

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>406001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANHATTANVIEW NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 HUDSON AVENUE UNION CITY, NJ 07087</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
S 000	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.	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 observation, interview, and review of pertinent facility documentation, it was determined the facility failed (a) to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey (b) to ensure that staff received the COVID-19 booster vaccinations in accordance with the NJ executive order No. 290 for 17 of 136 staff reviewed for vaccine compliance and (c) to ensure Infection Preventionist who was assigned to oversee the infection prevention and control program met the requirement that the facility designates a full time employee in the infection	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements during the 7 a.m. to 3 p.m. (day shift) on the dates of: 12/11/22, 12/13/22, 12/14/22, 12/16/22, and 12/19/22. 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 meeting the NJ Staffing requirement ratios.	2/1/23

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

TITLE

(X6) DATE

Electronically Signed

01/26/23

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S 560	<p>Continued From page 1</p> <p>control role with no other responsibilities as mandated by the state of New Jersey.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.</p> <p>Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift.</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties: and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p>	S 560	<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>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 Performance Improvement Committee can modify this plan to ensure the facility remains in compliance.</p> <p>c) The Date of Completion is Jan 30 2022. The administrator is responsible for the implementation of the Plan of Correction.</p> <p>" 1. The following corrective actions have been accomplished for the identified</p>	

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S 560	<p>Continued From page 2</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of the "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two weeks beginning 11/27/22 and ending 12/10/22 revealed that the facility was not in compliance with the State of New Jersey minimum staffing requirement.</p> <p>The facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -12/11/22 had 11 CNAs for 117 residents on the day shift, required 15 CNAs. -12/13/22 had 11 CNAs for 155 residents on the day shift, required 14 CNAs. -12/14/22 had 11 CNAs for 115 residents on the day shift, required 14 CNAs. -12/16/22 had 12 CNAs for 115 residents on the</p>	S 560	<p>deficiency:</p> <p>The staff members who did not receive the booster were reeducated on the requirement to get the booster vaccine.</p> <p>2. All residents in the facility have the potential to be affected by the lack of staff members not fulfilling the booster requirement.</p> <p>3. All identified staff members are scheduled to receive the booster vaccine on the 26th of January. Vaccination clinics have been scheduled twice monthly to ensure that everyone who is eligible for the booster receives it as soon as possible.</p> <p>4. The IP will monitor the staff weekly for a month, thereafter monthly for three months to ensure the booster requirement is met. Findings will be reported at the QAPI committee for three months.</p> <p>" 1. The following corrective actions have been accomplished for the identified deficiency:</p> <p>The Infection Preventionist was immediately hired to work full time at Manhattanview as the dedicated Infection preventionist.</p> <p>2. All residents had the potential to be affected by not having a dedicated full time Infection Preventionist.</p> <p>3. The Infection Preventionist will have no other responsibilities as mandated by the State of New Jersey</p> <p>4. The administrator will ensure that the infection preventionist position remains full time.</p> <p>date of completion is 01/01/2023</p>	

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S 560	<p>Continued From page 3</p> <p>day shift, required 14 CNAs. -12/19/22 had 12 CNAs for 116 residents on the day shift, required 14 CNAs.</p> <p>On 12/29/22 at 11:40 AM, the surveyor interviewed the facility Staffing Coordinator who stated that her responsibility is to schedule nursing which included nurses and CNAs. The Staffing Coordinator further stated that the CNA to resident ratio is 8 to 10 residents per CNA. She was unaware that they were only 8 residents per CNA. She stated that if they have a shortage that she will call the facility contracted agency or check to see if another CNA will pick up the shift. She further stated that the Director of Nursing (DON) is aware when they have a shortage on the daily schedule.</p> <p>On 12/29/22 at 2:00 PM, the surveyor team met with the facility administration team that included the Licensed Nursing Home Administrator, DON, Infection Preventionist, Corporate Clinical Vice President and Vice President of Operations discussed the concerns with the facility staffing. The administration staff were informed that the facility did not meet the State of New Jersey minimum staffing for the period of 12/11/22 to 12/24/22 on 6 of 14 occasions. No further information was provided to the surveyor team.</p> <p>2.) Reference: New Jersey Executive Directive 294, dated 4/13/22: All covered workers must provide adequate proof that they have received their first booster dose by April 11, 2022, or within 3 weeks of becoming eligible for their first booster dose, whichever is later.</p> <p>On 12/28/22 at 10:15 AM, the surveyor conducted an Entrance Conference with the LNHA, DON, and Infection Preventionist/ Registered Nurse</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>(IP/RN). The surveyor requested the vaccination status of the facility's employees.</p> <p>A review of the facility policy, "COVID-19 Vaccination of Staff" with a facility review date of 10/22 failed to reveal that facility employees were required to receive COVID-19 booster vaccinations.</p> <p>On 12/29/22 at 11:30 AM, the surveyor interviewed the DON. The DON stated that all staff should be fully vaccinated and up to date with booster vaccinations.</p> <p>On 12/29/22 at 11:45 AM, the surveyor interviewed the IP/RN. The IP/RN stated that, "it should be" required for all eligible staff to have a booster vaccine.</p> <p>On 12/29/22 at 12:11 PM, the surveyor reviewed the COVID-19 Vaccination Employee Tracking Log provided by the DON. This matrix revealed that 17 staff members did not receive COVID-19 booster vaccinations by 5/11/22 or within three weeks of being eligible.</p> <p>On 12/29/22 at 12:40 PM, the surveyor interviewed the Human Resources (HR) Director who stated that she was responsible for updating the COVID-19 Vaccination Employee Tracking Log. The surveyor asked about the 17 eligible staff members who did not receive a COVID-19 booster vaccination. The HR Director stated that she had an ongoing effort to remind staff in writing but that these employees might have been, "missed".</p> <p>On 12/29/22 at 1:27 PM, the surveyor interviewed the DON again. No further information was provided as to why there were 17 staff members</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>at the facility that did not receive the COVID-19 booster as required.</p> <p>3. Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services in all Long-Term Care Facilities" dated 1/6/21, directs the following:</p> <p>a. Facilities with 100 beds or more beds must:</p> <p>1.) Hire a full-time employee in the infection prevention role, with no other responsibilities and must attest to hiring no later than August 10, 2021." (*extended to February 1, 2022)</p> <p>During entrance conference on 12/28/22 at 10:15 AM, the surveyor asked the facility's LNHA in the presence of the DON who was responsible for the facility's infection control and prevention program. The LNHA stated that they had an IP/RN.</p> <p>On 12/29/22 at 11:45 AM, the survey team interviewed the IP/RN. The IP/RN stated that she worked as a full-time employee of the facility's parent company and that she split her time between this facility and another facility. The IP/RN stated that she worked 40 hours a week and that she worked at this facility 40 hours in two weeks.</p> <p>On 12/29/22 at 12:28 PM, the surveyor reviewed the payroll-based journal (PBJ) for the IP/RN. The PBJ indicated that the IP/RN worked at the facility 72 hours a month in November 2022, 88 hours a month in October 2022, and 88 hours a month in September 2022.</p> <p>On 12/29/22 at 1:27 PM, the survey team interviewed the DON. The surveyor asked if the</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>facility was actively trying to hire a full-time employee in the infection prevention role. The DON stated that the facility already had an IP/RN and that they were not trying to hire another.</p> <p>On 12/29/22 at 1:38 PM, the surveyor reviewed the "Infection Control Practitioner (ICP) Job Description" dated 8/22. The ICP Job Description failed to reveal how many hour per week the IP/RN was required to work at the facility.</p> <p>On 12/29/22 at 2:05 PM, the surveyor expressed their concern to the LNHA, DON, IP/RN, and Regional LNHA. The Regional LNHA stated that he believed that the facility needed an IP/RN on a part time basis.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 406001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/6/2023
NAME OF FACILITY MANHATTANVIEW NURSING HOME	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	02/01/2023	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	
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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 12/29/2022		<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			