STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335327	A. Building B. Wing	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridge View Nursing Home	143 10 20th Ave Whitestone, NY 11357

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 51390 Based on interview and record review conducted during an abbreviated survey (NY00348590), the facility did not ensure that an alleged violation involving abuse, neglect, mistreatment, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the events that caused the allegation do not involved abuse and do not result in serious bodily injury, to the administrator of the facility of the facility and to other officials including to the State Agency and adult protective services where state law provides for judications in long term care facilities) . This was evident for one (1) out of seven (7) residents (Resident #5) sampled for abuse. Specifically, on 07/18/2024 at 4:06 PM the hospital Social Worker reported to the Department of Health that Resident #5 reported that they were physically and sexually abused at the facility. Resident #5 also refused to be discharged back to the facility. The facility Director of Social Services was notified by the hospital Social Worker on 07/18/2024 at 4:06 PM, however, did not notify the Administrator, the Director of Nursing, nor New York State Department of Health. The findings include: The facility policy and procedure titled Abuse, neglect, Exploitation or Misappropriation-Reporting and Investigating dated 01/2025 document that all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The policy further states that the administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: the state licensing/certification agency responsible for surveying/licensing the facility. Immediately is defined as within two hours of an allegation involving abuse or result in serious bodily injury. The intake information dated 07/18/2024 at 4:06 PM documented Resident #1 was cleared to return to the facility, but the resident refused to return stating the nursing home had been physically and sexually abusive to them. The allegation was reported to the facility Social Work leadership (Director of Social Service) who stated that they are aware the resident was planning to report abuse to leave the facility. There have been no known incident and there was nothing for them to investigate. (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/31/2025 at 10:10 AM, the Director of Social Service stated they received a call from the hospital social worker who stated that the nursing home staff had been physically and sexually abusive to Resident #5 and that they reported to the hospital social worker that they were aware Resident #5 was planning to report sexual abuse as a means to leave the facility. They also stated that there have been no known incidents and there was nothing for them to investigate based on what the resident said. The Director of Social Service stated Resident #5 did not return to the facility and that they did not report the alleged allegation of abuse to the Administrator nor the Department of Health. The Director of Social Service also stated they did not investigate the alleged allegation of abuse. During an interview on 01/31/2025 at 1:11 PM, the Director of Nursing stated they were not aware of the allegation, therefore, it was not reported to the Department of Health. The Director of Nursing stated Resident #5 never made any report to them while they were employed at the facility. During an interview on 01/31/2025 at 3:00 PM, the Administrator stated that the facility was not aware of any allegation of abuse made to the Department of Health by the hospital. 10 NYCRR 482.12(c)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 51390 Based on interview and record review conducted during an Abbreviated Survey (NY00348590), the facility failed to initiate an investigation of an alleged violation of abuse. This was evident for one (1) out of seven (7) residents (Resident #1) reviewed for abuse. Specifically, on 07/18/2024 at 4:06 PM the hospital Social Worker notified the facility's Director of Social Service that Resident #5 reported that they were physically and sexually abused while in the facility. Resident #5 also refused to be discharged back to the facility. The facility Director of Social Services did not immediately initiate an investigation to rule out abuse. The findings include: The facility policy and procedure titled Abuse, neglect, Exploitation or Misappropriation-Reporting and Investigating dated 01/2025 document that all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and to be thoroughly investigated by facility management. Findings of all investigations are documented and reported. The intake information dated 07/18/2024 at 4:06 PM documented Resident #1 was cleared to return to the facility, but the resident refused to return stating the nursing home had been physically and sexually abusive to them. The allegation was reported to the facility Social Work leadership (Director of Social Service) who stated that they are aware the resident was planning to report abuse to leave the facility. There have been no known incident and there was nothing for them to investigate. Review of the facility's grievance reports revealed there were no investigation related to the hospital report of alleged physical and sexual abuse. During an interview on 01/31/2025 at 10:10 AM, the Director of Social Service stated they received a call from the hospital social worker who stated that the nursing home staff had been physically and sexually abusive to Resident #5 and that they reported to the hospital social worker that they were aware Resident #5 was planning to report sexual abuse to leave the facility. They also stated that there have been no known incidents and there was nothing for them to investigate based on what the resident said. The Director of Social Service stated Resident #5 did not return to the facility and that they did not report the alleged allegation of abuse to the Administrator nor the Department of Health. The Director of Social Service also stated they did not investigate the alleged allegation of abuse. During an interview on 01/31/2025 at 1:11 PM, the Director of Nursing stated they were not aware of the allegation. During an interview on 01/31/2025 at 3:00 PM, the Administrator stated that they were not aware of any allegation of abuse. 10 NYCRR 483.12(c)(2)(4)