

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

PRINTED: 10/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2021
NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611		
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F 000	INITIAL COMMENTS Standard Census: 119 Sample Size: 24 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483., Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		7/30/21	

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

TITLE

(X6) DATE

Electronically Signed

07/23/2021

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 584	<p>Continued From page 1 in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of other facility documentation, it was determined that the facility failed to maintain a clean and sanitary environment. This deficient practice was identified for 3 of 3 units and was evidenced by the following:</p> <p>During the initial tour of the [redacted] on 07/06/21 at 10:47 AM, there was black pieces of debris on the floor outside room [redacted]. In room [redacted] the fitted bottom bed sheet was observed with dry brown stains with stains at the head of bed and along the side of the mattress and the area where your knees would be.</p> <p>1. On 07/07/21 the following was observed on the [redacted]</p> <p>At 8:47 AM, the surveyor observed room [redacted] bottom fitted sheet with the same dried brown stains. The floor outside of room [redacted] was observed to have scattered dark colored and</p>	F 584	<p>Element 1</p> <p>Room [redacted] wall (area which drywall compound on the wall next to b bed)fixed and painted.</p> <p>Room [redacted] black substance cleaned off light switch.</p> <p>Room [redacted] area that had drywall compound fixed and painted.</p> <p>Room [redacted] splatters of dried brown substance on thee wall cleaned</p> <p>Room [redacted] wall cleaned , fixed and painted.</p> <p>Room [redacted] black debris cleaned.</p> <p>Room [redacted] drywall behind bed fixed and</p>	

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F 584	<p>Continued From page 2 white colored debris.</p> <p>At 09:03 AM, the [redacted] medication cart wheels were observed with hair and fuzz debris on the left side of the cart. The cart also had dried tan stain on the side. The [redacted] medication cart also had fuzz and hair on the right side wheels.</p> <p>At 09:12 AM, a armless chair across from nurses station that residents were observed to sit in, has the upholstery picked off the seat cushion.</p> <p>On 07/08/21 during medication pass in room [redacted] dinner trays from the prior day were observed to be left on over bed table.</p> <p>On 07/09/21 at 10:05 AM during a tour of the [redacted] lower hallway the following was observed:</p> <ol style="list-style-type: none"> 1. dried dark stain on the wall paper down to below handrail between rooms [redacted] and room [redacted] 2. torn wall paper between rooms [redacted] and room [redacted] 3. dark mark on lower wall between rooms [redacted] 4. under the handrail between rooms [redacted] and kiosk is a dark red orange debris and a dark stain on the lower wall area, 5. door to room [redacted] has dark stains 6. corners of an alcove on [redacted] floor with dust and debris where the hoier lift and sit to stand lift is stored. <p>On 7/09/21 at 10:30 AM, during a tour of the [redacted] resident rooms the following was observed;</p> <ol style="list-style-type: none"> 1. Room [redacted] wall as you enter the room on left has missing wallboard and dark marks, cove base to left as entering the room was ripped 2. Room [redacted] at base of the door trim where the floor meets the trim had a build up of dust and 	F 584	<p>painted.</p> <p>Room [redacted] drywall fixed and painted.</p> <p>Central Supply room door cleaned and painted.</p> <p>Room [redacted] debris cleaned up and trash bag added to trash can.</p> <p>Room [redacted] removed bag of trash.</p> <p>Room [redacted] door painted</p> <p>Room [redacted] removed trash and added bag to the trash can.</p> <p>Room [redacted] emptied out trash can. Added trash bag to trash can.</p> <p>Room [redacted] wall cleaned, fixed and painted.</p> <p>Room [redacted] removed ripped dining chair near entry way.</p> <p>Room [redacted] floor mats cleaned. Floor cleaned. Corners of room cleaned. Corner of the exterior bathroom wall corner fixed and repainted.</p> <p>Room [redacted] overbed table fixed. Floor cleaned. Walls fixed and painted.</p> <p>Room [redacted] cleaned floor, cleaned, fixed and painted walls. Waste basket also cleaned. Bag added.</p> <p>Room [redacted] cleaned floor and threw out</p>		

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F 584	<p>Continued From page 3</p> <p>debris</p> <p>3. Room [redacted] the door to room had dark stains on the lower door</p> <p>4. Room [redacted] on the wall to the right upon entering the room had white patched area and rest of the wall is painted tan , A bed with no visitor chair,</p> <p>5. Room [redacted] had no chairs for visitors,</p> <p>6. Room [redacted] had no chairs for visitors</p> <p>On 07/13/21 at 09:56 AM, the surveyor observed two (2) small tan trash cans in room [redacted] did not contain trash bags and there was trash in the cans. The cans inside were stained with dark brown debris.</p> <p>On 07/13/21 at 10:02 AM, the privacy curtain in room [redacted] was observed with dark brown stains.</p> <p>During an interview on 07/13/21 at 11:26 AM, the [redacted] floor housekeeper said when we clean the rooms, we sweep floors with broom and dustpan, then dry dust the floor and then wet mop. We also clean the window sill and dust the top of cabinets. Then we clean the toilet and sink. He went on to say the floor person does the hallways. The housekeeper also said when he finds things needing repair or resident reports something broken, he puts it in the maintenance book to be fixed. He further said they do a deep clean monthly for every room.</p> <p>2. On 7/12/21 at 9:26 AM the surveyor observed the following on the 3rd floor:</p> <ol style="list-style-type: none"> 1. In room [redacted] observed what appeared to be drywall compound on the wall next to [redacted] bed. 2. In room [redacted] observed a black substance on the light switch. 3. In room [redacted] observed what appeared to be 	F 584	<p>trash..</p> <p>[redacted] garbage removed and staff in-serviced on throwing out properly.</p> <p>Meal trays removed.</p> <p>A linen audit was conducted. Linens with stains will be taken out of service.</p> <p>All floors were dust mopped and wet mopped.</p> <p>The wheels on all Med Carts were cleaned immediately.</p> <p>All resident trash cans will be taken out, cleaned and disinfected. Then will continue to be part of the daily cleaning process (5 & 7 step)</p> <p>The privacy curtain in [redacted] was immediately changed.</p> <p>The surfaces mentioned were cleaned immediately.</p> <p>Ripped chairs have been put aside. Any that are unsafe have been pulled off the floors.</p> <p>Element 2</p> <p>All residents have the potential to be affected.</p>	

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F 584	Continued From page 4 drywall compound on the wall to the left of entering the room. 4. In room █ observed splatters of a dried brown substance on the wall to the right of entering the room. 5. In room █ observed on the wall to the left of the entrance to the room. Also observed thick white substance on the same wall. 6. In room █ observed black debris on the floor near the base cove covering in the right corner of the room. 7. In room █ observed what appeared to be drywall compound on the wall next to the corkboard behind the bed. 8. In room █ observed what appeared to be drywall compound on the wall to the left of entering the room. 9. Observed stains and drips on the the door to the central supply room. 10. In room █ observed food debris on the wall to the right of entering the room and a trash can with no bag under the food debris. 11. In room █ observed a small clear bag of trash on the floor to the left of the entrance of the room. 12. In room █ observed a large area of paint discoloration on the door below the handle. 13. In room █ observed a large clear bag of trash next to the bed and a trash can with no bag in it. 14. In room █ observed a small trash can filled with trash to the right of entering the room. There is no bag in the trash can. 15. In room █ observed a black substance and wall damage on the wall to the left of entering the room. A wheelchair is stored next to the same wall. 16. Observed a torn and ripped dining chair in the hallway next to room █.	F 584	Element 3 Count taken for how many chairs need to be ordered and chairs ordered. New chairs have been ordered. All Housekeeping and Laundry employees in-serviced on the importance of checking the clean linen prior to delivery. The Housekeeping Staff inserviced on our 5 & 7 step cleaning procedures, deep cleaning procedures and AM/PM walkthrough. Cleaning of the Med Carts have been added to the project schedule. The Floor Techs will be in-serviced on this process. A privacy curtain audit will be conducted. Staff in-serviced to notify the Account Manager if a privacy curtain needs to be changed prior to a deep clean. Implemented a Rag Out form for the linen that is not in good condition. This linen will not be re-entered into rotation. Monitoring of the floors will be part of the Account Manager and Manager in training's daily checklist AM/PM Tours and Quality Control Inspections. An audit tool has been implemented to check the cleanliness of the outside of the carts.		

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F 584	<p>Continued From page 5</p> <p>During an interview on 7/12/21 10:49 AM, the administrator stated that she did not see any environmental concerns on the third floor when she did rounds at 7:30 AM today.</p> <p>During an interview 7/14/21 01:09 PM the administrator acknowledged that she did not do room rounds on the 3rd floor rooms on 7/12/2021 at 7:30 AM.</p> <p>3. On 7/7/2021 at 9:02 AM during tour of the Executive Order 26, 9, b dining room the surveyor observed the following: Unidentified food debris on the dining room floor. The breakfast meal for 7/7/2021 had not been served at the time of this observation. The surveyor observed what appeared to be scrambled eggs on the floor under the dining table, Unidentified brown stains were observed on the dining room floor throughout the dining room. Debris was observed on the floor throughout the dining area. Dining chair cushions were observed to be worn for 5 of 6 chairs observed.</p> <p>On 7/8/2021 at 9:01 AM during tour of the Executive Order the surveyor observed the following in room Executive Order: the floor mats on the the right and left side of the bed were stained with an unidentifiable brown substance. The floor mat to the door side of the bed had a used tissue on the mat and what appeared to be a paper straw wrapper. The floor of the private room was stained in several areas with an unidentifiable brown substance and an unidentifiable orange substance. The corner of the exterior bathroom wall corner had multiple</p>	F 584	<p>The Account manager will monitor this with Quality Control Inspections.</p> <p>A privacy curtain audit will be conducted on a weekly basis by the Floor Techs and or Manager in Training. Curtains will be put on a wash schedule to</p> <p>Quality Control Inspections will be conducted on a daily basis Monday-Friday by the Account Manager Director of Housekeeping and/or the Manager in Training. Any items that are noted not in satisfactory order will be reported to the Administrator immediately for resolution.</p> <p>Maintenance rounds checklist updated to include all areas noted.</p> <p>Element 4</p> <p>The Manager will monitor the linen to ensure compliance and will complete Laundry Quality Control Inventory checklist 3x per week for 3 months. Any items that are noted not in satisfactory order will be reported to the Administrator immediately for resolution Findings will be reported at monthly QAPI meetings.</p> <p>The cleaning schedule, Manager AM/PM Tours and Quality Control Inventory. Monitoring will continue on the checklist 2x per week for 3 months with the Account Manager and followed up with by the District Manager. Any items that are</p>		

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F 584	<p>Continued From page 6</p> <p>gouges in the drywall, the left side of the interior wall next to the entry door had multiple paint chips and the waste receptacle had no trash bag and had multiple unidentified stains on the interior and exterior of the receptacle.</p> <p>On 7/9/2021 at 9:31 AM upon entry to room [REDACTED] the surveyor made the following observations: The over the bed table was observed to be leaning downward. Upon closer inspection the surveyor observed that 1 out of 4 wheels on the table was broken. Adjacent to the broken wheel was a large unidentifiable brown, spill type stain. Multiple dry wall gouges were observed throughout the room on all of the walls.</p> <p>07/09/21 10:18 AM Surveyor entered [REDACTED] from the elevator. As the surveyor was walking down the hallway Resident #10 was observed to be screaming in the doorway of their room (room # [REDACTED]) from his/her wheelchair, "I want my room clean. He hasn't cleaned my room in 3 days and I don't want to live in this filth." The surveyor entered room [REDACTED] and observed unidentifiable, brownish dried stains on the floor, gouges in the dry wall on the corner of the bathroom wall that had been previously spackled but not painted, unidentifiable black stains on multiple walls, used surgical type mask on the floor next to the bed, plastic trash bag on the floor beneath the over the bed table, unemptied waste basket that had unidentifiable stains on the exterior of the waste basket, and unidentifiable brown stains between the beds and the wall on the floor. The exterior metal door jamb to the bathroom had an unidentifiable brown and black substance. On interview Resident #10 stated, "They haven't cleaned my room in at least 3 days, I don't want</p>	F 584	<p>noted not in satisfactory order will be reported to the Administrator immediately for resolution Findings will reported in quantitative measures at monthly QAPI</p> <p>The Account Manager or Manager in Training will monitor Quality Control Inventory <input type="checkbox"/>s completed Monday -Friday. Notify the Administrator of any items needing immediate attention. Findings will be presented during monthly QAPI Meetings.</p> <p>Daily Maintenance round checklist to be reviewed by Director of Maintenance and items needed will be added to job list to be completed in timely manner. Findings will be presented during monthly QAPI Meetings.</p> <p>Status of chairs will be reviewed and presented to the QAPI Meetings.</p>		

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F 584	<p>Continued From page 7 to live in this filth, I'm not a dirty person."</p> <p>4. During the initial tour of the [redacted] on 07/06/21 at 10:22 AM, the surveyor observed room [redacted]. There was debris and garbage on the floor including two incontinence briefs and an empty bottle of soda. The mattress on the bed did not have a sheet. There was brown matter and fluid stains on the mattress.</p> <p>During the initial tour of the [redacted] on 07/06/21 at 10:34 AM, the surveyor observed two bags of garbage on the floor against the hallway wall. There was no staff in the area.</p> <p>During the same tour of the [redacted] at 11:28 AM, the surveyor observed an opened bag of garbage on the floor in the hallway. There was no staff in the area.</p> <p>During a tour of the [redacted] on 07/07/21 at 09:52 AM, the surveyor observed two bags of garbage on the floor in the hallway. There was no staff in the area.</p> <p>During a tour of the [redacted] on 07/08/2021 at 11:55 AM, the surveyor observed bed linen on the floor in a small corner, not in a plastic bag. At the same time the surveyor observed a garbage bag containing linens on the floor in the hallway. Two blue carts used to transport bags of linen and garbage were observed to be adjacent to the bag on the floor.</p> <p>During an interview with the surveyor on</p>	F 584			

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F 584	<p>Continued From page 8</p> <p>07/08/2021 at 12:56 PM, Resident #73 stated that housekeeping does not clean his/her room everyday. He/She further stated that the debris on his/her floor the surveyor observed on 07/06/2021 at 10:22 AM was cleaned later in the day.</p> <p>During an interview on 07/14/21 at 09:47 AM, the Director of Housekeeping (DH) said the process for cleaning resident rooms is the housekeepers empty the trash, then wipe down all horizontal surfaces- bedside tables and tray tables then the vertical surfaces- closet doors, spot clean the walls, dust mop then damp mop. She went on to say the windows are done as needed and the mirrors in the bathroom are cleaned. They also stock paper products and clean the bathroom before they wet mop as they use the wet mop in the bathroom last. The DH said she does Quality Control Inspections (CQI) weekly and try to do them every day. I review the completed checklist for each housekeeper and check 2-3 rooms on their assignment. The base boards they do with wet mop and doors when they do vertical surfaces. This is done every day every room. Window sills part of vertical surfaces, and we aren't allowed to touch their stuff so we clean around it as best as possible. We can ask resident to move their things so we can clean but we can't touch it. She went on to say the housekeepers do a walk thru in AM and PM and they determine where they need to start cleaning. The shower rooms are cleaned in the morning first and at the end of their shift. I do my rounds every hour and before they get to the floor and as soon as they come off unit. I document on the QCI's. The DH said the hallways are cleaned every morning by floor techs and they dust mop then auto scrub (automated mopper). I do QCI's for floor tech as well. DH said that housekeeping</p>	F 584			

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F 584	<p>Continued From page 9</p> <p>wipes table tops in am and then floor techs dust mop and auto scrub the floors. I always have a floor tech until 8 PM who does hallways, the dining room, 1st floor and trash along with second floor linen. The DH said Deep cleans/Carbolization for each room is done once a month and that includes bed, bedframe and same cleaning process the rooms get daily. We get behind the beds and furniture to get to the walls, privacy curtains are changed in deep clean rooms and with each new admission. She said the window curtains are blinds that are wiped down.</p> <p>A review of the "Job Routine: 2 Light Housekeeper" revealed that at 8:45 AM, resident rooms will begin to be cleaned using the "5 & 7 step method." Room [REDACTED] is included in the list of rooms.</p> <p>A review of the "Job Routine: 2M Light Housekeeper" revealed that at 9:30 AM, resident rooms will begin to be cleaned using the "5 & 7 step method." Room [REDACTED] is included in the list of rooms.</p> <p>A review of an undated facility policy titled 5-Step Daily Room Cleaning revealed the following 5 steps; 1. Empty Trash- collect trash from all rooms as a first priority 2. Horizontal Surfaces-disinfected Table Tops, headboards, window sills, chairs should all be done 3. Spot Clean Walls- Vertical surfaces are not completely wiped down daily-but must be spot cleaned daily, walls will need attention 4. Dust Mop-the entire floor must be dust mopped especially behind dressers and beds, all corners and along the baseboards must be dust mopped to prevent buildup. 5. Damp Mop- The procedure is to damp</p>	F 584			

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F 584	Continued From page 10 mop not wet mop.	F 584			
F 641 SS=B	<p>NJAC 8:39-31.4(a) Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to ensure that an accurate Minimum Data Set (MDS), an assessment tool, was completed. This deficient practice was identified for 2 of 27 residents reviewed (Residents #123 and # 84) and was evidenced by the following:</p> <p>1. Resident #123 was a resident in the facility with diagnoses which included Executive Order 26, 4.b.</p> <p>A review of the Executive Order 26, 4.b. Report" and observed physician's orders for the resident to receive Executive Order 26, 4.b. Executive Order 26, 4.b.</p> <p>A review of the electronic Medication Administration Record (eMAR) dated June 2021 for Resident #123, revealed the physician's order for Executive Order 26, 4.b. with scheduled times of administration. The eMAR showed signatures</p>	F 641	<p>Element 1</p> <p>Resident #123 and resident #84 had their MDS modified and corrected the same day.</p> <p>Element 2</p> <p>All residents have the potential to be affected.</p> <p>Element 3</p> <p>Education was provided to the MDS Coordinator on the coding of Section J.</p> <p>Element 4</p> <p>Daily the Director of Clinical Reimbursement and the IDCP team will review our internal audit tool to ensure accuracy prior to submitting MDS. The Director of Clinical</p>	7/16/21	

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F 641	<p>Continued From page 11 indicating that the [redacted] was administered. A further review of the eMAR revealed the physician's order for [redacted]. The eMAR showed signatures indicating the administration of the Executive Order 26, 4.b.</p> <p>On 7/7/21 at 11:28 AM the surveyor reviewed the 6/22/2021 MDS for Resident #123. The section for pain management was coded as [redacted] indicating that this resident did not receive scheduled or as needed pain medication at any time in the last 5 days.</p> <p>During an interview with the Registered Nurse MDS Coordinator on 7/15/2021 at 8:54 AM, she acknowledged that the pain section for Resident #123's [redacted] MDS is inaccurate. She stated that Resident #123 received scheduled pain medication and as needed pain medication.</p> <p>2. Resident #84 was a resident in the facility with diagnoses which included Executive Order 26, 4.b.</p> <p>The surveyor reviewed the "Order Summary Report" and observed physician's orders for the resident to receive Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b.</p> <p>A review of the (eMAR) dated [redacted] for Resident #84, revealed the physician's order for Executive Order 26, 4.b. with scheduled times of administration. A further review of the eMAR showed signatures indicating that the scheduled pain was administered. The</p>	F 641	<p>Reimbursement/designee will be responsible to monitor the MDS accuracy weekly x 4 weeks and then monthly x 8 weeks. Results of the audits will be forwarded to the QA PI Committee monthly for review and action as appropriate. The QA PI Committee will determine the need for further audits and action plans.</p>	

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F 641	Continued From page 12 eMAR did not contain documentation that the as needed pain medication was administered. On 7/8/21 at 11:06 AM the surveyor reviewed the (b) (6) MDS for Resident #84. The section for pain management was coded as (b) (6) indicating that this resident did not receive scheduled pain medication at any time in the last 5 days. The section was also coded as (b) (6) indicating that the resident received as needed pain medication within the last 5 days. During an interview with the Registered Nurse MDS Coordinator at 7/15/2021 at 8:54 AM, she acknowledged that Resident #84's 6/6/2021 MDS should have been coded as the resident receiving scheduled pain medication and not receiving as needed pain medication.	F 641			
F 812 SS=E	NJAC 8:39-11.1 Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812		7/30/21	

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F 812	<p>Continued From page 13 from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness:</p> <p>This deficient practice was evidenced by the following:</p> <p>On 7/6/2021 from 9:20 to 10:40 AM the surveyor, accompanied by the Cook and the District Manager (DM) observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. A cleaned and sanitized meat slicer on top of a wheeled cart had unidentified food debris on the blade area and base of the slicer, as well as the slice deflector area. The slicer was uncovered and exposed. On interview the Cook stated, "yeah, I see that. It was cleaned this morning." 2. A cleaned, and sanitized stand-up mixer was on a wheeled cart next to the meat slicer. The mixer was uncovered and exposed. The mixer had unidentified food debris on the stand base, bowl attachment arm and safety guard. On interview the Cook stated, "That is dirty still." 3. In a corner of the dry storage room a clear plastic storage bin contained white sugar. The scoop used to get the sugar out of the bin was observed in the bin. There was a blue scoop 	F 812	<p>Element 1</p> <ol style="list-style-type: none"> 1. The meat slicer was immediately re-cleaned and sanitized. 2. The stand mixer was immediately re-cleaned and sanitized as the stand mixer was no longer in service it was properly covered and placed in storage. 3. The scoop from the sugar bin was cleaned and sanitized then returned to its holder. 4. The dented can was moved to dented can area in the dry storage room. 5. Sweet potato pie was discarded. 6. The Swiss Steak was discarded. 7. Plates were immediately rewashed and cleaned air dried and then stored in a bin covered with plastic wrap. <p>Element 2</p> <p>All residents who eat food from dietary have the potential to be affected.</p>		

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F 812	<p>Continued From page 14</p> <p>holder attached to the wall above the sugar bin used to store the scoop when not in use. On interview the Cook stated, "The scoop should not be stored in the sugar bin. It should be stored in the scoop holder to avoid contamination." The scoop was then removed from the bin by the cook.</p> <p>4. In the dry storage room a can of shredded sauerkraut on the can rack had a significant dent on the side of the can. The can was not put in the designated dented can area. On interview the Cook stated, "That one must have gotten missed." The cook removed the can of sauerkraut to the designated dented can area in the dry storage room.</p> <p>5. In the walk-in freezer on an upper shelf, a sweet potato pie was removed from its original container. The pie had no dates. On interview "The DM stated, "We should maintain a received date, I don't see anything on here. We just had these for Father's Day. We should date it when removed from the original package."</p> <p>6. On a rear middle shelf, a clear plastic bag was removed from its original container. The bag contained an unidentifiable food product. The bag had no dates. The DM stated, "we should maintain a received date when the food is removed from its original container. I think this is swiss teak that we used for dinner last night." The DM labeled the swiss steak bag in the presence of the surveyor.</p> <p>On 7/13/2021 from 9:34 to 10:11 AM the surveyor, accompanied by the Account Manager (AM) and the District Manager, observed the following in the kitchen:</p>	F 812	<p>Element 3</p> <ol style="list-style-type: none"> 1. Staff was Re In-serviced on proper cleaning procedure for the meat slicer and the stand mixer. 2. Staff was In-serviced on Dry Storage Policy and the importance of properly storing utensils after use to prevent cross contamination. 3. Staff was Re In-serviced on Receiving Policy which states all cans should be inspected before use and any damage or dented can will be placed in the Dented can area. 4. Staff was Re In-serviced on the Food Storage Policy. 5. Monitoring of the slicer cleanliness and adherence to cleaning schedule has been updated on the Dietary Director / Designee's Daily Checklist. 6. Monitoring of the stand mixer and all related food service equipment and adherence to cleaning schedule has been updated on the Dietary Director / Designee's Daily Checklist. 7. Monitoring of scoop storage has been added to the Dietary Director / Designee's Daily Checklist. 8. Monitoring of can storage area has been added to the Dietary Director / Designee's Daily Checklist. 		

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F 812	<p>Continued From page 15</p> <p>1. On a shelf just above the floor under the steam table, 3 stacks of 6" dessert plates were not in the inverted position or covered and were exposed to contamination. On the same shelf 6 three-compartment plates (a plate used to keep food separated) were cleaned and sanitized and were not in the inverted position/covered and were exposed. The DM stated, to the cook, "Can you cover them." On interview the DM stated, "They were getting ready to use them, but they started the dishwashing. They are six inches off the floor." The cook was then observed to remove the exposed plates and divided plates from the shelf below the steam table and placed on a wheeled cart.</p> <p>The surveyor reviewed the facility policy titled "Food Storage: Cold Foods", HCSG Policy 019, revised 9/2017. Under the Procedures heading the following was revealed at 5. "All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination."</p> <p>The surveyor reviewed the facility policy titled "Equipment", HCSG Policy 03, May 2014. Under the heading Action Steps the following was revealed:</p> <p>1. "The Food Services Director will ensure that all equipment is routinely cleaned and maintained in accordance to manufacturer directions and training materials."</p> <p>2. "The Food Service Director will ensure that all staff members are properly trained in the cleaning and maintenance of all equipment."</p>	F 812	<p>9. Staff was In-serviced on proper cleaning and storage of plates and service wear. This was added to Dietary Director / Designee's Daily Checklist.</p> <p>Element 4</p> <p>The Dietary Services Director will monitor Daily Checklist sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.</p>		

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F 812	Continued From page 16 3. "The Food Service Director ensures that all food contact equipment is cleaned and sanitized after every use." The surveyor reviewed the facility policy titled "Receiving", HCSG Policy 020, May 2014. Under the heading Action Steps the following was revealed: 5. "The Food Services Director or designee inspects all canned goods appropriately for dents, rust or bulges; segregates and clearly identifies all damaged goods for return to vendor or disposal as indicated." 6. "All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation."	F 812			
F 814 SS=D	NJAC 8:39-17.2 (g) Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of other facility documentation, it was determined that the facility failed to provide a sanitary environment for residents, staff and the public by failing to keep the garbage container area free of garbage and debris and failed to have a cover over the opening of 1 of 2 garbage containers/dumpster's . This deficient practice was evidenced by the following: On 7/6/2021 at 9:47 AM, the surveyor,	F 814	Element 1 The garbage bags left on the ground and in front of dumpster #1 were immediately placed inside the dumpster; the remaining refuse on the ground was cleaned up and placed inside the dumpster and the lid(s) were closed. Element 2	7/30/21	

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F 814	<p>Continued From page 17</p> <p>accompanied by the District Manager (DM) and Director of Maintenance (DOM) observed the facility's designated garbage area. The surveyor observed 2 green dumpster's at the end of a concrete ramp. 8 bags of garbage were on the ground and in front of dumpster #1. The DM stated on interview, "Those bags should have been put in the dumpster and not left on the ground."</p> <p>1 of 2 lids on garbage dumpster #2, located directly behind garbage dumpster #1, was open and exposed the garbage contents of dumpster #2.</p> <p>A 4 wheeled cart with 3 walls and an open wall was located outside next to dumpster #1. On interview the DM stated, "I believe that cart is used to transport linens."</p> <p>The surveyor observed 2 empty milk cartons, 2 used vinyl gloves, an opened box of vinyl disposable gloves, a towel and an adult brief used for incontinence care inside the linen cart.</p> <p>The surveyor also observed a clear plastic garbage bag that contained a used adult brief, adult briefs, 5 used bed mattresses, an empty soft drink can, plastic beverage lids, plastic straws, used vinyl disposable gloves, plastic forks, wash cloths, plastic cups, towels, a non-skid sock, empty plastic shampoo bottles, and empty plastic 4 oz juice cups on the ground surrounding the garbage dumpster's.</p> <p>The surveyor interviewed the DM and the DOM. The DM stated, "It should be a shared responsibility between dietary and maintenance to monitor and maintain the garbage area. Yes,</p>	F 814	<p>All residents have the potential to be affected.</p> <p>Element 3</p> <p>All Dietary, Environmental Services and Maintenance Staff were In-serviced on Garbage and Trash Disposal.</p> <p>Monitoring of the Garbage Disposal area will be added to the Opening and Closing Housekeeper's Job assignments and monitored daily by the Environmental Services Manager, and Dietary Food Service Director.</p> <p>Element 4</p> <p>Monitoring will continue on the QA checklist 2x a week for 3 months by Food Service Director, and District Manager. Findings will be reported to the monthly QA PI Committee</p>		

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F 814	Continued From page 18 we are getting this cleaned up right away." The DOM responded, "You caught us on a holiday weekend, we'll get this cleaned up right away. Usually we do it every night." The surveyor reviewed the facility policy titled "Environment", HCSG policy 031, May 2014. The following was revealed under the heading Action Steps: 7. "The Food Services Director will ensure that all trash is properly disposed in external receptacles (dumpster's) and that the area is free of debris." On 7/15/2021 at 9:12 AM during an interview with the facility administrator the facility administrator stated, "We do not have a policy or procedure for maintenance of our garbage area. We need to clean it every day."	F 814			
F 836 SS=E	NJAC 8:39-19.3(c) License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS	F 836		7/24/21	

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F 836	<p>Continued From page 19 Regulations.</p> <p>In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and facility document review, the facility failed to ensure staffing ratios were met for 41 of 54 shifts reviewed. There was no increase in the resident census for a period of nine consecutive shifts. This deficient practice had the potential to affect all residents.</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 at 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>	F 836	<p>All residents have the potential to be affected.</p> <p>Rates have been significantly increased for Certified Nursing Assistants</p> <p>Ads updated to reflect increases.</p> <p>Job Fair</p> <p>Banners are put out by the facility to advertise that we need more staff.</p> <p>The call out policy has been reviewed and the staff have been reeducated.</p> <p>Staffing policy updated to reflect staffing</p>		

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F 836	<p>Continued From page 20</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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>A review of the facility provided Nursing Home Resident Care Staffing Reports from 6/27/21 to 7/14/21 included the following:</p> <p>6/27/21-(Census-124) Day Shift 1 Certified Nursing Assistant (CNA): 17.7 Residents 6/28/21-(Census- 122) Day Shift 1 CNA:13.6 Residents 6/29/21-(Census-122) Day Shift 1 CNA:10.2 Residents 6/30/21-(Census-124) Day Shift 1 CNA:13.8 Residents 7/1/21-(Census-121) Day Shift 1 CNA:11 Residents 7/2/21-(Census-122) Day Shift 1 CNA:12.2 Residents 7/3/21-(Census-122) Day Shift 1 CNA:11.1 Residents 7/4/21-(Census-121) Day Shift 1 CNA:9.3 Residents 7/5/21-(Census-119) Day Shift 1 CNA:17 Residents 7/6/21-(Census-119) Day Shift 1 CNA: 9.9</p>	F 836	<p>mandate.</p> <p>The Director of Nursing to have weekly meetings to determine upcoming schedules to anticipate needs.</p> <p>The Director of Nursing / designee will report findings to the Administrator. The Director of Nursing or designee will aggregate findings from these meetings monthly and review the findings with the QA PI Committee. Quarterly on a ongoing basis the Director of Nursing / designee will provide a report of this findings to the QA committee for actions as appropriate.</p>		

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

PRINTED: 10/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2021
NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611		
(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 836	Continued From page 21 Residents 7/7/21-(Census-118) Day Shift 1 CNA:11.8 Residents 7/8/21-(Census-118) Day Shift 1 CNA:10.7 Residents 7/9/21-(Census-119) Day Shift 1 CNA:9.9 Residents 7/10/21-(Census-119) Day Shift 1 CNA:11.9 Residents 7/11/21-(Census-119) Day Shift 1 CNA:10.8 Residents 7/12/21-(Census-118) Day Shift 1 CNA:13.1 Residents 7/13/21-(Census-118) Day Shift 1 CNA:10.7 Residents 7/14/21-(Census-117) Day Shift 1 CNA:9.8 Residents 6/28/21-(Census-122) Evening Shift 1 CNA:11.1 Residents 7/1/21-(Census-121) Evening Shift 1 CNA:11 Residents 7/3/21-(Census-121) Evening Shift 1 CNA:11 Residents 7/4/21-(Census-119) Evening Shift 1 CNA:14.9 Residents 7/5/21-(Census-119) Evening Shift 1 CNA:11.9 Residents 7/6/21-(Census-119) Evening Shift 1 CNA:13.2 Residents 7/9/21-(Census-120) Evening Shift 1 CNA:10.9 Residents 7/10/21-(Census-119) Evening Shift 1 CNA:10.8 Residents 7/12/21-(Census-120) Evening Shift 1 CNA:12 Residents 7/13/21-(Census-117) Evening Shift 1 CNA:11.7	F 836			

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NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611		
(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 836	<p>Continued From page 22 Residents</p> <p>6/28/21-(Census-122) Night Shift 1 CNA:20.3 Residents 6/29/21-(Census-121) Night Shift 1 CNA:17.3 Residents 7/1/21-(Census-122) Night Shift 1 CNA:15.3 Residents 7/4/21-(Census-119) Night Shift 1 CNA:23.8 Residents 7/5/21-(Census-119) Night Shift 1 CNA:14.9 Residents 7/6/21-(Census-119) Night Shift 1 CNA:19.8 Residents 7/7/21-(Census-118) Night Shift 1 CNA:16.9 Residents 7/9/21-(Census-120) Night Shift 1 CNA:20 Residents 7/10/21-(Census-119) Night Shift 1 CNA:14.9 Residents 7/11/21-(Census-119) Night Shift 1 CNA:14.9 Residents 7/12/21-(Census-120) Night Shift 1 CNA:17.1 Residents 7/13/21-(Census-117) Night Shift 1 CNA:16.7 Residents 7/14/21-(Census-119) Night Shift 1 CNA:14.9 Residents</p> <p>During an interview with the surveyor on 7/14/21 at 9:12 AM, the Staffing and HR Coordinator stated that she is aware of the minimum staffing requirement. During the same interview with the surveyor, the Staffing and HR Coordinator stated that she has never used a nurse as an aide. She further stated that she is aware of the option but did not know why the facility has not used it.</p>	F 836			

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NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611		
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F 836	Continued From page 23 During an interview on 7/14/21 at 12:20 PM, the Director of Nursing acknowledged that the minimum staffing requirement went into effect in February of 2021. During the same interview with the surveyor, the Administrator stated, "We are" when asked who was responsible for the staffing. A review of a facility policy titled "Staffing Policy Statement" dated 5/11/2019, revealed under "Policy"; 1. "Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met." The facility policy did not include information regarding the state mandated minimum direct care staff (CNA) to resident ratio. NJAC: 8:39-5.1(a)	F 836			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315235	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/13/2021	Y3
NAME OF FACILITY RIVERSIDE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611		

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 F0584	Correction	ID Prefix F0641	Correction	ID Prefix F0812	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	07/30/2021	LSC	07/16/2021	LSC	07/30/2021
ID Prefix F0814	Correction	ID Prefix F0836	Correction	ID Prefix	Correction
Reg. # 483.60(i)(4)	Completed	Reg. # 483.70(a)-(c)	Completed	Reg. #	Completed
LSC	07/30/2021	LSC	07/24/2021	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 7/15/2021		<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		