

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CENTER FOR REHABILITATION AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 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
F 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ000155531, NJ000156424, NJ000157798, NJ000157860, NJ000157910, NJ000160018, NJ000162621, NJ000162801, NJ000163246</p> <p>Survey Dates: 05/08/23-05/10/23</p> <p>Survey Census: 124</p> <p>Sample Size: 13</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>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/23/2023

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 406001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CENTER FOR REHABILITATION AI		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		
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S 000	Initial Comments Complaint #: NJ000155531, NJ000156424, NJ000157798, NJ000157860, NJ000157910, NJ000160018, NJ000162621, NJ000162801, NJ000163246 Survey Dates: 05/08/23-05/10/23 Survey Census: 124 Sample Size: 13 The facility is 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 55 of 84 day shifts reviewed. This deficient practice had the potential	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements on the dates of: 5/12/22, 05/13/22, 05/14/22, 05/15/22, 05/16/22, 05/17/22, 05/18/22, 05/19/22, 05/20/22, 05/21/22, 05/22/22,	5/25/23

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 406001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/10/2023
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CENTER FOR REHABILITATION AI		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		
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S 560	<p>Continued From page 1</p> <p>to affect all residents.</p> <p>Findings include:</p> <p>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 as 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:</p> <p>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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the 4 weeks from 05/08/2022 to 06/04/2022, the facility was deficient in CNA staffing for residents on 24 of 28 day shifts as follows:</p> <p>-05/08/22 had 14 CNAs for 123 residents on the day shift, required 15 CNAs. -05/09/22 had 14 CNAs for 123 residents on the day shift, required 15 CNAs. -05/10/22 had 14 CNAs for 123 residents on the day shift, required 15 CNAs. -05/11/22 had 14 CNAs for 123 residents on the</p>	S 560	<p>05/23/22, 05/25/22, 05/26/22, 05/27/22, 05/28/22, 05/29/22, 05/31/22, 06/03/22, 06/04/22, 06/19/22, 06/20/22, 06/21/22, 06/22/22, 06/27/22, 06/30/22, 07/02/22, 07/04/22, 07/09/22, 07/10/22, 07/11/22, 07/14/22, 07/17/22, 07/18/22, 07/23/22, 07/24/22, 07/25/22, 07/26/22, 07/28/22, 07/30/22, 04/23/23, 04/24/23, 04/26/23, 04/28/23, 04/29/23, 04/30/23, 05/01/23, 05/02/23, 05/03/23, 05/04/23, 05/04/23, and 05/06/23.</p> <p>2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <p>a. Advertisement / Job postings for CNAs have been posted on social media websites as well as flyers posted in local supermarkets and stores that we are hiring. Offering generous sign on bonus for new hires.</p> <p>b. Incentives are offered to CNAs to work extra shifts such as gift cards and raffles.</p> <p>c. Administrator has reached out to CNA schools to advise we are hiring and willing to train new graduates.</p> <p>d. Administrator has worked with CNA schools to offer to come down and do a presentation to CNA classes to let them know about the benefits of working at Manhattanview.</p> <p>e. A work force recruiter has been hired to help identify creative ways on how to attract new employees, google ads, aploi, etc.</p>	

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S 560	Continued From page 2 day shift, required 15 CNAs. -05/12/22 had 14 CNAs for 126 residents on the day shift required 16 CNAs. -05/13/22 had 9 CNAs for 125 residents on the day shift, required 16 CNAs. -05/14/22 had 12 CNAs for 125 residents on the day shift, required 16 CNAs. -05/15/22 had 10 CNAs for 124 residents on the day shift, required 15 CNAs. -05/16/22 had 11 CNAs for 122 residents on the day shift, required 15 CNAs. -05/17/22 had 13 CNAs for 121 residents on the day shift, required 15 CNAs. -05/18/22 had 13 CNAs for 121 residents on the day shift, required 15 CNAs. -05/19/22 had 13 CNAs for 121 residents on the day shift, required 15 CNAs. -05/20/22 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -05/21/22 had 8 CNAs for 119 residents on the day shift, required 15 CNAs. -05/22/22 had 8 CNAs for 119 residents on the day shift, required 15 CNAs. -05/23/22 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. -05/25/22 had 12 CNAs for 119 residents on the day shift, required 15 CNAs. -05/26/22 had 14 CNAs for 125 residents on the day shift, required 16 CNAs. -05/27/22 had 13 CNAs for 125 residents on the day shift, required 16 CNAs. -05/28/22 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -05/29/22 had 11 CNAs for 124 residents on the day shift, required 15 CNAs. -05/31/22 had 9 CNAs for 123 residents on the day shift, required 15 CNAs. -06/03/22 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -06/04/22 had 6 CNAs for 121 residents on the	S 560	f. A director of work force development has been brought on to help with employee morale, and help with employee retention by making special programs for nurses week and CNA week. 4. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing ratio on the day shift for 3 months. a) All results of the monitoring will be presented to the QA committee for review and any additional monitoring or modification of this plan monthly for 3 months. b) The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in compliance. c) The Date of Completion is May 25 2023. The administrator is responsible for the implementation of the Plan of Correction. Date of completion May 25,2023	

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S 560	<p>Continued From page 3</p> <p>day shift, required 15 CNAs.</p> <p>2. For the 6 weeks of staffing from 06/19/2022 to 07/23/2022, the facility was deficient in CNA staffing for residents on 20 of 42 day shifts as follows:</p> <ul style="list-style-type: none"> -06/19/22 had 12 CNAs for 120 residents on the day shift, required 15 CNAs. -06/20/22 had 12 CNAs for 119 residents on the day shift, required 15 CNAs. -06/21/22 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. -06/22/22 had 13 CNAs for 119 residents on the day shift, required 15 CNAs. -06/27/22 had 12 CNAs for 122 residents on the day shift, required 15 CNAs. -06/30/22 had 13 CNAs for 121 residents on the day shift, required 15 CNAs. -07/02/22 had 11 CNAs for 121 residents on the day shift, required 15 CNAs. -07/04/22 had 12 CNAs for 124 residents on the day shift, required 15 CNAs. -07/09/22 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -07/10/22 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -07/11/22 had 12 CNAs for 121 residents on the day shift, required 15 CNAs. -07/14/22 had 11 CNAs for 122 residents on the day shift, required 15 CNAs. -07/17/22 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -07/18/22 had 14 CNAs for 121 residents on the day shift, required 15 CNAs. -07/23/22 had 13 CNAs for 120 residents on the day shift, required 15 CNAs. -07/24/22 had 12 CNAs for 119 residents on the day shift, required 15 CNAs. -07/25/22 had 13 CNAs for 117 residents on the 	S 560			

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S 560	<p>Continued From page 4</p> <p>day shift, required 15 CNAs. -07/26/22 had 14 CNAs for 117 residents on the day shift, required 15 CNAs. -07/28/22 had 14 CNAs for 117 residents on the day shift, required 15 CNAs. -07/30/22 had 12 CNAs for 117 residents on the day shift, required 15 CNAs.</p> <p>3. For the 2 weeks prior to survey from 04/23/2023 to 05/06/2023, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-04/23/23 had 11 CNAs for 124 residents on the day shift, required 15 CNAs. -04/24/23 had 14 CNAs for 124 residents on the day shift, required 15 CNAs. -04/26/23 had 14 CNAs for 124 residents on the day shift, required 15 CNAs. -04/28/23 had 14 CNAs for 124 residents on the day shift, required 15 CNAs. -04/29/23 had 13 CNAs for 124 residents on the day shift, required 15 CNAs. -04/30/23 had 13 CNAs for 124 residents on the day shift, required 15 CNAs. -05/01/23 had 13 CNAs for 124 residents on the day shift, required 15 CNAs. -05/02/23 had 14 CNAs for 124 residents on the day shift, required 15 CNAs. -05/03/23 had 13 CNAs for 124 residents on the day shift, required 15 CNAs. -05/04/23 had 14 CNAs for 123 residents on the day shift, required 15 CNAs. -05/06/23 had 14 CNAs for 123 residents on the day shift, required 15 CNAs.</p>	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 406001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/8/2023
NAME OF FACILITY MANHATTANVIEW CENTER FOR REHABILITATION AND HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087	

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/25/2023	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	
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	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/10/2023	<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
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