

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315112		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/14/2026	
NAME OF PROVIDER OR SUPPLIER HUDSONVIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9020 WALL STREET , NORTH BERGEN, New Jersey, 07047			
(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 COMPLAINT #: 2680538 CENSUS: 266 SAMPLE SIZE: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.		F0000			02/09/2026	
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency,		F0609	1. Resident #2 is no longer a resident in the facility. 2. All residents in the facility have the potential to be affected by this deficient practice. 3. Vice President of Clinical Services provided training to U.S. FOIA (b) (6) to ensure all allegations of abuse and neglect have been reported timely to the administrator/designee and appropriate state agencies. ADON initiated a re-education to all staff regarding the facility's policy on Abuse, Neglect and Exploitation, in particular, as it relates to the reporting of any allegations of abuse, neglect exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. 4. The DON/Designee will conduct an audit every end of each shift daily, x 3 months to ensure no alleged abuse complaints from resident/family/responsible party are missed or unreported during the shift. Results of the audits will be reported to the QA committee monthly. The QAPI Committee will make recommendations based upon the results of the audits.		02/13/2026	

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
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F0609 SS = D	Continued from page 1 within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, medical records review, and review of other pertinent facility documentation on 01/14/2026 it was determined that the facility failed to report an NJ Ex Order 26.4(b)(1) a resident with NJ Ex Order 26.4(b)(1) to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 2 (Resident #2) residents reviewed for NJ Ex Order [redacted] and was evidenced by the following: Complaint #: 2680538 Resident #2 was not at the facility at the time of the survey. A closed record review was conducted. According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) Resident #2 had NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) A facility document "Nursing Home Resident Grievance Form" (NHRGF) dated NJ Ex Order 26.4(b)(1) and completed and signed by the U.S. FOIA (b) (6)) and the U.S. FOIA (b) (6) was reviewed. The NHRGF had Resident #2's name at the top. The NHRGF revealed that on NJ Ex Order 26.4(b)(1) around 7:10 PM, Resident #2's Power of Attorney (POA) called the facility and stated that there was a NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) of the resident's NJ Ex Order 26.4(b)(1). The form revealed that Registered Nurse #1 went to the room to investigate and determined that the resident was NJ Ex Order 26.4(b)(1) and family members were present in the room at the time.	F0609	Continued from page 1 The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.	02/13/2026

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F0609 SS = D	Continued from page 2 Review of documentation accompanying the NHRGF revealed that four staff statements were obtained and that a [REDACTED] assessment was completed for Resident #2 on [REDACTED] related to this incident. The [REDACTED] assessment revealed no [REDACTED] no [REDACTED] and [REDACTED]. A follow up telephone interview was conducted with the [REDACTED] U.S. FOIA (b) (6) on 01/23/2026 at 2:54 PM. The [REDACTED] stated that the [REDACTED] NJ Ex Order 26.4(b)(1) was not reported to the NJDOH because the resident was found [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA further stated that the resident's family [REDACTED] NJ Ex Order 26.4(b)(1) that the resident was [REDACTED] NJ Ex Order 26.4(b)(1) not [REDACTED] NJ Ex Order 26.4(b)(1). The facility policy, "Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property," with a last reviewed date of 10/2025 was reviewed. Under, "G. Reporting and Response" the facility document revealed that it was the policy of the facility to report abuse, neglect, exploitation, or mistreatment per Federal and State Law. The policy revealed that the facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator and other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities). NJAC 8:39-9.4(f)	F0609		02/13/2026

New Jersey Department of Health

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S0000	Initial Comments COMPLAINT #:2680538 CENSUS: 266 SAMPLE SIZE: 4 The facility was not in compliance with the standards in the New Jersey Administrative code, 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			02/09/2026	
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: Complaint #: 2680538 Based on interviews and review of facility documents on 01/28/2026, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum		S0560	There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements during the 7 a.m. to 3 p.m. (day shift) from 7/6/25 to 7/19/25. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios. The following measures have been put into place to prevent the deficient practice from recurring: Advertisement / Job postings for CNAs have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring. Facility updated and increased sponsorships of advertisements on job search platforms. Incentives are offered to CNAs to work extra shifts such as bonuses and raffles.		03/09/2026	

Office of Primary Care and Health Systems Management

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S0560	Continued from page 1 staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 CNA and perform CNA duties. For the 2 weeks of complaint staffing from 12/28/2025-1/10/2026, the facility was deficient in CNA staffing for 14 of 14 day shifts as follows: On 12/28/25 had 22 CNAs for 264 residents on the day shift, required at least 33 CNAs. On 12/29/25 had 25 CNAs for 262 residents on the day shift, required at least 33 CNAs. On 12/30/25 had 25 CNAs for 260 residents on the day shift, required at least 32 CNAs. On 12/31/25 had 25 CNAs for 260 residents on the day shift, required at least 32 CNAs. On 1/01/26 had 21 CNAs for 260 residents on the day shift, required at least 32CNAs. On 1/2/26 had 25 CNAs for 260 residents on the day shift, required at least 32CNAs. On 1/3/26 had 26 CNAs for 261 residents on the day shift, required at least 33 CNAs. On 1/4/26 had 26 CNAs for 261 residents on the day shift, required at least 33 CNAs. On 1/5/26 had 28 CNAs for 261 residents on the day shift, required at least 33 CNAs. On 1/6/26 had 27 CNAs for 261residents on the day shift, required at least 33 CNAs. On 1/7/26 had 26 CNAs for 261 residents on the day shift, required at least 33 CNAs. On 1/8/26 had 28 CNAs for 261 residents on the day shift, required at least 33 CNAs.			S0560	Continued from page 1 Human Resources has reached out to CNA schools to advise we are hiring and willing to train new graduates. Facility increased starting rates for CNA and LPN to help with recruiting new employees. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing ratio on the day shift for 3 months. All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.		03/09/2026

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S0560	Continued from page 2 On 1/9/26 had 27 CNAs for 263 residents on the day shift, required at least 33 CNAs. O 1/10/26 had 27 CNAs for 263 residents on the day shift, required at least 33 CNAs.	S0560				03/09/2026	
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the Nurse Staffing Reports for 12/28/25 to 1/10/26, it was determined that the	S1680	There was no negative outcome to residents on the shifts identified as not meeting the minimum staffing levels for 12/28/25-1/10/26. All residents have the potential to be affected by the deficient practice of not meeting the minimum staffing level. The following measures have been put into place to prevent the deficient practice from recurring: Advertisement / Job postings for RN's, LPN's and CNA's have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring. Incentives are offered to RN's, LPN's and CNA's to work extra shifts such as gift cards and raffles. Administrator has reached out to RN's, LPN's and CNA's schools to advise we are hiring and willing to train new graduates. Facility updated and increased sponsorships of advertisements on job search platforms. Facility increased starting rates for CNA and LPN to help with recruiting new employees. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing levels for 3 months. All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.			03/09/2026	

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S1680	Continued from page 3 facility failed to provide at least minimum staffing levels for 2 of 14 days. The required staffing hours and actual staffing hours are as follows: On 12/28/25 had 696 nursing hours, required at least 718.75 for a deficiency of 22.75 hours. On 1/1/26 had 696 nursing hours, required at least 718.75 for a deficiency of 22.75 hours.		S1680			03/09/2026	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/19/2026 in relation to the 01/14/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.			F0000			

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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/19/2026 in relation to the 01/14/2026 State of New Jersey Complaint 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			

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