STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060902	A. BUILDING: _____ B. WING _____	09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSONVIEW HEALTH CARE CENTER	9020 WALL STREET NORTH BERGEN, NJ 07047

(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 interviews, and facility document review, the facility failed to ensure staffing ratios were met for 14 of 14 day shifts checked out of 42 total shifts reviewed. There was no substantial increase in the resident census for a period of forty-two consecutive shifts. This deficient practice had the potential to affect all residents. Findings include: 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	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: 8/15/21, 8/16/21, 8/17/21, 8/18/21, 8/19/21, 8/20/21, 8/21/21, 8/22/21, 8/23/21, 8/24/21, 8/25/21, 8/26/21, 8/27/21 and 8/28/21. 2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios. 3. The following measures have been put into place to attempt to rectify the deficient practice	12/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/05/21

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S 560	Continued From page 1 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 CNA 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. On 8/15/21, the day shift staffing ratio was one CNA to 11 residents. The minimum staffing ratio for day shift is one CNA to eight residents. On 8/16/21, the day shift staffing ratio was one CNA to 11 residents. On 8/17/21, the day shift staffing ratio was one CNA to 12 residents. On 8/18/21, the day shift staffing ratio was one CNA to 10.15 residents. On 8/19/21, the day shift staffing ratio was one CNA to 12 residents. On 8/20/21, the day shift staffing ratio was one CNA to 11.48 residents. On 8/21/21, the day shift staffing ratio was one CNA to 11.77 residents. On 8/22/21, the day shift staffing ratio was one CNA to 10.27 residents. On 8/23/21, the day shift staffing ratio was one CNA to 11.22 residents. On 8/24/21, the day shift staffing ratio was one CNA to 11.17 residents. On 8/25/21, the day shift staffing ratio was one	S 560	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. b. Incentives are offered to CNAs to work extra shifts such as gift cards and raffles. c. Administrator has reached out to CNA schools to advise we are hiring and willing to train new graduates. 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 is attempting to regain compliance. c) The administrator is responsible for the implementation of the Plan of Correction.	

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S 560	Continued From page 2 CNA to 10.58 residents. On 8/26/21, the day shift staffing ratio was one CNA to 10.16 residents. On 8/27/21, the day shift staffing ratio was one CNA to 10.58 residents. On 8/28/21, the day shift staffing ratio was one CNA to 11.04 residents. On 9/3/21 at 10:25 AM, the surveyor discussed the staffing ratios concerns with the Administrator and Director of Nursing, who stated the facility is attempting to hire new CNAs. NJAC 8:39-5.1(a)	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060902 Y1	A. Building B. Wing Y2	1/6/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSONVIEW HEALTH CARE CENTER	9020 WALL STREET NORTH BERGEN, NJ 07047

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 12/05/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 9/16/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			