

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE , UNION CITY, New Jersey, 07087	
(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	<p>INITIAL COMMENTS</p> <p>Complaint #:2747112</p> <p>Census: 118</p> <p>Sample Size: 3</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 406001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE , UNION CITY, New Jersey, 07087	
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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 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		
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: Based on facility document review on 2/24/26, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 14 of 14 dayshifts. 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 at N.J.S.A. 30:13-18 (the Act), which established minimum 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and	S0560	S 560 – Mandatory Access to Care There was no negative outcome to residents on shifts identified as not meeting NJ staffing requirements. All residents have the potential to be affected. The facility has put measures in place to prevent the deficiency from recurring: Advertisement / Job postings for CNAs open positions have been posted on social media websites such as [redacted] as well as flyers posted in local places offering incentives such as sign-on bonus on new hires and referral bonus for employees. Incentives are also offered to CNAs to work extra shifts. The facility continues to connect with CNAs schools to use facility for clinical training. The facility has contracted with staffing agencies to assist with staffing needs. 4. Administrator or designee will review staffing	04/01/2026

Office of Primary Care and Health Systems Management

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S0560	Continued from page 2 -2/21/26 had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs.	S0560		04/01/2026

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NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE , UNION CITY, New Jersey, 07087	
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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 04/02/2026 in relation to the 03/12/2026 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long term Care Facilities.	F0000		

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