Instance	ATE SURVEY OMPLETED	L' ´con	(X2) MULTIPLE A. BUILDING <b>(</b>	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465		
NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           MANHATTANVIEW NURSING HOME         Street address, CitY, STATE, ZIP CODE           DYLID         SUMMARY STATEMENT OF DEFICIENCIES. (EACH DEFICIENCY MUST BE PROVIDERSY PLAN OF CORRECTION MEDICAL REGULATORY OR LSC IDENTIFYING INFORMATION)         D           PREFIX         IEACH DEFICIENCIES. REGULATORY OR LSC IDENTIFYING INFORMATION)         PROVIDERS IN CORRECTIVE AT ION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICENCY           E 000         Initial Comments         E 000           This facility is in substantial compliance with Approvider and Supplicit Types Interpretive Guidance 483,73, Requirements for Long Term Cara (LTC) Facilities.         E 000           A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.9(g), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy           The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, streng and maintenance requirements beginning January 31, 2020. The facilities during the Public Health Emergency for routine inspection, fire fighter operation monthly testing of relevators, monthly testing of generators, and ality inspection of the means of egress in areas of construction, repart,	03/08/2022	0	B. WING			
MANHATTATVIEW NURSING HOME     UNION CITY, NJ 67087       (M) ID TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ATOR SHOLD BE REQUILATORY OR LSC IDENTIFYING INFORMATION)     PD PROVIDENS PLAN OF CORRECTION BE CACH CORRECTIVE ACTON SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       E 000     Initial Comments     E 000       This facility is in substantial compliance with Appendix 2-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.     K 000       K 000     INITIAL COMMEINTS     K 000       A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaia 41 42 CFR 483.90(a), Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy       This facility utilized 1135 waivers allowing for regulary Residuings during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The facility utilized 1135 waivers allowing for regulary Residuings during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The facility utilized not to the following items: fire pum weekly/monthly testing, fire extinguisher monthly inspection, fire fighter operation monthly testing of elevators, monthly testing of generators, and duly inspection of the means of egress in areas of construction, repair,			S			
(M) ID PHEERX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH ODRICE TWE AUSING RE-RECEDED BY FULL REQUIPENCY MUST BE PRECEDED BY FULL TAG     ID PREFIX TAG     PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE AUFORMATION)       E 000     Initial Comments     E 000       This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.     E 000       A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 493.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy       This facility tilized 1135 waivers allowing for regulatory floxibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The facilities did not evaluation of the following items; fire pump weekly/monthly testing, fire extinguisher monthly inspection, spin fighter operation monthly testing for elevators, monthly testing of generators, and duly inspection of the means of egress in areas of construction, repair,				MANHATTANVIEW NURSING HOME		
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         E 000       Initial Comments       E 000         This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.       K 000         A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protecticon Association (NFPA) 101, Life Safety Code LSC), Chapter 19 EXISTING Health Care Occupancy         This facility is is a 5-story building, that was built in 2000, It is composed of Type I fire resistant construction. The facility is divided into 10- smoke zones. The generator does approximately 40% of the building.         The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The fickibilities during the Public Health Emergency for routine inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egrees in areas of construction, repair,			l			
This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTG) Facilities.       K 000         K 000       INITIAL COMMENTS       K 000         A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/02/22 and 03/03/22, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a). Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy         This facility is a 5-story building, that was built in 2000, It is composed of Type I fire resistant construction. The facility is divided into 10- smoke zones. The generator does approximately 40% of the building.         The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities divided into the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing of elevators, monthly testing of generators, and daily inspection of the means of egrees in areas of construction, repair,	(X5) COMPLETI DATE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	PREFIX	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
Appendix Z-Emergency Preparedness for All         Provider and Supplier Types Interpretive         Guidance 483.73, Requirements for Long Term         Care (LTC) Facilities.         K 000         INITIAL COMMENTS         K 000         A Life Safety Code Survey was conducted by the         New Jersey Department of Health, Health Facility         Survey and Field Operations on 03/02/22 and         03/03/22, was found to be in noncompliance with         the requirements for participation in         Medicaer/Medicaid at 42 CFR 483.90(a), Life         Safety from Fire, and the 2012 Edition of the         National Fire Protection Association (NFPA) 101,         Life Safety Code (LSC), Chapter 19 EXISTING         Health Care Occupancy         This facility is a 5-story building, that was built in         2000, It is composed of Type I fire resistant         construction. The facility is wivers allowing for         regulatory flexibilities during the Public Health         Emergency for routine inspection, testing and         maintenance requirements beginning January 31,         2020. The flexibilities did not extend to the         following items: fire pump weekly/monthly testing,         fire extinguisher monthly inspections, fire fighter         operation monthly testing for elevators, monthly			E 000		Initial Comments	E 000
New Jersey Department of Health, Health Facility         Survey and Field Operations on 03/02/22 and         03/03/22, was found to be in noncompliance with         the requirements for participation in         Medicare/Medicaid at 42 CFR 483.90(a), Life         Safety from Fire, and the 2012 Edition of the         National Fire Protection Association (NFPA) 101,         Life Safety Code (LSC), Chapter 19 EXISTING         Health Care Occupancy         This facility is a 5-story building, that was built in         2000, It is composed of Type I fire resistant         construction. The facility is divided into 10- smoke         zones. The generator does approximately 40% of         the building.         The facility utilized 1135 waivers allowing for         regulatory flexibilities during the Public Health         Emergency for routine inspection, testing and         maintenance requirements beginning January 31,         2020. The flexibilities did not extend to the         following items: fire pump weekly/monthly testing,         fire extinguisher monthly inspections, fire fighter         operation monthly testing for elevators, monthly         testing of generators, and daily inspection of the         means of egress in areas of construction, repair,			K 000	cy Preparedness for All Types Interpretive quirements for Long Term	Appendix Z-Emergend Provider and Supplier Guidance 483.73, Red Care (LTC) Facilities.	K 000
2000, It is composed of Type I fire resistant construction. The facility is divided into 10- smoke zones. The generator does approximately 40% of the building. The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair,				ent of Health, Health Facility erations on 03/02/22 and o be in noncompliance with participation in 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING	New Jersey Departme Survey and Field Ope 03/03/22, was found to the requirements for p Medicare/Medicaid at Safety from Fire, and National Fire Protection Life Safety Code (LSC	
regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair,				of Type I fire resistant lity is divided into 10- smoke	2000, It is composed construction. The facil zones. The generator	
				during the Public Health e inspection, testing and nents beginning January 31, did not extend to the ump weekly/monthly testing, hly inspections, fire fighter ting for elevators, monthly and daily inspection of the reas of construction, repair,	regulatory flexibilities Emergency for routine maintenance requirem 2020. The flexibilities following items: fire put fire extinguisher mont operation monthly test testing of generators, means of egress in an	
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X	(X6) DATE	TITLE		SUPPLIER REPRESENTATIVE'S SIGNATURE	DIRECTOR'S OR PROVIDER/S	JORATORY E

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.

		ND HUMAN SERVICES					APPROVE
CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         315465		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>		CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
		B. WING			03/08/2022		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MANHATT	ANVIEW NURSING HOM	ЛЕ			200 HUDSON AVENUE		
				U	NION CITY, NJ 07087		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETIO DATE
K 000	Continued From page	e 1	К	000			
		certified beds. At the time of					
K 353 SS=E	Sprinkler System - M CFR(s): NFPA 101	aintenance and Testing	K	353			4/5/22
	Automatic sprinkler a inspected, tested, an with NFPA 25, Stand Testing, and Maintair Protection Systems. maintenance, inspect	re location and readily stem last checked					
	c) Water system su	pply source					
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, ar	S information on coverage for partial automatic sprinkler nd NFPA 25 F is not met as evidenced					
	Based on surveyor of the presence of the M determined that the fa parts of their automat optimal condition as	observation on 03/03/22, in Maintenance Director, it was acility failed to maintain all tic sprinkler system in per section 5.2.1.1.1 of tion Association (NFPA) 25.			1. The identified sprinkler head which h paint will be replaced, the sprinkler hea that were missing escutcheon plates along with bad ceiling cuts, will be replaced with the proper plates and cut 2. All residents in the facility have the potential to be affected by the deficient	ds s.	
	fire sprinkler heads ir observed by the follo	-			practice of not maintaining the sprinkler heads in the proper manner. 3. The Maintenance Director was in serviced on the requirement of having t	r .he	
	At 11:41 AM, the surv	veyor observed in the facility			sprinkler heads free of paint, and of eve	ery	

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Event ID: H1QU21

Facility ID: NJ406001

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		MEDICAID SERVICES			OMB NO. 0938-0 (X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465			· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>		
		B. WING	03/08/2022			
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET	
K 353	kitchen, that 1 of 8 fir observed to have pai head and 3 of 8 fire s observed to have mis along with bad ceiling gaps around the sprin above the ceiling tile. When interviewed at Director stated and a be on the fire sprinkle the fire sprinkler head plates installed with r drop ceiling tile that w of heat and smoke in would delay the activ system and smoke de	e sprinkler heads were nt on the sprinkler spray sprinkler heads were ssing escutcheon plates, g tile cuts, that would leave nkler head into the void that time, the Maintenance greed that paint should not er heads in the facility and ds must have escutcheon no penetrations around the vould allow for the passage to the space above which ation of the fire sprinkler etectors. es informed of the deficiency e exit conference on	K 353	<ul> <li>sprinkler head have a plate and the proper cut out.</li> <li>4. The Maintenance Director will as sprinkler heads weekly for two more the finding will be reported to the C committee on a quarterly basis for months.</li> </ul>	udit the nths, 0API	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: NJ406001

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