STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	403330	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSON HILLS SENIOR LIVING, LLC	3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047

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A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Conversion CENSUS: 1/26/21 ---- 48 1/27/21 48 1/28/21 48 SAMPLE SIZE: 0 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A1047	8:36-14.3(d) Emergency Services and Procedures (d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.	A1047		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/29/21

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A1047	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 1/26, 27 and 28/2021 it was determined that the facility failed to inspect 1 of 34 fire extinguishers annually. The facility also failed to visually inspect three (3) fire extinguisher monthly and keep a record of the examination on the tag attached to 3 of 34 fire extinguishers, as required by National Fire Protection Association (NFPA) 10 and N.J.A.C. 5:70. The Evidence includes the following: During the entrance conference of the survey at 9:50 a.m., a request was made to the facility Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms in the facility. Later starting at 10:22 a.m. on day one 1/26/2021 and continuing on 1/27 and 28/2021 a tour of the building with the facility's DOM was performed. Along the three (3) day tour the surveyor observed 33 of 34 fire extinguishers were last annually inspected July 2020. 1. On 1/26/2021 at 10:32 a.m., the surveyor observed one (1) ABC type fire extinguisher in Elevator [redacted] motor room located on the [redacted] unit was last annually inspected July 2020. There was no evidence of a monthly examination performed and documented on the tag attached to the extinguisher for November and December 2020. 2. On 1/27/2021, the surveyor observed one (1) ABC type fire extinguisher inside the [redacted] building [redacted] stairwell next to Resident room [redacted], had no evidence of an annual inspection	A1047		

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A1047	Continued From page 2	A1047		

tag attached to the extinguisher.
At this time the DOM looked at the extinguisher and said to the surveyor, We don't even use that company.
The surveyor observed the extinguisher did have a Hydrostatic test performed in 2013.
- Code requires Fire extinguishers are to be Hydrostatic tested every six (6) years.

3. On 1/27/2021, the surveyor observed one (1) ABC type fire extinguisher inside stairwell [Executive] had no evidence a monthly examination performed and documented on the tag attached to the extinguisher for December 2020.

4. On 1/27/2021, the surveyor observed one (1) ABC type fire extinguisher in the corridor next to the elevator and adjacent to [Executive Order 28] had no evidence a monthly examination performed and documented on the tag attached to the extinguisher for December 2020.

Reference: NFPA -10 Standard for portable fire extinguishers reads,

- 7.3.1.1.1 Maintenance frequency, Fire extinguishers shall be subject to maintenance at intervals of not more than 1 year, at the time of hydrostatic test.
- 7.2.1.2 Inspection, Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/ system at a minimum of 30 day intervals.
- 7.2.4.3 Where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded
- 7.2.4.4 Where manual inspections are conducted, records for the manual inspections

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A1047	Continued From page 3 shall be kept on a tag or label attached to the fire extinguishers, or an inspection checklist maintained on file, or by an electronic method.	A1047		
A1089	8:36-16.3(b) Physical Plant (b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 1/26, 27 and 28/2021, it was determined the facility failed to consistently ensure that ventilation was present and functioning properly in the bathrooms of [redacted] of [redacted] resident bathrooms tested. The facility also failed to provide one Residential apartment bathroom with an exhaust system. This deficient practice was evidenced by the following: During the tour of the building starting on 1/26/2021 at 10:28 a.m. and continuing on 1/27/2021 and 1/28/2021, in the presence of the facility's Director of Maintenance (DOM), the surveyor inspected [redacted] Resident apartment bathrooms. The surveyor observed that when tested by	A1089		

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A1089	Continued From page 4 placing a piece of single ply tissue paper across the ventilation grills of 2 residents bathroom exhaust systems did not function properly in the following locations: 1. At 10:58 a.m., inside Resident apartment [redacted] bathroom when the surveyor placed a sheet of single ply tissue across the approximately 4 inch by 10 inch grill. the exhaust system did not function properly. 2. At 11:04 a.m., inside Resident apartment [redacted] bathroom when the surveyor placed a sheet of single ply tissue paper across the 4 inch by 10 inch grill, the exhaust system did not function properly. 3. At 11:20 a.m., inside Resident apartment [redacted] bathroom the surveyor observed there was no evidence of an exhaust system. At this time the surveyor asked the DOM, "Do you see any exhaust system in the bathroom." The DOM looked up and around the bathroom and said, "No I don't." These bathrooms had no windows with an area that would open and vent to the outside and relied solely on mechanical ventilation.	A1089		
A1097	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	A1097		

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A1097	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 1/26/2021, in the presence of Facility Management it was determined the facility failed to provide fire sprinkler coverage to all areas of the Facility, as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems. This deficient practice was evidence by the following: During the survey entrance at 9:23 a.m., the surveyor requested the facility's Administrator to provide a copy of the facility lay out which identifies the various rooms in the facility. The surveyor observed that the facility failed to provide adequate fire sprinkler protection in the following location: Starting at 10:28 a.m. a tour of the building with the Director of Maintenance (DOM) was performed. During the tour at 11:11 a.m. an inspection inside of the Executive Order 26, 4.b. Resident apartment Executive was conducted. This inspection identified a 6 feet wide by 4 feet deep closet that had no evidence of fire sprinkler coverage inside.. At this time the surveyor asked the DOM, "Do you see any fire sprinkler heads in the closet." The DOM looked up inside the closet and replied, No I don't.	A1097		

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A1097	Continued From page 6 The location of the down pendant sprinkler in the room would not reach around the closet wall and into the closet. Reference #1: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system. Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.	A1097		
A1177	8:36-16.17 Physical Plant Each residential unit shall be pre-wired for telephone and television reception. This REQUIREMENT is not met as evidenced by: Based on observations and interview on 1/26, 27 and 28/ 2021 in the presence of facility management it was determined that the facility failed to provide apartments that were pre-wired for television and telephone services for [redacted] of [redacted] Residential units inspected. The deficient practice was evidence by the following: During the building tour in the presence of the facility Director of Maintenance (DOM), the surveyor inspected [redacted] Residential apartments. This inspection identified the following Resident	A1177		

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A1177	Continued From page 7 apartments that were not pre-wired for Television and/ or telephone service in the following locations, On 1/27/2021 [redacted] building, 1. At 10:23 a.m., Residential apartment [redacted] had no evidence of pre-wired Television and Telephone connections inside the apartment. At this time the surveyor asked the DOM, "Do you see any Telephone and Television service connections." The DOM looked around the apartment and said, No. 2. At 10:37 a.m., Residential apartment [redacted] had no evidence of a pre-wired television service connection inside the apartment. 3. At 10:46 a.m., Residential apartment [redacted] had no evidence of a pre-wired television service connection inside the apartment.	A1177		
A1217	8:36-17.3(b)(4) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility; This REQUIREMENT is not met as evidenced	A1217		

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A1217	Continued From page 8 by: Based on observations and review of facility provided documentation in the presence of Facility Management on 1/26/2021, it was determined that the facility failed to ensure all potentially toxic and potentially harmful cleaning products were secured in a locked cabinet or locked room and inaccessible to prevent accidental access and injury to Executive Order 26, 4.b. Executiv) residents. This deficient practice placed all Execut residents at risk for harm and was evidenced by the following: During the opening conference of the survey at 9:23 a.m. a request was made to the facility's Administrator (Admin) to provide a list of Residents along with their apartment numbers, A request was also made if the facility had a Executive Order 26, 4.b. unit. The Admin said, "Yes, on the Executive Order 26, 4.b. ." During the building tour with the facility's Director of Maintenance (DOM) at 10:22 a.m. an inspection of the Executive Order 26, 4.b. unit was performed. At 11:11 a.m. the survey observed in the corridor next to Resident apartment Executive O a 3 drawer plastic cart with the following potentially harmful products stored on top of the cart that were accessible to Execut residents in the following locations, - One (1) spray bottle of Executive Ord professional surface disinfectant multi-surface cleaner. Warning, Keep out of reach of children. - One (1) spray bottle Executive Order 26, 4.b. disinfecting Executive Order 26, 4.b. spray and Executive Order Cleaner. Keep out of reach of children. Precautionary statement: Hazards to Humans and Domestic Pets. Danger: causes moderate eye irritation. Avoid contact with eyes or clothing. First Aid: If in eyes, hold	A1217		

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A1217	Continued From page 9 eye open and rinse slowly and gently with water for 15 - 20 minutes. Call a POISON CONTROL CENTER or doctor for treatment advice. - Two (2) one quart size bottles [Executive Order 26.] one-step ready to use hospital disinfectant cleaner. Warnings include, Keep out of reach of children. At this time a request was made to the DOM to remove the products and put them in a secure location. The DOM did comply with the request. A review of the facility provided Resident roster identified that there are [Executive Order 26, 4.b.] Residents who live on the [Executi] unit.	A1217		
A1243	8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance (b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed l20 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: Based on observations and interview on 1/26, 27 and 28/2021, it was determined that the facility failed to ensure that the Domestic Hot Water (DHW.) used by Residents for bathing and hand washing was maintained between 105 degrees and 120 degrees Fahrenheit (dF.). This failure would place all residents at risk for potential harm/burns, as evidenced by the following:	A1243		

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A1243	Continued From page 10 During the Entrance Conference for the survey of 1/26/2021 at 9:37 a.m., the Surveyor asked the Director of Maintenance (DOM) if the facility monitored the temperature of the domestic hot water and what the temperature range was for the hot water. The DOM said, yes and the temperature of the hot water runs between 113 dF and 115 dF. The surveyor asked the DOM to bring a facility thermometer along the tour to record DHW temperatures with the surveyor. Starting at 10:28 a.m. on 1/26/2021 and continuing on 1/27 and 28/2021 a tour of the building with the DOM was performed. During the 3 day tour, the surveyor recorded DHW temperatures in [redacted] of [redacted] Residential apartment bathroom sinks. The following areas were not with in the permitted DHW range, On 1/27/2021, 1. At 12:23 p.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 132.3 dF. - DOM digital thermometer 130 dF. The Surveyor made a request to lower the temperature of the DHW. The DOM said he would call the plumber. 2. At 12:33 p.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 128.1 dF. - DOM digital thermometer 126.8 dF. 3. At 1:22 p.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 134.1 dF. - DOM digital thermometer 132.9 dF. 4. At 1:29 p.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 136 dF.	A1243		

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A1243	Continued From page 11 - DOM digital thermometer 132.1 dF. Along the tour the DOM told the Surveyor that the facility had a lot of plumbing repairs done recently. The surveyor made a request to provide a copy of the work ticket to include the scope of work. On 1/28/2021 at 9:30 a.m. the DOM provided a work ticket dated 1/21/2021 for the recent plumbing repairs that reads in part, "Repaired multiple leaks of two water heaters in the mechanic room." 5. At 10:34 a.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 84.7 dF. - DOM digital thermometer 84.3 dF. 6. At 10:50 a.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 96.4 dF. - DOM digital thermometer 95.7 dF. 7. At 11:01 a.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 80.9 dF. - DOM digital thermometer 81.7 dF. 8. At 11:20 a.m., Residential apartment [redacted] bathroom sink had, - Surveyor digital thermometer 85.5 dF. - DOM digital thermometer 85.1 dF. Resident safety hazard.	A1243		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to	A1249		

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A1249	Continued From page 12	A1249		

ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.

This REQUIREMENT is not met as evidenced by:
Based on observation on 1/26, 27 and 28/2021, it was determined that the facility failed to ensure the building was kept in good condition, fire hazard free safe environment for the Residents. The evidence includes the following,

During the three (3) day tour of the building in the presence of the facility's Director of Maintenance (DOM), the surveyor observed the following health and building safety and fire hazards,

1) On 1/26/2021 at 10:28 a.m. an inspection of the Executive Order 26, 4.b. unit was performed. The surveyor observed inside Exec Resident apartment Executive that the apartment window had a steel diamond grate metal grill attached to the building. This metal grill would not allow emergency personal access to enter the building from the outside.
Fire safety hazard.

2) On 1/26/2021 at 11:41 a.m., the surveyor observed inside Execut Resident apartment Executive had a 6 inch long by 1 inch wide black substance and two (2) one inch in diameter circles of a black substance adhere to the closet ceiling wall board.
Health safety hazard.

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A1249	Continued From page 13 3) On 1/27/2021 at 12:24 p.m., one (1) battery back up emergency light in the corridor between Resident apartment [redacted] and [redacted] that when tested, did not function properly. Fire safety hazard. 4) On 1/27/2021 at 12:44 p.m., One (1) battery back up emergency light inside the '[redacted] stairwell that when tested, did not function properly. Fire safety hazard. 5) On 1/27 and 28/2021 the surveyor observed that the facility failed to provide six (6) illuminated exit signs to clearly identify the egress route in the following locations, [redacted] building, - One (1) exit sign above the corridor double smoke doors next to Resident apartment [redacted]. - One (1) exit sign above the corridor double smoke doors next to Resident apartment [redacted] - One (1) exit sign above the corridor double smoke doors next to Resident apartment [redacted]. - One (1) exit sign above the corridor double smoke doors next to Resident apartment [redacted] Main building, - One (1) exit sign above the corridor smoke door next to Resident apartment [redacted] - One (1) exit sign above the corridor smoke door next the the [redacted] ladies bathroom. When the fire alarm is activated the smoke doors would close into their frames and the facility would need to clearly identify the route to reach an exit. Fire safety hazard. 6) On 1/27/2021 at 9:15 a.m. in the [redacted] [redacted] building storage room, located next to the	A1249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	403330	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSON HILLS SENIOR LIVING, LLC	3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047

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A1249	Continued From page 14 elevator, the surveyor observed two (2) 2 feet by 4 feet ceiling tiles that each tile had a 3 inch in diameter hole penetration through the tile. In the event of a fire, this would allow the heat of a fire to by-pass the fire sprinkler heads and then would not activate the sprinkler head in the room. Fire safety hazard. 7) On 1/27/2021 at 10:45 a.m., an inspection of the Executive Order 26, 4.b. building corridor was performed. The surveyor observed electrical panel Executive was unlocked. Further inspection identified the panel had a 2-1/4 inch by 1 inch opening leading to the live electric. Resident safety hazard. 8) On 1/27/2021 at 12:40 p.m. an inspection inside Resident apartment Executive O was performed. The surveyor observed inside the apartment that there were three (3) drop ceiling tiles missing with two (2) large garbage cans under the open ceiling. At this time the surveyor asked the DOM, "what is going on in here." The DOM told the surveyor that the apartment has a roof leak. 9) Based on observations on 1/28/2021, it was determined that the facility failed to ensure that eight (8) electrical outlets in wet locations (with-in 5' of a sink) when tested with a Ground Fault Circuit Interrupter (GFCI) electrical tester to de-energize the outlets did not trip and de-energize as required by code in the following locations, - One (1) GFCI electrical outlet inside Resident apartment Executive O bathroom when tested with a GFCI tester, did not de-energize.	A1249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1249	Continued From page 15 - One (1) GFCI electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tested identified the outlet had no electrical power. At this time the DOM left the apartment to locate the electrical panel that supplies electrical power to the apartment. The DOM came back and told the surveyor that there were no tripped breakers in the panel. - One (1) Duplex electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tester, did not de-energize. - One (1) GFCI electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tested identified the outlet had no electrical power. At this time the DOM left the apartment to locate the electrical panel that supplies electrical power to the apartment. The DOM came back and told the surveyor that there were no tripped breakers in the panel. - One (1) Duplex electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tester, did not de-energize. - One (1) Duplex electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tester, did not de-energize. - One (1) Duplex electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tester, did not de-energize. - One (1) Duplex electrical outlet inside Resident apartment [redacted] bathroom when tested with a GFCI tester, did not de-energize.	A1249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1249	Continued From page 16 - One (1) Duplex electrical outlet inside Resident apartment [Executive Order 26, 4.b.] bathroom when tested with a GFCI tester, did not de-energize. - One (1) Duplex electrical outlet inside Resident apartment [Executive Order 26, 4.b.] bathroom when tested with a GFCI tester, did not de-energize. Electrical Safety hazard. 10) On 1/28/2021 at 11:10 a.m., a test of one (1) battery back up illuminated exit sign near the [Executive Order 26, 4.b.] bathroom when tested, did not function properly. Fire Safety hazard.	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
403330 Y1	A. Building B. Wing Y2	3/8/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSON HILLS SENIOR LIVING, LLC	3161 KENNEY BOULEVARD 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 A1047	Correction	ID Prefix A1089	Correction	ID Prefix A1097	Correction
Reg. # 8:36-14.3(d)	Completed	Reg. # 8:36-16.3(b)	Completed	Reg. # 8:36-16.6	Completed
LSC	03/08/2021	LSC	03/08/2021	LSC	03/08/2021
ID Prefix A1177	Correction	ID Prefix A1217	Correction	ID Prefix A1243	Correction
Reg. # 8:36-16.17	Completed	Reg. # 8:36-17.3(b)(4)	Completed	Reg. # 8:36-17.6(b)	Completed
LSC	03/08/2021	LSC	03/08/2021	LSC	03/08/2021
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
1/28/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
403330 Y1	A. Building B. Wing Y2	3/8/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSON HILLS SENIOR LIVING, LLC	3161 KENNEY BOULEVARD NORTH BERGEN, NJ 07047

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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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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FOLLOWUP TO SURVEY COMPLETED ON	
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