

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>061112</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/25/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERSIDE NURSING AND REHABILITATION C</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>325 JERSEY STREET</b><br><b>TRENTON, NJ 08611</b> |
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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              | <p>Initial Comments</p> <p>Complaint #: NJ146308, NJ146743, NJ143224<br/>Census: 121<br/>Sample Size: 12</p> <p>TYPE OF SURVEY: Complaint Survey</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> | S 000         |  |                    |
| S 560              | <p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Complaint Intake NJ146308</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met for 16 of 42 shifts reviewed. This deficient practice had the potential to affect all residents.</p>   | S 560         | <p>Element One<br/>Continue to work on satisfying the staffing regulation<br/>Ensure that quality of care is provided to the residents</p> <p>Element Two<br/>All residents have the potential to be affected by this practice</p> | 10/21/21           |

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

TITLE

(X6) DATE

Electronically Signed

10/20/21

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| S 560 | <p>Continued From page 1</p> <p>Findings included:</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> <p>One certified nurse aid 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 09/05/2021 through 09/18/2021, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <p>09/05/2021 - 11 CNAs to 124 residents on the day shift.<br/>09/06/2021 - 9 CNAs to 123 residents on the day</p> | S 560 | <p>Element Three<br/>Rates have been significantly increased for C.N.A.s<br/>Ads updated to reflect increases.<br/>Job Fairs<br/>Banners are put by the facility to advertise that we need more staff.<br/>The call out policy has been reviewed and the staff have been reeducated<br/>Staffing policy updated to reflect staffing mandate.</p> <p>Element Four<br/>The DON to have weekly meetings to determine upcoming schedules to anticipate needs.<br/>The DON/designee will report findings to the Administrator. The DON/designee will aggregate findings from these rounds monthly and review the findings with the Administrator/designee. Quarterly on an ongoing basis the DON/designee will provide a report of his findings to the QA committee for action as appropriate.</p> |  |
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| S 560              | <p>Continued From page 2</p> <p>shift.</p> <p>09/07/2021 - 11 CNAs to 122 residents on the day shift.</p> <p>09/08/2021 - 9 CNAs to 122 residents on the day shift.</p> <p>09/09/2021 - 11 CNAs to 122 residents on the day shift.</p> <p>09/10/2021 - 10 CNAs to 122 residents on the day shift.</p> <p>09/11/2021 - 12 CNAs to 122 residents on the day shift.</p> <p>09/12/2021 - 12 CNAs to 122 residents on the day shift.</p> <p>09/12/2021 - 8 CNAs to 122 residents on the night shift.</p> <p>09/13/2021 - 9 CNAs to 123 residents on the day shift.</p> <p>09/14/2021 - 12 CNAs to 123 residents on the day shift.</p> <p>09/15/2021 - 12 CNAs to 122 residents on the day shift.</p> <p>09/16/2021 - 10 CNAs to 120 residents on the day shift.</p> <p>09/16/2021 - 5 CNAs to 120 residents on the night shift.</p> <p>09/17/2021 - 12 CNAs to 120 residents on the day shift.</p> <p>09/18/2021 - 13 CNAs to 120 residents on the day shift.</p> <p>During an interview on 09/24/2021 at 1:34 PM, the Nursing Scheduler indicated the number of staff scheduled to work was based on the daily census, and they used agency staff. She also indicated she calls different employees to see if they would come into work early, stay late, or work extra. She indicated enough staff was scheduled for each shift, but last-minute call outs were causing insufficient staffing in the facility.</p> | S 560         |   |                    |

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| S 560              | Continued From page 3<br><br>During an interview on 09/25/2021 at 2:45 PM, the Administrator verified the facility was short staffed between 09/05/2021 and 09/18/2021. The Administrator indicated they were doing everything possible to increase the number of CNAs. She indicated the facility was increasing pay rate substantially and engaging in more contracts with staffing agencies to meet the staff-to-resident ratio. | S 560         |   |                    |

## STATE FORM: REVISIT REPORT

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|---|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>061112    | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2  | DATE OF REVISIT<br>11/3/2021 | Y3 |
| NAME OF FACILITY<br>RIVERSIDE NURSING AND REHABILITATION CENTER |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>325 JERSEY STREET<br>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<br>Y4         | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 |
|--------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix S0560    | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 8:39-5.1(a) | Completed  | Reg. # _____    | Completed  | Reg. # _____    | Completed  |
| LSC _____          | 10/21/2021 | 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 _____       |            |

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| 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<br>9/25/2021      |                        | <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 |                       |      |