

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Harbour View Senior Living Corp		STREET ADDRESS, CITY, STATE, ZIP CODE  3161 Kennedy Blvd North Bergen, NJ 07047	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>30067</p> <p>Based on observations and staff interviews, the facility failed to prominently post daily nurse staffing information readily accessible to residents and visitors of 59 census residents.</p> <p>Findings include:</p> <p>Observations conducted on 02/26/24, 02/27/24, and 02/28/24 in the front lobby area and observations of the areas closest to the East and [NAME] Hall nurse's stations revealed the staffing data was not found to be prominently posted.</p> <p>During an interview on 02/27/24 at 9:00 AM, the receptionist was asked if the nursing data was posted in the lobby area and she stated, I don't think so . and she stated she wasn't familiar with a staffing form.</p> <p>Observations on 02/28/24, both in the lobby area at 10:30 AM and near the two nurse's stations on the long-term care halls from 11:10 AM through 11:30 AM revealed no staffing data was posted prominently for easy access for residents and visitors to define the number of nursing hours related to the facility census.</p> <p>During an interview on 02/28/24 at 12:40 PM, the Director of Nursing (DON) was asked about the staffing data and the DON stated she thought it was posted downstairs in the front lobby.</p> <p>During an interview on 02/29/24 at 9:00 AM the Administrator stated she had spoken with DON, and the nurse staffing information would now be located on the wall at the long-term care entrance, near the elevators. The Administrator was asked for a facility policy related to the posting requirements and she stated .there isn't a specific policy for that - we know it's supposed to be posted .</p> <p>NJAC8:39-41.2(a)(b)(c)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Harbour View Senior Living Corp		STREET ADDRESS, CITY, STATE, ZIP CODE  3161 Kennedy Blvd North Bergen, NJ 07047	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>30067</p> <p>Based on observations and staff interviews, the facility failed to properly contain trash in a closed dumpster resulting in trash overflowing the dumpster area, spilling onto the ground of 59 census residents.</p> <p>Findings include:</p> <p>During an observation on 02/26/24 at 9:00 AM, the dumpster area had trash overflowing onto the ground. At 11:10 AM, the dumpster area was observed to have primarily plastic wrappings, cardboard boxes, and pieces of boxes overflowing the dumpster with the lid opened. The Dietary Manager (DM) stated, trash will be picked up tomorrow. She said she would take care of the overflow.</p> <p>During an observation on 02/28/24 at 1:00 PM, the dumpster lid was closed, but there was still primarily discarded plastic refuse remaining that could potentiate pests in the area.</p> <p>During an observation on 02/29/24 at 7:30 AM, the dumpster area continued to have plastic wrappings and garbage outside the dumpster and the ground was littered with wet trash.</p> <p>During an interview on 02/29/24 at 9:20 AM, the Administrator was asked if there was a policy for trash disposal, and she said she didn't think there was a policy. She stated she had spoken with the DM and, trash is picked up twice a week and we know it's required to keep it clean and contained in that area. She stated if there was a policy she would provide one. At 12:00 PM, she stated there was no specific policy, but they (facility) would take care of the trash situation.</p> <p>NJAC 8:39-19.3(c)</p> <p>NJAC 8:39-19.7(a)(b)</p>