

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>403330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBOUR VIEW SENIOR LIVING CORP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3161 KENNEDY BOULEVARD NORTH BERGEN, NJ 07047</b>		
(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of survey: Addition of 20 licensed CPCH beds to an existing 96 licensed beds.</p> <p>CENSUS: 69</p> <p>SAMPLE SIZE: 0</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 365	<p>8:36-4.1(a)(6) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>6. The right to privacy;</p> <p>This REQUIREMENT is not met as evidenced</p>	A 365		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

New Jersey Department of Health

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A 365	Continued From page 1  by: Based on observation and interview it was determined that the facility failed to ensure privacy in a double occupancy residential room that had a bathroom without a door to close for privacy for 1 out of 20 rooms observed for double occupancy.  On 12/1/2022 at 11:30 a.m., the surveyor toured the facility with the Regional Administrator (RA). The facility requested that 20 single rooms become double occupancy rooms. The surveyor entered room #G23 and observed that the bathroom door was missing. The surveyor asked the RA about the missing door and he stated that the door can be added later today.  Upon exit at 1:00 p.m. the surveyor observed that the bathroom door remained missing and was not added to the room for privacy.  The facility failed to add a bathroom door for privacy in a room designated for double occupancy.	A 365		
A1451	8:36-22.3(c) Comprehensive Personal Care Homes  (c) Interior wall, ceiling and floor finishes shall be in compliance with the Uniform Construction Code, N.J.A.C. 5:23.  This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to provide floor finishes and comply with Uniform Construction	A1451		

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A1451	<p>Continued From page 2</p> <p>Code, N.J.A.C. 5:23 for 1 out of 20 rooms observed.</p> <p>On 12/1/2022 at 11:35 a.m., the surveyor toured the facility with the Regional Administrator (RA) and entered room #203. The surveyor observed that the floor was bare concrete, and the floor deck was exposed in the unit with exception of the bathroom.</p> <p>The surveyor asked the RA why the floor was unfinished, he responded that they pulled up the carpet and was waiting on flooring materials. The RA agreed that the room should have been ready with flooring prior to the survey.</p>	A1451		

Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 12/1/2022

**A1451**

**1. How the corrective action will be accomplished for those residents found to have  
been affected by the practice:**

- On 12/8/2022 Maintenance Director corrected floor finishings. There were no residents affected by this action as room was not occupied.

**2. How the facility will identify other residents having the potential to be affected by the same deficient practice**

- On 12/1/2022 Maintenance Director was re-educated on the components of this regulation with emphasis on maintaining proper floor finishes.
- On 12/1/2022 Maintenance director inspected all resident rooms to ensure that there were no additional rooms with this deficient practice.

**3. What measures will be put into place or what systemic changes will be made to ensure  
that the deficient practice will not recur**

- On 12/1/2022 Maintenance Director was re-educated on the components of this regulation with emphasis on maintaining proper floor finishes.
- Maintenance director was re-educated to refrain from removing floor finishings until supplies are obtained.

**4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place**

- Administrator / Designee to audit at random times, floor finishings daily x 7 days and monthly x 4 months with findings reported to the QA committee for review and action as needed.

~~COMPLETION DATE : 12/8/2022

LICENSING

accepted  
Rev  
12-13-22  
by

Hudson Hills Senior Living, LLC

Facility ID 403330

Survey date 12/1/2022

A365

**1. How the corrective action will be accomplished for those residents found to have  
been affected by the practice:**

- On 12/8/2022 Maintenance Director corrected privacy barrier for shared room. There were no residents affected by this action as room was not occupied.

**2. How the facility will identify other residents having the potential to be affected by the same deficient practice**

- On 12/1/2022 Maintenance Director was re-educated on the components of this regulation with emphasis on maintaining proper privacy barriers in resident bathrooms.
- On 12/1/2022 Maintenance director inspected all resident bathrooms to ensure that there were no additional rooms with this deficient practice.

**3. What measures will be put into place or what systemic changes will be made to ensure  
that the deficient practice will not recur**

- On 12/1/2022 Maintenance Director was re-educated on the components of this regulation with emphasis on maintaining proper privacy barriers in resident bathrooms.

**4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, i.e., what quality assurance program will be put into place**

- Administrator / Designee to audit at random times, bathroom door privacy barriers daily x 7 days and monthly x 4 months with findings reported to the QA committee for review and action as needed.

~~COMPLETION DATE : 12/8/2022

LICENSING

Rev accepted  
12-23-22  
K

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 403330	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2022
NAME OF FACILITY HARBOUR VIEW SENIOR LIVING CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3161 KENNEDY BOULEVARD NORTH BERGEN, NJ 07047	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0365	Correction	ID Prefix A1451	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(6)	Completed	Reg. # 8:36-22.3(c)	Completed	Reg. #	Completed
LSC	12/08/2022	LSC	12/08/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/1/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			