveyor reviewed the above concerns with the U. S. FOIA (b) (2) and the U. S. FOIA (b) (2) NJAC 8:39-17.2(g)	F0812	Continued from page 1 dishwashing staff as well as the continued posting of signs.	02/28/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBOKEN UNIVERSITY MEDICAL CENTER TCU	**308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030**

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S0000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S0000		01/09/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios for 3 of 14 day shifts as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et	S0560	All residents have the potential to be affected by this deficient practice. The DON and Administrator met with the Day Charge Nurse and Evening Charge Nurse on January 7th, 2026 and reviewed with them the minimum staffing requirements for Certified Nursing Assistants on TCU. A copy of the NJ State law was provided to both the Day Charge Nurse and Evening Charge Nurse for their review and reading at their pleasure. The DON recommended to the Administrator to add a part-time Certified Nursing Assistant position to cover days off and absences. Administrator approved the position and the position is posted and recruitment underway. The DON reviews staffing daily and does have the ability to request additional help from the acute care side to float to the TCU unit based on our census. Any findings will be brought forth to the QAPI committee on a quarterly basis for at least the next four quarters and annually thereafter.	01/16/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

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S0560	Continued from page 1 seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning 12/14/2025 to 12/27/2025, revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements.	S0560		01/16/2026

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S0560	Continued from page 2 The facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows: -12/14/25 had 1.5 CNAs to 3.5 total staff on the evening shift, required at least 2 CNAs. -12/18/25 had 1 CNA for 14 residents on the day shift, required at least 2 CNAs. -12/21/25 had 1 CNAs for 14 residents on the day shift, required at least 2 CNAs. -12/27/25 had 0 CNAs for 8 residents on the day shift, required at least 1 CNA On 12/30/25 at 11:29 AM, the surveyor interviewed the Director of Nursing (DON), who stated that the facility is able to meet the CAN ratios and at time can pull a CNA from the hospital if needed. No other information was provided.	S0560		01/16/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on XX/XX/XXXX in relation to the XX/XX/XXXX Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/04/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on XX/XX/XXXX in relation to the XX/XX/XXXX State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBOKEN UNIVERSITY MEDICAL CENTER TCU	**308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030**

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K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/30/25, and was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Hoboken University Medical Center Transitional Care Unit is a wing on the 7th floor of a multi-story building that was built prior to 2012. The building is composed of Type I protected construction. The unit is a 9,334 sq. ft. single smoke compartment. The diesel (660 KW) generator powers only red outlets on the unit and serves other areas of the building per the Supervisor of Engineering. The current occupied beds are 8 of 15 licensed beds. The unit is fully sprinklered and utilizes an electric fire pump with city water.	K0000		01/09/2026
K0131 SS = F Bldg. 01	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an	K0131	The facility is requesting an extension of the previous one year TLW till October 31, 2026. An attachment for K0131 has been uploaded to the portal.	03/31/2027

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K0131 SS = F Bldg. 01	Continued from page 1 approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is NOT MET as evidenced by: Based on observations, record review and interviews on 12/30/25 in the presence of the [redacted], it was determined that the facility failed to provide a two-hour fire resistance rating, elements and assemblies between the Transitional Care Unit (TCU) and Hospital in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.3 and 8. This deficient practice had the potential to affect all residents and was evidenced by the following: Observation at 10:01 AM the surveyor identified the fire barrier between Transitional Care Unit (TCU) and Hospital on the seventh floor, the two doors into the Hospital corridor had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:12 AM the [redacted] confirmed that the rehabilitation room was shared between the TCU and the Same Day Surgical Unit, the fire door into the room had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:13 AM the surveyor identified the rated fire barrier wall between Transitional Care Unit (TCU) and Same Day Surgical Unit beside the Nurse Station, the door into Same Day Surgical Unit did not have a label or fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:16 AM [redacted] confirmed that the utility room was shared between the TCU and the Same Day Surgical Unit, the fire door into the room had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier.	K0131		03/31/2027

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K0131 SS = F Bldg. 01	Continued from page 2 Observation at 10:35 AM the surveyor identified the rated fire barrier between Transitional Care Unit (TCU) and Same Day Surgical Unit in the Dining room, the two doors into the Same Day Surgical Unit corridor had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:59 AM the surveyor identified the wall between Transitional Care Unit (TCU) and Same Day Surgical Unit behind the Nurse Station; above the acoustical ceiling the wall did not extend to the underside of the roof deck above. There was approximately six-foot-long by one-foot-wide opening into the Same Day Surgical Unit ceiling. The wall was not two-hour rated fire barrier, Observation at 11:02 AM the surveyor identified the wall between Transitional Care Unit (TCU) and Same Day Surgical Unit behind the Nurse Station included two six-foot-long by three-foot-high windows. Maintenance A stated that the windows were not fire rated, that is required in the two-hour rated fire barrier. Record review at 11:05 AM revealed on a digital copy of the Life Safety Drawing that the rated fire barrier between Transitional Care Unit (TCU) and Hospital was a thirty-minute smoke barrier wall and not the required two-hour rated fire barrier. Maintenance A identified the smoke barrier wall traversed across the width of the building. Record review at 1:00 PM revealed the Life Safety Drawing (LS-07) dated 03/07/2022 revealed thirty-minute smoke barrier wall on the seventh floor traversed across the width of the building (East - West). There was no two-hour rated fire barrier (East - West and North - South) between the TCU and Same Day Surgical Unit. An interview was conducted with the U. S. FOIA (b) (2) [redacted] during the findings, and they confirmed the observations above. The facility's U. S. FOIA (b) (2) was informed of the deficient practices at the Life Safety Code exit conference on 12/30/25 at 3:00 PM. * CMS approved the TLW that expired on 10/31/25. N.J.A.C 8:39-31.2(e)	K0131		03/31/2027

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K0324 SS = F Bldg. 01	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 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 STANDARD is NOT MET as evidenced by: Based on observation and interview on 12/30/25 in the presence of the[U. S. FOIA (b) (2)]), it was determined that the facility failed to ensure that the fire suppression system nozzles over the cooking stove were in the proper position to protect against the extension of fire, in accordance with NFPA 96. This deficient practice had the potential to affect all residents and was evidenced by the following: An observation at 12:55 PM in the facility kitchen revealed over the working grill (approximately 4-foot by 3-foot) that one of one fire suppression nozzles were not in the proper position to protect against the extension of fire. The fire suppression nozzle was directed toward the rear of the working grill and in the event of a fire, would offer no protection against the extension of fire. In an interview with the[U.S.F.] at the time of the observation, she confirmed that the fire suppression nozzle at the grill was facing the rear of the cooking	K0324	All residents have the potential for this deficient practice. The facility is now respectfully requesting to withdraw their initial request for a TLW (time limited waiver). The vendor fixed the nozzle at the cooking stove in the kitchen so that it would face in the right direction. Proof of the work completed has been uploaded to the portal.	02/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - HOBOKEN TC... B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

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K0324 SS = F Bldg. 01	Continued from page 4 surface and would offer no fire protection in the event of a fire. The U. S. FOIA (b) (2) was informed of this finding at the Life Safety Code exit conference on 12/30/25 at 3:00 PM. NJAC 8:39-31.2(e) NFPA 96	K0324		02/16/2026
K0531 SS = F Bldg. 01	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This STANDARD is NOT MET as evidenced by: Based on record review and interviews on 12/30/25 in the presence of the U. S. FOIA (b) (2)), it was determined that the facility failed to properly inspect, test and maintain 3 of 3 elevators in accordance with the New Jersey Department of Community Affairs Elevator Safety Division, New Jersey Uniform Construction Code, ASME A17.1/CSA B44, Safety Code for Elevators and Escalators and NFPA 101: 2012 Edition, Sections 19.5.3, 9.4, 9.4.2, and 9.4.6 . This deficient practice had the potential to affect all residents and was evidenced by the following:	K0531	All residents have the potential to be affected by this deficient practice. The facility is requesting a TLW (time limited waiver) because we can complete the work within our 90 compliance window. We are requesting a TLW till June 30, 2026. The facility has uploaded to the portal a timeline that we can complete compliance if the request is granted.	06/30/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **12/31/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBOKEN UNIVERSITY MEDICAL CENTER TCU	**308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030**

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K0531 SS = F Bldg. 01	Continued from page 5 A record review revealed that documentation of regularly scheduled monthly preventive maintenance and testing of Fire Service Operation Phase 1 and Phase 2 revealed on the provided document that elevators # C-5 and C-6 checked "OK" with no specifics and no floor phase-2 lockout. In interviews at the time, the [U. S. FO] confirmed the observations and stated that Fire Service Operations were not conducted completely each month. The provided monthly testing log had no comments and specifics to what floor the phase -2 testing was conducted on. The [U. S. FOIA (b) (2)] was informed of the deficient practice at the Life Safety Code Exit conference on 12/30/25 at 3:00 PM. N.J.A.C 8:39-31.2 (e) ASME A 17.1/ CSA B44	K0531		06/30/2026
K0712 SS = F Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on document review and interview on 12/30/25 in the presence of the [U. S. FOIA (b) (2)], it was determined that the facility failed to conduct fire drills with varying activation types and simulation of emergency fire conditions in accordance with NFPA 101: 2012 Edition, Sections 19.7.1.4 through 19.7.1.7. This deficient practice had the potential to affect all residents and was evidenced by the following:	K0712	All residents have the potential to be affected by this deficient practice. The January fire drill has been uploaded to the portal. The [U. S. FOI] not FAD (typographical error) [U. S. FOIA (b) (2)] " provides fire safety drills monthly to the TCU (Transitional Care Unit) staff. However, at times of the drill there may be auxiliary staff on the unit and members of the interdisciplinary team, for example, therapists, doctors/residents, food service workers, pharmacy staff, engineering staff, etc. social workers, etc. An FAD was a typographical error, should be [U. S. FOIA] The FAD was educated by the surveyor and then re-educated by the [U. S. FOIA (b) (2)] QAPI meets quarterly. On a monthly basis, the administrator or designee reviews the accuracy of the fire drills and brings her comments to the [U. S. FOIA]. We will compile the fire drill reports each month and	02/02/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - HOBOKEN TC... B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

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HOBOKEN UNIVERSITY MEDICAL CENTER TCU	308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030

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K0712 SS = F Bldg. 01	Continued from page 6 A document review at 10:00 AM with the [U. S. FOIA] revealed the facility fire drill reports identified the method for the simulation of alarm transmission signals (Pull, Smoke or Page) and simulation of emergency fire conditions were not specific on the following dates: 12/30/25, 11/23/25, 10/25/25, 9/28/25, 8/29/25, 7/25/25, 6/25/25, 5/30/25, 4/30/25, 3/31/25, 2/28/25, and 1/30/25. In an interview at 11:10 AM, the [U.S. FOIA] confirmed the document review. The [U. S. FOIA (b) (2)] was informed of the deficient practice at the Life Safety Code exit conference on 12/30/25 at 3:00 PM. NJAC 8:39-31.2(e)	K0712	Continued from page 6 then bring to the quarterly QAPI meeting each quarter for the next four quarters or until 100% compliance is achieved.	02/02/2026
K0901 SS = F Bldg. 01	Fundamentals - Building System Categories CFR(s): NFPA 101 Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on document review and interview on 12/30/25 in the presence of the [U. S. FOIA (b) (2)] [redacted], it was determined that the facility did not conduct, and document defined risk assessment for the building system categories in accordance with the requirements of NFPA 99, 2012 Edition Section 4.3. The deficient practice had the potential to affect all residents and was evidenced by the following: A document review at 10:21 AM, revealed there was no NFPA 99 Risk Assessment for the building system categories. An interview was conducted at 10:30 AM with the ES who stated that the NFPA 99 Risk Assessment for the building system categories had not been completed.	K0901	All residents have the potential to be affected by this deficient practice. A NFPA 99 Risk Assessment has been uploaded to the portal. On an annual basis, the [U. S. FOIA (b) (2)] or designee along with the Engineering Department, Security, Risk Management and others as assigned review and update accordingly. A TLW (time limited waiver) request is respectfully withdrawn.	02/04/2026

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HOBOKEN UNIVERSITY MEDICAL CENTER TCU	308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030

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K0901 SS = F Bldg. 01	Continued from page 7 The U. S. FOIA (b) (2) was informed of the deficient practice at the Life Safety Code exit conference on 12/30/25 at 3:00 PM. NJAC 8:39-31.2(e) NFPA 99, 2010 edition chapter 4	K0901		02/04/2026
K0915 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This STANDARD is NOT MET as evidenced by: Based on observation, interview and documentation review on 12/30/25 in the presence of the U. S. FOIA (b) (2)) it was determined that the facility failed to ensure Type I Essential Electrical System (EES), critical branch of the emergency system was kept entirely independent of all other wiring and equipment in accordance with NFPA 99, 2012 Edition. The deficient practice had the potential to affect all residents and was evidenced by the following: An observation at 11:49 AM revealed that the Transitional Care Unit (TCU) Electrical Room, Critical Branch panel was labelled 'EM7D' and panel directory revealed the Critical Branch was not kept	K0915	Additional documents have been uploaded to the portal. All residents have the potential to be affected by this deficient practice. An extension of the one year waiver is requested to Feb. 28, 2027.	02/28/2027

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K0915 SS = F Bldg. 01	Continued from page 8 entirely independent of all other wiring and equipment: Circuit #1 Lights Room [NJ Ex C] Circuit #16 Rec Room [NJ Ex C] Circuit #18 Rec Room [NJ Ex C] Circuit #19 Lights Wall Sconce Corridor Circuit #29 Rec Pantry Ice Machine Circuit #31 Main Disconnect Fed from Panel EM7C 3 Pole 100A Circuit #36 Rec Pantry Countertop Spare An interview was conducted during the observations, and the [U. S. FOIA (b) (2)] verified the findings. The [U. S. FOIA (b) (2)] was informed of the finding at the Life Safety Code exit conference on 12/30/25 at 3:00 PM. * CMS approved the TLW that expired on 2/28/25. NJAC 8:39-31.2(e) NFPA 99- 6.7.5.1.1 6.7.5.1.3* Critical Branch 6.7.5.1.4 Equipment Branch 6.7.5.1.2 Life Safety Branch	K0915		02/28/2027

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E0000	Initial Comments An emergency Preparedness Survey was conducted by the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/30/25. The facility was found to be in compliance with Medicare/Medicaid at 42 CFR, Subpart 483.73, Requirements for Long Term Care Facilities.	E0000		01/09/2026

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **02/04/2026**

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K0000 Bldg. 01	INITIAL COMMENTS A desk review was conducted on 2/4/2026 to verify the facility's Plan of Correction for the 12/31/2025 Recertification survey. The facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Hoboken University Medical Center Transitional Care Unit was a wing on the 7th floor of a multi-story building that was built prior to 2012. The building is composed of Type I protected construction. The unit was a 9,334 sq. ft. single smoke compartment. The diesel (660 KW) generator powered only red outlets on the unit and served other areas of the building per the Supervisor of Engineering. The facility had 15 certified. The unit is fully sprinklered and utilizes an electric fire pump with city water.	K0000		02/19/2026
K0131 SS = F Bldg. 01	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised	K0131	On March 31st, 2026, the facility chose a vendor to commence the work On April 14th, 2026, our construction vendor will begin work on replacing the doors: Specifically, we will do the following: We will change the two 20 min. fire rated door to a 90 min. fire rated door between TCU and the Hospital located on the 7th floor. We will change the 20 min fire rated door to a 90 min. fire rated door between TCU & SDS (same day surgery) besides nurses' station into the SDS unit. We will change the 20 min. fire rated door to a 90 min. fire rated door in the shared utility room between TCU and SDS unit. We will change the 20 min. fire rated door to a 90	03/31/2027

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - HOBOKEN TC... B. WING	(X3) DATE SURVEY COMPLETED 02/04/2026

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K0131 SS = F Bldg. 01	Continued from page 1 automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is NOT MET as evidenced by: Based on desk review of the facility's Plan of Correction, it was determined that the facility failed to provide a two-hour fire resistance rating, elements and assemblies between the Transitional Care Unit (TCU) and Hospital in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.1.3.3 and 8. This deficient practice had the potential to affect all residents. The facility submitted an unacceptable Plan of Correction regarding the following concerns observed on the 12/31 Recertification survey: The fire barrier between Transitional Care Unit (TCU) and Hospital on the seventh floor had two doors going into the Hospital corridor labeled with a twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. The rated fire barrier wall between the Transitional Care Unit (TCU) and Same Day Surgical Unit beside the Nurse Station had a twenty-minute fire rating label on the door into the Same Day Surgical Unit, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:16 AM [redacted] confirmed that the utility room was shared between the TCU and the Same Day Surgical Unit, the fire door into the room had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier. Observation at 10:35 AM the surveyor identified the rated fire barrier between Transitional Care Unit (TCU) and Same Day Surgical Unit in the Dining room, the two doors into the Same Day Surgical Unit corridor had a label with twenty-minute fire rating, not a ninety-minute rated fire door for an opening in the required two-hour rated fire barrier.	K0131	Continued from page 1 min. fire rated door between TCU and SDS unit in TCU dining room. The rated fire barrier wall between TCU and the Hospital will be changed from a 30 min. wall to the required 2 hour rated fire barrier. We anticipate that all work on the doors will be completed by April 30th, 2026. Please note, that due to unforeseen circumstances that cannot be anticipated, these dates may change. On April 14th, 2026, our construction vendor will also begin work on installation of fire barriers in the identified areas: The six -foot—long by one-foot wide opening in to the SDS ceiling will have a two hour rated fire barrier installed and ensure that the wall will extend to the underside of the roof deck above between TCU and SDS unit behind nurses' station. The two six-foot long by three-foot-high windows behind nurses' station will be replaced with fire rated windows. A two-hour rated fire barrier wall from 30 min. will be installed from East-West and North-South between the TCU and the SDS unit. The LSC drawings will be updated to reflect the changes made in item #C. We anticipate that all work on above will be completed by November 14th, 2026. Please note that due to unforeseen circumstances that can not be anticipated, these dates may change. A fire watch will be implemented to ensure all patients, visitors and staff remain safe during the construction process. Census will be capped to ensure patient safety and/or admit patients with their agreement to Bayonne TCU. The Engineering Director or designee, the TCU Administrator or designee, the System Construction	03/31/2027

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **02/04/2026**

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K0131 SS = F Bldg. 01	Continued from page 2 Observation at 10:59 AM the surveyor identified the wall between Transitional Care Unit (TCU) and Same Day Surgical Unit behind the Nurse Station; above the acoustical ceiling the wall did not extend to the underside of the roof deck above. There was approximately six-foot-long by one-foot-wide opening into the Same Day Surgical Unit ceiling. The wall was not two-hour rated fire barrier, Observation at 11:02 AM the surveyor identified the wall between Transitional Care Unit (TCU) and Same Day Surgical Unit behind the Nurse Station included two six-foot-long by three-foot-high windows. Maintenance A stated that the windows were not fire rated, that is required in the two-hour rated fire barrier. Record review at 11:05 AM revealed on a digital copy of the Life Safety Drawing that the rated fire barrier between Transitional Care Unit (TCU) and Hospital was a thirty-minute smoke barrier wall and not the required two-hour rated fire barrier. Maintenance A identified the smoke barrier wall traversed across the width of the building. Record review at 1:00 PM revealed the Life Safety Drawing (LS-07) dated 03/07/2022 revealed thirty-minute smoke barrier wall on the seventh floor traversed across the width of the building (East - West). There was no two-hour rated fire barrier (East - West and North - South) between the TCU and Same Day Surgical Unit.	K0131	Continued from page 2 Officer for HRH will monitor the progress on a weekly and monthly basis. A subset of the QAPI committee including the Administrator or designee, the Engineering Director or SMF, the System Construction Officer for HRH will meet on a monthly basis and report quarterly to the QAPI committee their progress for the a period of one year for this capital improvement project or until job is complete. All residents have the potential to be affected by this deficient practice. All individuals can be affected by this deficient practice and the facility has instituted a fire watch, fire drills, to ensure individuals are protected from harm. The facility is requesting a TLW (time limited waiver) till March 31, 2027, to ensure timely completion of the work and to anticipate their may be delays with supply chain or other unforeseen circumstances with construction.	03/31/2027
K0324 SS = F Bldg. 01	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.	K0324	All residents have the potential to be affected by this deficient practice. The identified fire suppression system nozzle over the kitchen grill in the kitchen facing the wrong direction was repaired on Feb. 16, 2026. The vendor will provide routine maintenance and inspection of this equipment 2 times per year, usually in the Spring and Fall or as the need arises, in the event the equipment fails to work. This will be put on the QAPI agenda as a standing item and will be reviewed by the FSD and SMF quarterly for the next three quarters or until substantial compliance is achieved. The QAPI committee will review their findings and make necessary recommendations and systemic	02/05/2026

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K0324 SS = F Bldg. 01	Continued from page 3 Cooking facilities protected according to NFPA 96 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 STANDARD is NOT MET as evidenced by: Based on desk review of the facility's Plan of Correction, it was determined that the facility failed to ensure that the fire suppression system nozzles over the cooking stove were in the proper position to protect against the extension of fire, in accordance with NFPA 96. This deficient practice had the potential to affect all residents. The facility's request for a time-limited waiver was denied. The facility provided no evidence that in the kitchen, over the working grill (approximately 4-foot by 3-foot), one of one fire suppression nozzles was not in the proper position to protect against the extension of fire. The fire suppression nozzle was directed toward the rear of the working grill and in the event of a fire, would offer no protection against the extension of fire.	K0324	Continued from page 3 changes.	02/05/2026
K0531 SS = F Bldg. 01	Elevators CFR(s): NFPA 101 Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke	K0531	All residents have the potential to be affected by this practice. The elevator company inspects facility elevators on a monthly basis. Proof of monthly inspection reports for January and February 2026 have been uploaded to the portal indicating the phase2 lockout was addressed and documented. The SMF is responsible to ensure the vendor completes monthly inspections in order to maintain elevator operability. The SMF reviews the elevator logs monthly and on a quarterly basis reports any irregularities to the QAPI committee. Maintenance of the elevators will be put on the QAPI	03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - HOBOKEN TC... B. WING	(X3) DATE SURVEY COMPLETED 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBOKEN UNIVERSITY MEDICAL CENTER TCU	308 WILLOW AVENUE , HOBOKEN, New Jersey, 07030

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K0531 SS = F Bldg. 01	Continued from page 4 detectors.) 19.5.3, 9.4.2, 9.4.3 This STANDARD is NOT MET as evidenced by: Based on desk review of the facility's Plan of Correction, it was determined that the facility failed to properly inspect, test and maintain 3 of 3 elevators in accordance with the New Jersey Department of Community Affairs Elevator Safety Division, New Jersey Uniform Construction Code, ASME A17.1/CSA B44, Safety Code for Elevators and Escalators and NFPA 101: 2012 Edition, Sections 19.5.3, 9.4, 9.4.2, and 9.4.6 . This deficient practice had the potential to affect all residents. The facility failed to submit an acceptable Plan of Correction regarding incomplete documents regarding elevators C-5 and C-6. The documents revealed that "OK" was selected but did not without specifics and there was no floor phase-2 lockout.	K0531	Continued from page 4 agenda as a standing item and will be reviewed for the period of one year and thereafter, as necessary.	03/20/2026
K0915 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This STANDARD is NOT MET as evidenced by: Based on desk review of the facility's Plan of Correction, it was determined that the facility failed to ensure Type I Essential Electrical System (EES),	K0915	FACILITY RESPONSE All residents have the potential to be affected by this deficient practice. A licensed electrician was at the facility today, March 19th, 2026, and reviewed the electrical panel. The electrician's signed letter of completion containing his license number and today's date has been uploaded to the portal. A photo of the electrical panel was again uploaded to the portal. The critical branch panel labelled EM7D is now independent of all other wiring and equipment: Circuit #1 Lights room [redacted] circuit #16, Rec Room [redacted], Circuit #18 Rec Room [redacted] Circuit #19 Lights Wall Sconce Corridor, Circuit #29, Rec Pantry Ice Machine, Circuit #31 main Disconnect Fed from Panel EM7C3Pole 100a, and Circuit #36 Rec Pantry Countertop Spare. The electrical panels that serve TCU will be put on the QAPI agenda as a standing item and reviewed quarterly at the QAPI meetings led by the	03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **02/04/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0915 SS = F Bldg. 01	Continued from page 5 critical branch of the emergency system was kept entirely independent of all other wiring and equipment in accordance with NFPA 99, 2012 Edition. The deficient practice had the potential to affect all residents. The facility failed to complete all corrections by the time-limited waiver expiration date of 2/28/2025 regarding the Transitional Care Unit (TCU) Electrical Room, Critical Branch panel labelled 'EM7D' and panel directory, did not have the Critical Branch entirely independent of all other wiring and equipment: Circuit #1 Lights Room [redacted] Circuit #16 Rec Room [redacted] Circuit #18 Rec Room [redacted] Circuit #19 Lights Wall Sconce Corridor Circuit #29 Rec Pantry Ice Machine Circuit #31 Main Disconnect Fed from Panel EM7C 3 Pole 100A Circuit #36 Rec Pantry Countertop Spare	K0915	Continued from page 5 administrator or designee and representative of the engineering department.	03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **04/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 4/2/2026 in relation to the 1st offsite/desk review conducted on 2/4/2026 associated with the 12/31/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		
K0131 SS = F Bldg. 01	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.	K0131		

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 reverse for further 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 CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315512	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - HOBOKEN TC...** B. WING	(X3) DATE SURVEY COMPLETED **04/02/2026**

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K0131 SS = F Bldg. 01	Continued from page 1 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is NOT MET as evidenced by: Facility approved for a temporary waiver.	K0131		