

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/06/2021
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING AND REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 325 JERSEY STREET TRENTON, NJ 08611
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interviews and facility document review on 12/6/2021, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 23 of 49 shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30: 13-18, new minimum staffing requirements for nursing homes, "indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.A.C. 30:13-18 (the Act), which	S 560	S560 <input type="checkbox"/> Mandatory Access to Care (Staffing) Element One Director of Nursing, Administrator, Staffing Coordinator and/or Designee will continue to recruit and advertise to satisfy the staffing regulation to ensure that quality of care is provided to the residents. This will be done by rounding, observation, auditing, communication with residents and families through daily interaction, care conferences and resident council. Element Two All residents have the potential to be	1/21/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/31/21
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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every ten residents for the evening shift provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1.Week from 09/12/2021 to 09/18/2021, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>On 09/12/21 had 12 CNAs for 123 residents on the day shift, required 16 CNAs. On 09/12/21 had 8 total staff for 123 residents on the overnight shift, required 9 total staff. On 09/13/21 had 9 CNAs for 123 residents on the day shift, required 16 CNAs. On 09/15/21 had 12 CNAs for 120 residents on the day shift, required 15 CNAs. On 09/15/21 had 6 CNAs to 14 total staff on the evening shift, required 7 CNAs. On 09/16/21 had 14 CNAs for 120 residents on the day shift, required 15 CNAs. On 09/17/21 had 14 CNAs for 120 residents on the day shift, required 15 CNAs. On 09/18/21 had 13 CNAs for 120 residents on</p>	S 560	<p>affected by this practice</p> <p>Element Three Rates have been significantly increased for C.N.A.s Incentives and sign on bonuses added. Ads updated to reflect increases. Job Fairs Banners are put by the facility to advertise that we need more staff. The call out policy has been reviewed and the staff have been reeducated Staffing policy updated to reflect staffing mandate. Contract / relationships with agencies to fill open slots.</p> <p>Element Four The DON, Administrator, Staffing Coordinator and/or Designee to have weekly meetings to determine upcoming schedules to anticipate needs. Facility will increase sending needs list to agencies 2x per week. Currently at 1x per week. Recruiting efforts and incentives to be reviewed at QAPI</p>	
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S 560	<p>Continued From page 2</p> <p>the day shift, required 15 CNAs.</p> <p>2. Weeks from 11/21/2021 to 12/04/2021, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows:</p> <p>On 11/21/21 had 11 CNAs for 115 residents on the day shift, required 15 CNAs. On 11/22/21 had 14 CNAs for 115 residents on the day shift, required 15 CNAs. On 11/24/21 had 13 CNAs for 115 residents on the day shift, required 15 CNAs. On 11/25/21 had 12 CNAs for 115 residents on the day shift, required 15 CNAs. On 11/25/21 had 6 CNAs to 13 total staff on the evening shift, required 7 CNAs. On 11/26/21 had 10 CNAs for 119 residents on the day shift, required 15 CNAs. On 11/27/21 had 8 CNAs for 119 residents on the day shift, required 15 CNAs. On 11/27/21 had 7 CNAs for 16 total staff on the evening shift, required 8 CNAs. On 11/28/21 had 9 CNAs for 119 residents on the day shift, required 15 CNAs. On 11/29/21 had 11 CNAs for 119 residents on the day shift, required 15 CNAs. On 11/30/21 had 11 CNAs for 121 residents on the day shift, required 16 CNAs. On 12/01/21 had 13 CNAs for 121 residents on the day shift, required 16 CNAs. On 12/02/21 had 15 CNAs for 121 residents on the day shift, required 16 CNAs. On 12/03/21 had 15 CNAs for 121 residents on the day shift, required 16 CNAs. On 12/04/21 had 11 CNAs for 121 residents on the day shift, required 16 CNAs.</p> <p>A review of an undated facility policy titled</p>	S 560		

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S 560	Continued From page 3 "Staffing Policy" listed the aforementioned N.J.S.A. new minimum staffing requirement for nursing homes.	S 560		

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

PRINTED: 02/27/2023
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 C 12/06/2021
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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 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ148877</p> <p>CENSUS: 121</p> <p>SAMPLE SIZE: 3</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
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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.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061112	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/24/2022	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 State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/21/2022	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 _____	
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 12/6/2021		<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		