

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

PRINTED: 03/10/2025
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 09/08/2023
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR			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	INITIAL COMMENTS A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00166740 Survey Dates: 09/08/23 Survey Census: 122 Sample Size: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755			10/30/23

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

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(X6) DATE

Electronically Signed

10/06/2023

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.

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F 755	<p>Continued From page 1</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: C #: NJ00166740</p> <p>Based on observation, interviews, and record review, as well as review of pertinent facility documents on 9/8/23, it was determined that the facility staff failed to document that the medication was administration in accordance with the professional standards of practice and to follow the facility policy "Medication Administration" for 1 of 3 sampled residents (Resident #2) reviewed medication administration documentation.</p> <p>This deficient practice is evidenced by the following:</p> <p>According to the "ADMISSION RECORD," Resident #2 was admitted to the facility on [NJ Ex Order 26.4b1], with diagnosis that included but were not limited to: [NJ Ex Order 26.4b1]</p> <p>The Minimum Data Set (MDS), an assessment tool dated [NJ Ex Order 26], indicated the Brief Interview for Mental Status (BIMS) interview [NJ Ex Order 26.4b1]</p>	F 755	<ul style="list-style-type: none"> 1. There were [NJ Ex Order 26.4b1] for resident #2 as a result of the deficient practice. [US FOIA (b)(6)] received one-on-one re-education on the Facility Policy of medication administration. immediately at the time the deficient practice was identified. 2. An audit was completed of the medication administration record from the electronic medical system and no other incidents of this type were identified. 3. Licensed nurses were re-educated on the Facility Policy, of medication administration. 4. DON/designee will audit the medication administration records twice a week to identify any other medications that were not signed for or given at the correct time. These audits will be done twice a week for 30 days, then once a week for 60 days. The results of these audits will be reported to the QAPI committee for 3 months. 		

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F 755	<p>Continued From page 2</p> <p>NJ Ex Order 26.4b1 [REDACTED]. The MDS also indicated that the Resident required assistance from staff with Activities of Daily Living (ADLs).</p> <p>According to Resident #2's Care Plan (CP), initiated on NJ Ex Order 26.4b1 [REDACTED], indicated that Resident #2 had NJ Ex Order 26.4b1 [REDACTED]. The CP included interventions not limited to: Give medications are ordered.</p> <p>A review of the form "Order Summary Report (OSR)," dated NJ Ex Order 26.4b1 [REDACTED], revealed an order for NJ Ex Order 26.4b1 [REDACTED] the evening every Monday, Wednesday, Friday for NJ Ex Order 26.4b1 [REDACTED].</p> <p>A review of the Resident #1's "Medication Administration Record (MAR)," for the month of NJ Ex Order 26.4b1 [REDACTED], confirmed the aforementioned order from the OSR. The MAR also confirmed that the medication was administered on NJ Ex Order 26.4b1 [REDACTED] at 6:00 pm.</p> <p>Review of the form "Location of Administration Report (LAR)" from NJ Ex Order 26.4b1 [REDACTED] revealed the abovementioned medication had "Scheduled Time" of 6:00 pm and "Administered Time" was on NJ Ex Order 26.4b1 [REDACTED] at 11:30 am documented by the US FOIA (b)(6) [REDACTED] which was not according to the MAR schedule.</p> <p>The surveyor reviewed the Resident's progress notes (PN) from NJ Ex Order 26.4b1 [REDACTED], there was no indication in the PN the reason why the medication was not administered or documented on NJ Ex Order 26.4b1 [REDACTED].</p>	F 755			

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F 755	<p>Continued From page 3</p> <p>The surveyor conducted an interview with the [US FOIA (b)(6)] on 9/8/23 at 12:56 pm, the [US FOIA (b)(6)] stated that the facility administration protocol was according to the Physician order. In addition, the [US FOIA (b)(6)] stated that the nurse should document that the medication was administered right away prior to moving to the next resident. The [US FOIA (b)(6)] also stated that when the nurse signed the MAR, it indicates that the medication was administered as scheduled. The [US FOIA (b)(6)] was unable to explain the reason as to why her signature appeared on the LAR on [NJ Ex Order 25] at 11:30 am.</p> <p>The surveyor conducted on interview with the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] on 9/8/23 at 3:29 p.m. The [US FOIA (b)(6)] stated that the protocol for the administering nurse was to sign the MAR to show that the medication was administered according to the doctor's order. The [US FOIA (b)(6)] was unable to explain that the medication was scheduled to be given on [NJ Ex Order 25] at 6:00 pm and the [US FOIA (b)(6)] signed the LAR on [NJ Ex Order 25] at 11:30 am.</p> <p>A review of the facility policy titled, "Medication Administration," revised on 4/2023, indicated "PURPOSE To administer the following: Right documentation...15. Document the following as applicable: Administration of medication on the MAR [Medication Administration Record] as soon as medications are given..."</p> <p>NJAC 8:39-35.2 (d) (6)</p>	F 755			

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 09/08/2023
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW CTR FOR REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		
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S 000	Initial Comments Complaint #: NJ00166740 Survey Dates: 09/08/23 Survey Census: 122 Sample Size: 3 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 28 of 28 day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	1. There was NJ Ex Order 26.4b1 to residents on the shifts identified as not meeting the NJ staffing requirements. Staffing coordinator was reeducated on the proper staffing guidelines as mandated by the state of New Jersey. 2. All residents have the potential to be affected by the deficient practice of not		10/30/23

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

TITLE

(X6) DATE

Electronically Signed

10/06/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</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>The facility was deficient in CNA staffing for residents on 28 of 28 day shifts as follows:</p> <p>-08/06/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs. -08/07/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs. -08/08/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. -08/09/23 had 10 CNAs for 122 residents on the day shift, required at least 15 CNAs. -08/10/23 had 10 CNAs for 126 residents on the day shift, required at least 16 CNAs. -08/11/23 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p>	S 560	<p>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. Contract has been signed with CNA school, and they have committed to having their students do their clinicals at Manhattanview.</p> <p>e. Manhattanview has agreed to sponsor work visas for the students of the class.</p> <p>f. Tables are being set up by job fairs letting people know that Manhattanview is hiring CNAs.</p> <p>4. The Administrator/Designee will review the staffing schedule weekly to monitor the staffing ratio on the day shift for 3 months.</p> <p>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.</p> <p>b) The Quality Assurance and</p>	

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S 560	<p>Continued From page 2</p> <p>-08/12/23 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-08/13/23 had 10 CNAs for 125 residents on the day shift, required at least 16 CNAs.</p> <p>-08/14/23 had 12 CNAs for 125 residents on the day shift, required at least 16 CNAs.</p> <p>-08/15/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.</p> <p>-08/16/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.</p> <p>-08/17/23 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/18/23 had 12 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/19/23 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/20/23 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/21/23 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/22/23 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/23/23 had 11 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-08/24/23 had 11 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/25/23 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/26/23 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/27/23 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/28/23 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/29/23 had 12 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-08/30/23 had 12 CNAs for 125 residents</p>	S 560	<p>Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p> <p>c) The Date of Completion is October 30 2023. The administrator is responsible for the implementation of the Plan of Correction.</p>		

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S 560	Continued From page 3 on the day shift, required at least 15 CNAs. -08/31/23 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs. -09/01/23 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs. -09/02/23 had 11 CNAs for 122 residents on the day shift, required at least 15 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315465	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/2/2023	Y3
NAME OF FACILITY MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/30/2023	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	
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 9/8/2023		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 406001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/2/2023
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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	10/30/2023	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	
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 9/8/2023		<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			