

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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, NJ 07047	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>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 allegation of mistreatment of a resident with severely impaired cognitive skills to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 2 (Resident #2) residents reviewed for abuse 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: muscle wasting and atrophy (the loss or thinning of your muscle tissue), not elsewhere classified, multiple sites; Alzheimer's Disease; adult failure to thrive; history of falling; pressure ulcer of sacral region, unstageable; and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. According to the Minimum Data Set (MDS), an assessment tool dated 12/01/2025 Resident #2 had severely impaired cognitive skills for daily decision making, rarely or never understood others, and rarely or never was able to make themselves understood. A facility document Nursing Home Resident Grievance Form (NHRGF) dated 11/10/2025 and completed and signed by the Director of Nursing (DON) and the Licensed Nursing Home Administrator was reviewed. The NHRGF had Resident #2's name at the top. The NHRGF revealed that on 11/10/2025 around 7:10 PM, Resident #2's Power of Attorney (POA) called the facility and stated that there was a sheet tied to the edge of the resident's bed. The form revealed that Registered Nurse #1 went to the room to investigate and determined that the resident was not tied with the sheet and family members were present in the room at the time. Review of documentation accompanying the NHRGF revealed that four staff statements were obtained and that a skin assessment was completed for Resident #2 on 11/10/2025 related to this incident. The skin assessment revealed no wounds, no marks, and no visible injury. A follow up telephone interview was conducted with the Director of Nursing (DON) on 01/23/2026 at 2:54 PM. The DON stated that the 11/10/2025 allegation was not reported to the NJDOH because the resident was found not to be tied. The DON further stated that the resident's family alleged that the resident was tied at the end of the bed not around the body. 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)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315112	Facility ID: 315112 If continuation sheet Page 1 of 1