

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

PRINTED: 12/12/2022
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 11/04/2020
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	
K 000	INITIAL COMMENTS	K 000			
K 781 SS=E	<p>COMPLAINT#: NJ 140754</p> <p>LIFE SAFETY CODE 101: 2000</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE MINMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED UNDER CMS- 2786R.</p> <p>Portable Space Heaters CFR(s): NFPA 101</p> <p>Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ 140754</p> <p>Based on observation, interview and review of Facility provided documentation on 11/4/2020, it was determined that the facility failed to prohibit the use of portable electric heaters. This deficient practice was evidenced by the following:</p> <p>1. During the survey entrance at 9:13 a.m., the surveyor observed inside the conference room thirty one (31) "Blaze 1.5 E" portable electric heaters stacked along a wall that were unplugged.</p> <p>At this time, the surveyor asked the facility's Administrator (Admin) and Director of Maintenance (DOM), "Did you use these electric</p>	K 781	<p>1. The portable space heaters were removed from resident areas immediately after the heating system malfunction was repaired.</p> <p>2. All residents have the potential to be affected. Facility has arranged for an alternative source for heating should a heating system failure recur.</p> <p>3. Portable space heaters will not be used should a heating system failure recur. Staff will be inserviced about the requirements of Life Safety as it relates to alternate sources of heat in an emergency. An arrangement has been made with an outside vendor to supply heating for the building by way of an approved method per Life Safety Code</p>	12/1/20	

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

TITLE

(X6) DATE

Electronically Signed

11/23/2020

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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K 781	<p>Continued From page 1</p> <p>heaters in Residents rooms." The DOM said, "Yes, we used them for one hour." The surveyor asked, "Are you using any portable electric heaters now." The DOM said, yes only in staff areas.</p> <p>The surveyor asked the DOM to provide a list of where the portable electric heaters are being used and to bring a facility thermometer along the building tour to record temperatures.</p> <p>At 9:22 a.m., the DOM provided a list of where portable electric heaters were currently being used. A review of the provided list identified the following locations; Four (4) in the Physical Therapy department. One (1) in the Social Workers office. One (1) in the Medical Records office. One (1) in the Staff Inservice office. One (1) in the main office.</p> <p>Later during a tour of the facility in the presence of the DOM the surveyor observed the following,</p> <p>At 9:48 a.m., in the third floor Dietician's office, one (1) "Vandora" portable electric heater that was plugged in and in the "ON" position. At this time the surveyor asked the Dietician, is that an electric heater. The dietician said, yes I brought it in. The surveyor asked the DOM to use the facility's digital laser thermometer to check the temperature on the heaters heating element. The laser thermometer read 226 degrees Fahrenheit (dF). There were no combustible paper type supplies stored in the immediate area.</p> <p>At 9:56 a.m., in the third floor Unit Managers office, one (1) "Blaze 1.5 E" portable electric heater that was plugged in and running. There were no combustible paper type supplies stored</p>	K 781	<p>regulations. Additionally, rooftop HVAC units will be installed in early 2021 which can be used as an alternate source for heating when needed.</p> <p>4. HVAC system inspections will be completed at change-of-season by an outside contractor semi-annually to assure optimal operation of heating, ventilation and air conditioning systems. Monthly audits will be conducted by the Director of Maintenance for three months to assure compliance with Life Safety Code. Results of these audits will be reported at the monthly Quality Improvement/Performance Improvement Committee meeting.</p>		

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K 781	<p>Continued From page 2 in the immediate area.</p> <p>At 10:04 a.m., in the second floor Social Workers office, one (1) "Blaze 1.5 E" portable electric heater that was not in the "ON" position and not plugged into an electrical outlet.</p> <p>At 10:07 a.m., in the second floor Physical Therapy area, four (4) "Blaze 1.5 E" portable electric heaters that was not in the "ON" position and not plugged into electrical outlets.</p> <p>At 10:23 a.m., in the first floor Medical Records office, one (1) "Blaze 1.5 E" portable electrical heater that was not in the "ON" position and not plugged into an electrical outlet.</p> <p>At 10:25 a.m., in the first floor In-Service/ Staffing office, one (1) "Blaze 1.5 E" portable electrical heater that was not in the "ON" position and not plugged into an electrical outlet.</p> <p>At 11:40 a.m., while in the conference room, the surveyor requested the DOM to plug in one (1) of the thirty one (31) "Blaze 1.5 E" portable electric heaters, turn it to the "ON" position and wait two (2) minutes for the heating element to heat up. Then use the facility's laser thermometer to check the temperature of the heating element. At 11:42 a.m., the DOM aimed the laser thermometer at the heating element and recorded the following temperature: 264.9 dF.</p> <p>Reference: National Fire Protection Association (NFPA) 2012 Edition 101 Life Safety Code: - 19.7.8 Portable Space-Heating Devices.</p>	K 781			

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K 781	Continued From page 3 Portable space-heating devices shall be prohibited in all health care occupancies, unless both of the following criteria are met: (1) Such devices are used only in non-sleeping staff and employee areas. (2) The heating elements of such devices do not exceed 212 dF (100 C). NJAC 8:39-31.2 (e)	K 781			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315235	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 12/1/2020	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 _____ Reg. # NFPA 101 LSC K0781	Correction Completed 12/01/2020	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
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

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 11/4/2020		<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		