

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>C</b> <b>05/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBOUR VIEW SENIOR LIVING CORP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3161 KENNEDY BOULEVARD</b> <b>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: Complaint</p> <p>COMPLAINT #: NJ00173643</p> <p>CENSUS: 97</p> <p>SAMPLE SIZE: 3</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173643</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to ensure the implementation and enforcement of the facility's policies and procedures titled, "Personal Needs Account (PNA) Procedure" and "Resident Rights," for 2 of 3 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following:</p> <p>On 5/24/24 at 9:55 a.m. and 10:29 a.m., the surveyor interviewed Residents #1 and #3 to inquire if the residents received any PNA statements from the facility. Resident #1, who was admitted to the facility in <b>NJ ex order 26.4b1</b>, and Resident #3, who was admitted to the facility in <b>NJ ex order 26.4b1</b>, both stated that they received <b>NJ Ex Order 26.4(b)</b> statement since admission, and both statements were received approximately one week prior to the survey. Resident #1 and Resident #3 provided the surveyor with the <b>NJ ex order 26.4b1</b>, which indicated they were from <b>NJ ex order 26.4b1</b> and were dated <b>NJ ex order 26.4b1</b>.</p> <p>In addition, Resident #3 stated that a few weeks prior to the survey, the resident observed the <b>NJ ex order 26.4b1</b></p> <p>Resident #3 stated that he/she reported the discrepancy to the Executive Director and the Human Resource Coordinator (HRC), and the HRC later fixed the discrepancy. Resident #3</p>	A 310		

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A 310	<p>Continued From page 2</p> <p><b>NJ ex order 26.4b1</b> Resident #3 also stated that at the time of the <b>NJ Ex Order 26.4(b)(1)</b> he/she had not received any <b>NJ Ex Order 26.4(b)(1)</b> from the facility.</p> <p>At 10:44 a.m., the surveyor interviewed the HRC to inquire how often <b>NJ Ex Ord</b> statements were sent out and how. The HRC stated that the Activities Director passed out <b>NJ Ex Ord</b> statements to the residents quarterly. The surveyor then inquired the reason Resident #3 <b>NJ ex order 26.4b1</b>. The HRC stated that Resident #3 had not been at the facility <b>NJ Ex Order 26.4(b)(1)</b> and after admission to the facility, it took a week or longer for <b>NJ Ex Order 26.4(b)(1)</b> to be available.</p> <p>In addition, the surveyor inquired the reason there was a <b>NJ Ex Order 26.4(b)(1)</b> with Resident #3's <b>NJ Ex Ord</b>. The HRC stated that Resident #3 came to her office on <b>NJ ex order 26.4</b> and asked for a <b>NJ Ex Ord</b> because the resident <b>NJ ex order 26.4b1</b>. <b>NJ ex order 26.4b1</b>. The HRC stated that Resident #3 <b>NJ ex order 26.4b1</b>, however the resident <b>NJ ex order 26.4b1</b>. The HRC stated that she <b>NJ ex order 26.4b1</b> with Resident #3's <b>NJ Ex Order 26.4(b)(1)</b>, however, the HRC stated that she reported the resident's concern to the finance team via email on <b>NJ ex order 26.4</b>, and the discrepancy was resolved on <b>NJ ex order 26.4</b>. At this time, the surveyor requested the aforementioned emails for confirmation of the information provided.</p> <p>At 1:20 p.m., the Vice President of Clinical Services stated that the facility's legal team advised against providing the surveyor with copies of email communications.</p> <p>The surveyor reviewed the facility policy titled,</p>	A 310		

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A 310	Continued From page 3  "Personal Needs Account (PNA) Procedure," which indicated, "... The PNA will be managed by the nursing home's administrative staff, and all transactions will be accurately recorded and documented ... The Assisted Living administration will provide regular reports on PNA activity to ensure transparency and accountability in the management of residents' personal funds."  In addition, the surveyor reviewed the facility policy titled, "Resident Rights," which indicated, "Every Resident has a legal right to the following ... To receive a quarterly written account of all your funds and property that are deposited with the facility for your use and safekeeping."	A 310		
A 397	8:36-4.1(a)(20) Resident Rights  (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:  20. The right to receive a quarterly written account of all resident's funds and itemized property that are deposited with the facility for the resident's use and safekeeping and of all financial transactions with the resident, next of kin, or guardian. This record shall also show the amount of property in the account at the beginning and end of the accounting period, as well as a list of all deposits and withdrawals, substantiated by receipts given to the resident or his or her guardian;	A 397		

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A 397	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173643</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide residents with a quarterly written account of the resident's [REDACTED] for 2 of 3 residents reviewed, Resident #1 and Resident #3. This deficient practice was evidenced by the following:</p> <p>On 5/24/24 at 9:55 a.m. and 10:29 a.m., the surveyor interviewed Residents #1 and #3 to inquire if the residents received any [REDACTED] statements from the facility. Resident #1, who was admitted to the facility in [REDACTED] and Resident #3, who was admitted to the facility in [REDACTED], both stated that they received one [REDACTED] statement since admission, and both statements were received approximately one week prior to the survey. Resident #1 and Resident #3 provided the surveyor with the [REDACTED], which indicated they were from [REDACTED] and were dated [REDACTED].</p> <p>At 10:44 a.m., the surveyor interviewed the Human Resource Coordinator (HRC) to inquire how often [REDACTED] statements were sent out and how. The HRC stated that the Activities Director passed out [REDACTED] statements to the residents quarterly. The surveyor then inquired the reason Resident #3 only received one [REDACTED] statement since admission. The HRC stated that Resident #3 [REDACTED], and after admission to the facility, [REDACTED].</p>	A 397		

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A 397	<p>Continued From page 5</p> <p>The surveyor reviewed the facility policy titled, "Personal Needs Account (PNA) Procedure," which indicated, "... The Assisted Living administration will provide regular reports on PNA activity to ensure transparency and accountability in the management of residents' personal funds."</p> <p>In addition, the surveyor reviewed the facility policy titled, "Resident Rights," which indicated, "Every Resident has a legal right to the following ... To receive a quarterly written account of all your funds and property that are deposited with the facility for your use and safekeeping."</p> <p>Reference 8:36-3.4(a)(1) A-0310</p>	A 397		



Harbour View Senior living  
Facility ID 403330  
Survey date 05/24/24

## **A310**

### **ELEMENT ONE: CORRECTIVE ACTION**

The Administrator was reeducated on the personal allowance policy by the senior LNHA (Licensed Nursing Home Administrator) on 7/24/24.

### **ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS**

All residents who receive personal allowance have the potential to be affected by this issue.

### **ELEMENT THREE: SYSTEMIC CHANGES:**

The Administrator and Director of Human Resources/Business Office manager were educated by the senior LNHA on the requirements to print quarterly financial statements and to provide residents with the statement.

The Human Resources /Business Office Manager will printout residents quarterly statement by the 3<sup>rd</sup> week of the month and the Activity Director/designee will hand deliver individually to each resident /representative as indicated, that has a personal allowance account by the Director of Activities or designee.

**ELEMENT FOUR: QUALITY ASSURANCE:** The Administrator or designee will conduct random audits to ensure residents/representative receive their quarterly financial statements. Audits of 10 residents will be conducted on a monthly basis. A total of 30 residents will be audited per quarter. The Results of these audits will be reported quarterly to the Executive Director. Any findings identified will be immediately corrected.

**COMPLETION DATE:**  
**7/31/2024**



Harbour View Senior living  
Facility ID 403330  
Survey date 05/24/24

**A397**

**ELEMENT ONE: CORRECTIVE ACTION**

Resident number 1 and resident number 3 and all residents with **NJ Ex Order 26.4(b)(1)** accounts were provided with their quarterly statements on 7/23/24 was given out by an activity aide.

**ELEMENT TWO: IDENTIFICATION OF AT RISK RESIDENTS**

All residents who receive personal allowance have the potential to be affected by this issue.

**ELEMENT THREE: SYSTEMIC CHANGES:**

The Administrator and Director of Human Resources/Business Office manager were educated by the senior LNHA (Licensed Nursing Home Administrator) on the requirements to print quarterly financial statements and to provide residents with the statement.

The Human Resources /Business Office Manager will printout residents quarterly statement by the 3<sup>rd</sup> week of the month and the Activity Director/designee will hand deliver individually to each resident /representative as indicated, that has a personal allowance account by the Director of Activities or designee.

**ELEMENT FOUR: QUALITY ASSURANCE:** The Administrator or designee will conduct random audits to ensure residents receive their quarterly financial statements. Audits of 10 residents will be conducted on a monthly basis. A total of 30 residents will be audited per quarter. The Results of these audits will be reported quarterly to the Administrator. Any findings identified will be immediately corrected.

**COMPLETION DATE:**

**7/31/2024**

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 403330	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/26/2024
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 A0310	Correction	ID Prefix A0397	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(20)	Completed	Reg. #	Completed
LSC	08/26/2024	LSC	08/26/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/24/2024		<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			