

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

PRINTED: 03/22/2022
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 04/19/2021
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 000	INITIAL COMMENTS Survey Date: 4/19/21 Census: 115 Sample: 6 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880		7/12/21	

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

TITLE

(X6) DATE

Electronically Signed

04/29/2021

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 880	<p>Continued From page 1</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 2 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation conducted during a COVID-19/FIC survey, it was determined that the facility failed to follow their policy for Personal Protective Equipment usage and hand hygiene to prevent the possible spread of infection.</p> <p>This deficient practice was identified for 1 staff member on █ of █ nursing units, █ (█) and for █ of █ resident reviewed for transmission-based precautions (Resident █, and was evidenced by the following:</p> <p>On 4/19/21 at 9:38 AM, during the entrance conference, the Director of Nursing (DON) stated that the facility was in Phase Zero of a COVID-19 Outbreak. All staff were required to wear Personal Protective Equipment (PPE) (garments or equipment used to protect the body from injury or infection) both in and out of resident rooms throughout the facility.</p> <p>She explained that the facility cohorted residents according to their █ in a █ zone for █, a █ zone for █, and a █ zone for █. She explained that there were no incidence or suspicion of COVID-19 in residents who resided in the █ zones and staff were required to wear a surgical mask and protective eye wear</p>	F 880	<p>POC Covid Survey April 19 2021</p> <p>The staff member was immediately sent home and educated.</p> <p>All residents that are PUI are at risk.</p> <p>Employees reeducated/competencies done on PPE, and hand washing.</p> <p>The Infection Preventionist or designee will perform 5 observation audits per week for PPE and hand washing for two months. Results of these audits will be reported to the monthly infection control committee. Following the two months the QAPI Committee will determine the need and /or frequency of audits.</p> <p>Directed Plan of Correction - Root Cause Analysis COVID-19 Focused Infection Control Survey Ended 04/19/2021 Deficiency F880 <input type="checkbox"/> Infection Prevention and Control</p> <p>EVENT: Department of Health COVID-19 Focused Infection Control Survey April 19, 2021. TEAM FACILITATORS: Administrator,</p>		

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F 880	<p>Continued From page 3</p> <p>(goggles or face shield) both in and out of resident rooms in those designated areas on the Executive Order 26, 4.b. and the Executive Order 26, 4.b. (rooms Executive Order 26, 4.b.). She further stated that no residents Executive Order 26, 4.b. at the facility and therefore a zone was not implemented.</p> <p>The DON stated that the Executive Order 26, 4.b. was on the Executive Order 26, 4.b. where Executive Order 26, 4.b. or Executive Order 26, 4.b. were placed on transmission based precautions which is used for residents who may be infectious in order to prevent infection transmission for a Executive Order 26, 4.b. of 14 days. These residents were monitored for signs and Executive Order 26, 4.b. She stated that designated staff who entered resident rooms on the Executive Order 26, 4.b. zone were required to wear full PPE which consisted of an N-95 respirator mask (filters at least 95% of airborne particles) with a surgical mask placed over the N-95 mask, face shield or goggles, gown and gloves.</p> <p>At 10:20 AM, the surveyor observed the Activity Aide (AA) as she delivered refreshments to residents from a rolling cart in the hallway on the Executive Order 26, 4.b. of the facility designated as a Executive Order 26, 4.b. zone. The AA wore a surgical mask and eyeglasses and did not wear goggles, or a face shield over her glasses as required. When interviewed, the AA stated that she wore her own glasses instead of goggles or a face shield as she felt that her glasses offered her adequate protection.</p> <p>The AA stated that she was assigned to the Executive Order 26, 4.b. Executive Order 26, 4.b. She stated that she remained in the hall with the refreshment cart unless a resident was unable to get out of bed.</p>	F 880	<p>Director of Nursing, & Infection Control Preventionist (ICP). GOVERNING BODY: Quality Assurance (QA) Committee PROBLEMS IDENTIFIED: " One member from the Activities Department (AA) failed to follow the infection control policy o for PPE specifically for wearing goggles or a face shield in a Executive Order 26, 4.b. zone. o For hand hygiene o By putting on all proper PPE in Executive Order 26, 4.b. zone. " This staff member did not recognize the severity of not wearing proper PPE and performing proper hand hygiene to prevent the spread of COVID-19.</p> <p>ROOT CAUSES: Root cause analysis was completed with department heads and AA dept. (activity department).</p> <p>Why did - one member from the Activities Department (AA) failed to follow the infection control policy by not wearing goggles or a face shield in the Executive Order 26, 4.b. zone. o She believed her glasses were proper protection. ¿ Why- because they covered the opening of her eyes.</p> <p>Why did AA fail to follow the infection control policy for hand hygiene and wearing proper PPE while in the Executive Order 26, 4.b. zone? o AA stated she did not see the</p>		

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F 880	<p>Continued From page 4</p> <p>She stated that in that case she would deliver refreshments directly to the resident in their room. She stated that when she delivered refreshments to the [redacted], she was required to wear a N-95 mask, a surgical mask over the N-95 mask, gown and gloves when she entered resident rooms.</p> <p>At 10:48 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that all staff were required to wear a surgical mask and a face shield or goggles while in the [redacted]. She stated that prescription eyeglasses needed to be covered by a face shield or goggles to offer adequate eye protection to both the staff member and resident and prevent the spread of infection.</p> <p>At 11:00 AM, the surveyor toured the [redacted] and observed the AA as she prepared refreshments to be delivered to Resident [redacted] outside of the resident's room. The surveyor observed the a three-compartment plastic bin located outside of the resident's room which contained PPE. There was sign taped to the left of the resident's door which advised of the following: [redacted] Zone: [redacted] Zone, Standard & Droplet Precautions. The Following PPE is required: N95, Surgical Mask over N95 (changed in between rooms), gown or equivalent (poncho/apron, etc.), Goggles [sic.], gloves...</p> <p>The AA went into Resident [redacted] room and delivered refreshments to the resident who was seated in a chair at the bedside. The surveyor observed that the AA wore her eyeglasses and a surgical mask and did not wear a face shield, goggles, gown, gloves or an N-95 mask when</p>	F 880	<p>signage, but she did see the PPE bin.</p> <ul style="list-style-type: none"> o Why did she not see the signage? Signage was in hallways not on the actual door. o Why all rooms in that area of the hallway were same level- [redacted] so signs posted on that area. o Why if she did not see the signage but she saw the PPE bin did she not stop to follow proper PPE and precautions? " She admitted to knowing she needed PPE but did not have her PPE on her. o Why did she not use the PPE in the bin? " She thought that the PPE bin was designated for nursing staff. <p>CORRECTIVE ACTIONS:</p> <ul style="list-style-type: none"> " Staff member AA was asked to leave the floor upon staff noticing she was not following procedures. Items that could have been contaminated discarded. " Staff member AA was immediately in-serviced regarding proper PPE and performing proper hand hygiene and suspended. " IP Nurse began immediate in-service training for all staff members on proper PPE and proper hand hygiene. " Resident [redacted] noted presented without adverse effects. " Residents on the [redacted] where AA worked have been evaluated for any negative effects and none were found. 	

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F 880	<p>Continued From page 5</p> <p>she entered the room as the sign outside the resident's room directed.</p> <p>The surveyor observed that the AA did not wash her hands while she was in Resident [redacted] room. When interviewed, the AA stated that when she delivered a snack to the resident, she did not see the signage, but she did see the PPE bin. She stated that she was required to wear a gown, gloves, goggles or face shield to enter resident rooms in the [redacted] zone. She stated that she failed to do so and was now at risk of possibly catching the COVID-19 virus. She further stated that she was not sure what was in the PPE bin and thought that the PPE was designated for the nursing staff. The AA stated that she had goggles, face shield and an N-95 mask in her locker but did not wear them today as required.</p> <p>The AA stated that since she did not have her PPE with her, she would ensure that nursing delivered the remainder of the refreshments to the residents in the [redacted] zone. There was alcohol-based hand rub (ABHR) located in a dispenser outside of Resident [redacted] s room. The AA did not utilize the ABHR before she began to push her cart to the next room. When interviewed by the surveyor the AA stated that she performed hand hygiene every chance she had when she saw the hand sanitizer and used it all the time.</p> <p>At 11:07 AM, the Unit Manager (UM) observed the AA outside of the resident room and informed her that she was not permitted to enter resident rooms in the [redacted] zone. The UM stated that all staff who entered resident rooms in the [redacted] zone were required to wear an N-95 mask, a surgical mask worn over the N-95 mask, eye protection, gown, and gloves and must change</p>	F 880	<p>" Signage was moved from hallways to actual resident doors.</p> <p>" Staff in-serviced on where to find PPE.</p> <p>" The IP Nurse , DON and all Department Heads (Top Line Staff and Infection Preventionist) will complete training from the Infection Preventionist Training Course:</p> <ul style="list-style-type: none"> o Infection Prevention & Control Program Module 1 https://www.train.org/main/course/1081350 o Module 5 Outbreaks https://www.train.org/cdctrain/course/1081803 o Module 6A- Principles of Standard Precautions https://www.train.org/main/course/1081804/ o Module 6B- Principles of Transmission Based Precautions. https://www.train.org/main/course/1081805/ o Module 7 Hand Hygiene https://www.train.org/main/course/1081806/ <p>Please note departments heads are:</p> <ul style="list-style-type: none"> o Administrator o Director of Nursing o ID 		

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F 880	<p>Continued From page 6</p> <p>the surgical mask after exiting each resident room to prevent the spread of infection and perform hand hygiene after. The UM stated that the AA was required to wear a face shield over her glasses and surgical mask did not provide adequate protection for droplet precautions (infectious secretions that may be spread by sneezing, coughing or speaking).</p> <p>The UM stated that Resident [redacted] was [redacted] to the facility and was being monitored for signs and symptoms of [redacted]. She stated that since the AA did not wear proper PPE or perform hand hygiene when she left the resident's room there was a change of cross-contamination and the possibility of spreading COVID-19 and the contents of the refreshment cart would have to be discarded and the cart would have to be sanitized.</p> <p>The UM provided the surveyor with an undated and untitled document kept at the nurse's station. Review of the document revealed the following: "All...employees are required to wear a Face Shield or Protective Eye Wear while on the units.</p> <p>At 11:48 AM, the surveyor interviewed the Activities Director (AD) who stated that all staff on the [redacted] were required to wear gloves, a double surgical mask, or an N-95 mask, a surgical mask over the N-95 mask. She stated that all staff must wear goggles or a face shield over their glasses.</p> <p>The AD stated that activities staff were not permitted to go into resident rooms in the [redacted] zone and the refreshment cart remained in the hallway. She stated if they did go into the room, they should wear a gown, N-95 mask, surgical</p>	F 880	<ul style="list-style-type: none"> o 4th floor unit mgr o 3rd floor unit mgr o 2nd floor unit mgr o Activities Director o Admissions Director o Business Office o MDS o Maintenance Director o Rehab Director o Director of Housekeeping o Dietary Director o Central Supply o Staffing o Dietary Director <p>All staff are being trained on the following :</p> <ul style="list-style-type: none"> o CDC COVID-19 Prevention <input type="checkbox"/> Keep COVID-19 Out! https://youtu.be/7srwrF9MGdw o CDC COVID-19 Prevention <input type="checkbox"/> Use PPE Correctly for COVID-19 https://youtu.be/YYTATw9yav4 o CDC Covid-19 Prevention <input type="checkbox"/> Clean Hands https://youtu.be/xmYMUly7qiE o Module 5 Outbreaks https://www.train.org/cdctrain/course/1081803 o Module 6A- Principles of Standard Precautions https://www.train.org/main/course/1081804/ 		

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F 880	<p>Continued From page 7</p> <p>mask over the N-95 mask, face shield or goggles and gloves.</p> <p>At 11:59 AM, the surveyor interviewed the Infection Prevention Nurse (IPN) who stated that all staff were required to wear full PPE when they entered a resident room in the [redacted] for both the protection of the staff and resident as anyone could [redacted].</p> <p>At 1:51 PM, the surveyor interviewed the Licensed Nursing Home Administrator who stated that all staff were educated that they must wear the appropriate PPE when they enter a resident room to prevent the further spread of infection.</p> <p>The IPN provided the surveyor with an undated document titled, "Pandemic COVID-19 Plan." Surveyor review of the document revealed the following:</p> <p>Coronavirus (COVID-19) Facts: Corona Virus is a respiratory illness that can spread from person to person...Person-to-person spread is thought to occur mainly through respiratory droplets produced when an infected person coughs, like other respiratory pathogens. These droplets can land in the mouth, nose, or eyes of people who are nearby, or possibly be inhaled into the lungs</p> <p>...</p> <p>b. Infection Control Practices for Staff:</p> <p>Personal Protective Equipment (PPE)</p> <p>PPE for standard and droplet precautions-PPE is used to prevent contact [sic.] the COVID-19 virus. PPE that may be used to provide care including N95 respirators, surgical or procedural masks,</p>	F 880	<ul style="list-style-type: none"> o Module 6B- Principles of Transmission Based Precautions. https://www.train.org/main/course/1081805/ o Module 7 Hand Hygiene https://www.train.org/main/course/1081806/ <p>MONITORING/EVALUATIONS: " The Infection Preventionist or designee will complete and document 5 observation audits per week for PPE and handwashing weekly for two months specifically for nonclinical staff. These will be separate from the 5 observation audits per week noted in the POC. Results of these audits will be reported to the monthly Infection Committee. Following the two months the QA PI Committee will determine the need and / or frequency of the audits.</p> <p>Completion Date: 7/12/21</p>		

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F 880	<p>Continued From page 8 gloves, and gown for standard precautions.</p> <p>Review of the AA's Mandatory In-Service dated 3/15/21, revealed the following:</p> <p>Isolation Procedure:</p> <p>...Sign will be posted on the door signifying an isolation status ...</p> <p>Isolation cart will be set up outside patient's room. Upon entering the patient's room, all employees are required to use Personal Protective Equipment as appropriate ... Sequence for donning PPE; gown, mask, goggles/face shield, gloves ...</p> <p>...Staff will remove PPE prior to leaving the Patient's room, in the appropriate order, to avoid cross contamination, and place in the appropriate Black can ...</p> <p>...Staff will perform handwashing prior to leaving the room ...</p> <p>NJAC 8:39-19.4</p>	F 880	"		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315235	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/16/2021	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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/12/2021	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 4/19/2021		<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		