STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ____________	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 07/07/21 and 07/08/21was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy Riverside Nursing and Rehabilitation is a 4-story building that was built in 80's, It is composed of Type I (fire resistant). The facility is divided into 10 smoke zones.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the	K 222		7/16/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 222	Continued From page 1 rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS	K 222		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 222	Continued From page 2 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview from 07/07/21 to 07/08/21, it was determined that the facility failed to ensure that exit doors locked with a delayed egress device were provided with instructional signage and operated in accordance with the requirements of NFPA 101:2012 - Chapter 7.2.1.6.1.1(4). This deficient practice was evidenced by the following in 4 of 15 egress doors observed: 1. During a tour of the building on 07/07/21 at approximately 12:10 PM, the Surveyor, Maintenance Director and Assistant Maintenance Director observed the egress door by resident room [REDACTED] that had a 15-second delayed opening device installed on the door. The Maintenance Director attempted to open the door (3-times) and the door did not activate the device. The door was provided with a push button keypad and opened with the activation of the fire alarm. 2. During a tour of the building on 07/07/21 at approximately 12:21 PM, the Surveyor, Maintenance Director and Assistant Maintenance Director observed the egress door across from resident room [REDACTED], that had a delayed egress installed on the door for non-emergency egress. The door was not provided with a readily visible sign with 1-inch letters indicating "Push Until	K 222	Element 1 Egress door by [REDACTED] was fixed The egress door across from room [REDACTED] was fixed. The egress door on floor 1 by dead zone was fixed. The egress door leading to the basement central hallway was fixed. Element 2 All residents can be affected by this deficient practice. All egress doors were checked to ensure proper closure. Element 3 All egress doors will be checked on daily	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING 01 B. WING ______	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	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
K 222	Continued From page 3 Alarm Sounds, Door Can Be Opened in 15-Seconds." This finding was verified by the Maintenance Director during the observation and testing of doors. 3. During a tour of the building on 07/08/21 at approximately 10:38 AM, the Surveyor, Maintenance Director and Assistant Maintenance Director observed the egress door on floor 1 by the dead zone, that had a 15-second delayed opening device installed on the door, which was not working as per the Maintenance Director. The Maintenance Director was unable to provide a work order as to when the repair would take place. The door was provided with a push button keypad and opened with the activation of the fire alarm. 4. During a tour of the building on 07/08/21 at approximately 11:18 AM, the Surveyor, Maintenance Director and Assistant Maintenance Director observed the egress door in the basement that would lead into the central stairway across from the kitchen, and had a 15-second delayed opening device installed on the door that was not working when the Maintenance Director attempted to activate the system. The door was provided with a push button keypad and opened with the activation of the fire alarm. The Maintenance Director during the observation's confirmed the above findings. The facility's Administrator was informed of these findings during the Life Safety Code survey exit conference on 07/08/21. NJAC 8:39-31.2(e)	K 222	rounds. This has been added to the daily rounds sheet and if any doors need attention will be reported to Maintenance director and Administrator and fixed immediately. Element 4 The Maintenance Director / designee will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 222	Continued From page 4 NFPA 101:2012 - 7.2.1.6.1(4)	K 222		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide emergency lighting in 1 of 1 rooms with an emergency generator (Mechanical/Electric Room) in accordance with NFPA 101:2012 - 7.9, 19.2.9.1 as evidenced by the following: On 07/08/21 at 10:18 AM, the surveyor observed in the presence of the Maintenance Director, that the facility's basement electrical room that contained the 2- emergency generator transfer switch's, was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the facility's Maintenance Director during the observation. The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference. NJAC 8:39-31.2(e) NFPA 101:2012 - 7.9	K 291	Element 1 A emergency lights was put up in the electrical room and also in the pump room on 7/9/21 Element 2 All residents can be affected by this deficient practice. Element 3 Maintenance Worker will check Emergency lighting while on daily rounds. Added check emergency lighting to the daily rounds sheet and if any areas need attention will notify Director of Maintenance and the Administrator and fix immediately. Element 4	7/16/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 291	Continued From page 5	K 291	The Director of Maintenance or designee will monitor daily round sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to properly identify doors with signage as "No Exit" for 2 of 2 doors, in accordance with NFPA 101, 2012 Edition, Section 7.10 and 7.10.8.3. The deficient practice was evidenced by the following: On 07/08/21 at 09:20 AM, the Surveyor and Maintenance Director observed that 2 of 2 doors in second floor Physical Therapy room, did not display the correct signage of a "No Exit" sign. The findings were verified by the Maintenance Director at the times of the observation The Administrator was notified of the findings at the Life Safety Code exit conference.	K 293	Element 1 Correct signage placed on the 2 doors in Physical Therapy room on 7/9/21. Element 2 All residents can be affected by this deficient practice. Element 3 Checking correct signage has been added to daily rounds form. Maintenance worker will complete and report any corrections needed to Maintenance Director and Administrator and fix immediatly.	7/16/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 293	Continued From page 6 NJAC 8:39-31.2(e)	K 293	Element 4 The Director of Maintenance will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide and maintain supervised smoke detection in operating condition at all times in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.4.1, 9.6, 4.6.12.1 and NFPA 72. This deficient practice was evidenced in 1 of 30 smoke detectors observed in the following area. On 07/07/21 at approximately 12:48 PM, the Surveyor and the Maintenance Director observed in the exit corridor (deadzone) by room 332 outside the new fire doors installed, that the smoke detector had an orange dust cover installed on the unit that would prevent the smoke detector from an activation.	K 345	Element 1 Orange dust cover taken down on 7/7/21 Element 2 all residents have the potential to be affected by this deficient practice. Element 3 Daily rounds sheet now has no dust covers added. While Maintenance Worker is on daily rounds will ensure no	7/16/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 345	Continued From page 7 An interview was conducted with the Maintenance Director during the observation and he stated the door was installed approximately 1-week ago and the orange dust cover was installed to prevent dust from activating the smoke detector and was not removed at the end of each work day of the project. The orange dust cover was removed by Maintenance Director. The Administrator was notified of the finding at the Life Safety Code exit conference on 07/08/21. NJAC 8:39-31.2(e) NFPA 70,72	K 345	dust covers are placed on and not removed. If any areas need attention will fix immediately. Element 4 The Maintenance Director will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____________________ b) Who provided system test ____________________________ c) Water system supply source __________________________ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353		8/31/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 353	Continued From page 8 by: Based on observation and interview from 07/07/21 to 07/08/21, in the presence of the Maintenance Director, the facility failed to maintain the sprinkler system by ensuring that the ceiling level was smoke resistant and fire rated in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.5.1, Section 4.6.12, Section 9.7, NFPA 13, 2010 Edition, Section 6.2.7.1 and NFPA 25, 2011 Edition, Section 5.1, 5.2.2.1. The deficient practice was identified for 16 of 50 vertical openings reviewed for smoke resistance and fire rating, and was evidenced by the following: The following vertical openings were observed: 1. Resident room # 430 missing a 4' drop ceiling track, leaving approximately a 1/4 gap into the area above the drop ceiling. 2. Recreation room 1 or 2 fire sprinkler heads with an approximately 1/4 gap around the head into the area above the drop ceiling at the door side of the room. 3. Room # 1' x 4' and 2 'x 2' ceiling tile missing. 4. Room 4' x 2' ceiling tile missing. 5. Floor Janitor closet 1" opening in the ceiling tile. 6. Floor Nurse Station by the pantry and resident room - 1/2" ceiling tile gap. 7. Floor Utility room approximately 1" opening at	K 353	Element 1 Resident room 430 gap in ceiling fixed by replacing ceiling tile. Recreation room sprinkler heads put a escutcheon plate to fix opening room 496 fixed by placing ceiling tile. Room fixed by replacing ceiling tile. Floor Janitor closet opening fixed by replacing ceiling tile. Floor Utility room opening fixed. Floor dining room escutcheon plates added to sprinkler heads. Future bathroom across from kitchen openings fixed by replacing ceiling tile. Room openings fixed. Floor outside conf room pening fixed by replacing ceiling tile. Floor dead zone by room opening fixed by replacing ceiling tile. Floor corridor by room opening fixed by replacing ceiling tile. Floor near room opening fixed by replacing ceiling tile. Kitchen office opening fixed by replacing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING 01 B. WING ______	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	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
K 353	Continued From page 9 the vertical pipe penetration into the ceiling. 8. Floor [redacted] dining room 3 of 9 fire sprinkler heads with approximately 1/2" gap around the ceiling tile cuts. 9. The future bathroom across from the kitchen, missing 8- 4' x 2' ceiling tiles. 10. Resident room [redacted] corridor 3 of 12 fire sprinkler heads with bad ceiling tile cuts leaving approximately 1/2 gaps into the area above the drop ceiling. 11. Floor [redacted] outside the conference room approximately 1/2 gap from the 2' drop ceiling track. 12. Floor [redacted] dead zone corridor by room [redacted] missing a 1' x 2' ceiling tile. 13. Floor [redacted] corridor by room [redacted] approximately 1' x 2' ceiling tile missing. 14. Floor [redacted] room [redacted] 1' x 1' ceiling tile missing. 15. Kitchen office 4' x 2' ceiling tile bent in the middle (bowed) producing approximately a 5" opening into the area above the drop ceiling. 16. Basement bathroom ceiling missing 5 ceiling tiles, approximately 4' area above the drop ceiling, allowing hot gasses and smoke past the void into the space above delaying the activation of the fire sprinkler heads. The Maintenance Director noted and confirmed the findings during the observations.	K 353	ceiling tile. Basement bathroom fixed all of the openings by replacing ceiling tile. Element 2 All residents have the potential to be affected by this deficient practice. Element 3 Tour completed of building and noted any other areas that need replacement. Plates ordered and will be fixed upon receiving the plates. checking for Openings added to the daily rounds sheet that is completed by Maintenance Worker. If an areas noted to be out of compliance Maintenance Director to be notified immediately and will be fixed. Element 4 The Maintenance Director will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING 01 B. WING ______	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	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
K 353	Continued From page 10 The administrator was notified of the findings at the Life Safety Code exit conference on 07/08/21 NJAC 8:39-31.2(e)	K 353		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no	K 363		7/16/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING 01 B. WING ______	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	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
K 363	Continued From page 11 restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 07/08/21 the facility failed to ensure that corridor doors were able to resist the passage of smoke in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.3.6, 19.3.6.3, 19.3.6.3.1 and 19.3.6.5. This deficient practice of not ensuring that room doors will close, and latch restricts the ability of the facility to properly confine fire and smoke products and to properly defend occupants in place. The deficient practice was evidenced by 1 of 30 doors observed in the following areas: The Surveyor and Maintenance Director observed at approximately 09:21 AM, the door to resident room [redacted] would not close and latch properly, the door was hitting the steel door hardware, the Maintenance Director attempted to close the door a few times during the observations. An interview was conducted with the Maintenance Director at the time of the observations, who verbally agreed that the corridor doors to resident rooms must have no impediments to the operation of the doors into the frames at all times causing a delay to properly confine fire and smoke products and to properly defend	K 363	Element 1 The door to room [redacted] fixed on 7/7/21 so that it would close. Element 2 All residents have the potential to be affected by this deficient practice. Element 3 All doors will be checked on daily rounds by Maintenance Worker. Any area of deficient practice will be reported to the Maintenance Director and will be fixed. Element 4 The Maintenance Director will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings in a quantitative measure.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 363	Continued From page 12 occupants in place. The Administrator was informed of the deficiency at the Life Safety Code exit conference on 07/08/21. NJAC 8:39-31.2(e) NJAC 8:39-31.8(c)6.	K 363		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview from	K 920	Element 1	10/6/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 920	Continued From page 13 07/07/21 to 07/08/21, the facility failed to prohibit the use of power strips beyond temporary installation, as a substitute for adequate wiring, exceeding 75% of the capacity and the proper use of power strips to ensure prevention of an electrical fire or electric shock hazard for high draw appliances (portable window air conditioner), as well as medical equipment which must be plugged directly into an electrical outlet, in accordance with the requirements of NFPA 101, 2012 LSC Edition, Section 19.5, 19.5.1, 9.1, 9.1.2. NFPA 70, 2011 LSC Edition, Section 400.8 and 590.3 (D). NFPA 99, 2012 LSC Edition, Section 10.2.3.6 and 10.2.4. This deficient practice was observed in 7 of 50 rooms and was evidenced by the following: 1. On 07/07/21 at approximately 12:12 PM, the surveyor and Maintenance Director observed in resident room [redacted] that a portable window air conditioner was plugged into a multi-outlet power strip. The power strip was then plugged into the duplex wall outlet. 2. On 07/07/21 at approximately 12:58 PM, the surveyor and Maintenance Director observed in resident room [redacted], that a portable window air conditioner was plugged into a multi-outlet power strip. The power strip was then plugged into the duplex wall outlet. 3. On 07/08/21 at approximately 09:08 AM,, the surveyor and Maintenance Director observed in resident room [redacted], that a portable window air conditioner was plugged into a multi-outlet power strip. The power strip was then plugged into the duplex wall outlet.	K 920	Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. In Unit Managers office air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the need for window A/c unit. Plug [redacted] into the electrical outlet. Room [redacted] air conditioner removed to eliminate the need for the power strip. Air conditioner in room fixed to eliminate the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING ______	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 920	Continued From page 14 4. On 07/08/21 at approximately 09:11 AM, the surveyor and Maintenance Director observed in resident room [redacted] that a portable window air conditioner was plugged into a multi-outlet power strip. The power strip was then plugged into the duplex wall outlet. 5. On 07/08/21 at approximately 09:14 AM, the surveyor and Maintenance Director observed in the Unit Manager Office, that a portable window air conditioner was plugged into a multi-outlet power strip. The power strip was then plugged into the duplex wall outlet. 6. On 07/08/21 at approximately 09:38 AM, the surveyor and Maintenance Director observed in resident room [redacted] that a portable window air conditioner was plugged into a multi-outlet power strip along with a resident [redacted]. The power strip was then plugged into the duplex wall outlet. The high draw appliance must be plugged directly into an electrical outlet and medical equipment plugged into a multi-outlet power strip is unacceptable as per NFPA 70 (National Electrical Code). 7. On 07/08/21 at approximately 09:45 AM, the surveyor and Maintenance Director observed in resident room [redacted] that a portable window air conditioner was plugged into a multi-outlet power strip along with a resident [redacted] at bed #2. The power strip was then plugged into the duplex wall outlet. The high draw appliance must be plugged directly into an electrical outlet and medical equipment plugged into a multi-outlet power strip is unacceptable as per NFPA 70 (National Electrical Code).	K 920	need for window A/c unit. Plug [redacted] when in use into the electrical outlet. Element 2 All residents can be affected by the deficient practice. Element 3 Rounds made to ensure no other cords need replacing. If one is found appropriate corrections will be made. While Maintenance worker is doing daily rounds he will note any deficient areas on this daily rounds sheet, notify the Maintenance Director and Administrator so it can be rectified immediately. Element 4 The Maintenance Director will monitor daily rounds sheets to ensure compliance and findings will be reported at monthly QAPI meetings .	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING **01** B. WING	**07/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	**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
K 920	Continued From page 15 The findings were verified by the Maintenance Director at the time of the observations. The Administrator was notified of the findings at the Life Safety Code exit conference on 07/08/21 NJAC 8:39-31.2(e)	K 920		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315235	A. Building 01 - MAIN BUILDING 01 B. Wing	10/13/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING AND REHABILITATION CENTER	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 Reg. # NFPA 101 LSC K0222	Correction Completed 07/16/2021	ID Prefix Reg. # NFPA 101 LSC K0291	Correction Completed 07/16/2021	ID Prefix Reg. # NFPA 101 LSC K0293	Correction Completed 07/16/2021
ID Prefix Reg. # NFPA 101 LSC K0345	Correction Completed 07/16/2021	ID Prefix Reg. # NFPA 101 LSC K0353	Correction Completed 08/31/2021	ID Prefix Reg. # NFPA 101 LSC K0363	Correction Completed 07/16/2021
ID Prefix Reg. # NFPA 101 LSC K0920	Correction Completed 10/06/2021	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
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
7/15/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO