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

PRINTED: 12/28/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		315448	B. WING			C 03/22/2023
	ROVIDER OR SUPPLIER W ESTATES REHAB AN	D SENIOR LIVING CENTER	•	STREET ADDRESS, CITY, STATE, 2 303 BANK AVE RIVERTON, NJ 08077	ZIP CODE	33.22.23
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE CROSS-REFERENCED		
F 000	INITIAL COMMENTS	;	F	000		
	Complaint#: NJ1588	79, NJ159443, NJ160977				
	Census: 46					
	Sample: 3	oliance with the requirements				
		Subpart B, for Long Term on this complaint survey.				
LABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATUI	DE .	TITLE		(X6) DATE

Electronically Signed 04/17/2023 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.

Facility ID: NJ30301

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New Jersey Department of Health

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			A. BUILDING:			<u>}</u>
		030301	030301 B. WING			2/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
RIVERVIE	W ESTATES REHAB ANI	D SENIOR LIVING C RIVERTON				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	COMPLAINT#: NJ15	58879, NJ159443, NJ160977				
	CENSUS: 46					
	SAMPLE: 3					
	Code, Chapter 8:39, 3 Long Term Care Faci submit a plan of corre completion date, for e that the plan is impler deficiencies may resu	Jersey Administrative Standards for Licensure of lities. The facility must ection, including a each deficiency and ensure mented. Failure to correct alt in enforcement action in Provisions of the New Jersey Title 8, Chapter 43E,				
S 560	8:39-5.1(a) Mandator	y Access to Care	S 560			4/21/23
	(a) The facility shall c Federal, State, and lo regulations.	omply with applicable ocal laws, rules, and				
	by:	is not met as evidenced		All residents are at risk to be affected the deficient practice	by	
	it was determined that staffing ratios were m minimum staff-to-resi the State of New Jers	ument review on 3/22/2023, at the facility failed to ensure the to maintain the required dent ratio as mandated by sey for the facility was fing for residents on 8 of 14		The facility implemented higher rates C.N.A's. Facility conducts job fairs, an increased staff referral and sign on bonuses. Facility contracted with a ne staffing agency for additional staffing. DON or designee will review staffing callouts daily and make every effort to replace. Nursing staff will assist in	ew	

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

TITLE (X6) DATE

Electronically Signed

04/17/23

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW ESTATES REHAB AND SENIOR LIVING CI SUMMARY STATEMENT OF DEPICIENCE OF PARTY OF SUPPLIES OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF PROVIDERS PLAN OF CORRECTION OF SUPPLIES OF PARTY OF SUPPLIES	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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RIVERVIEW ESTATES REHAB AND SENIOR LIVING CI PAGE SUMMARY STATEMENT OF DEFICIENCIES PAGE PROVIDERS PLAN OF CORRECTION PREFIX PAGE PA			030301	B. WING		03/22/2023		
RECOULD DEFICIENCY MUST BE PRECEDED BY FULL TAG		RIVERVIEW ESTATES REHAB AND SENIOR LIVING C						
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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 CNAs, and each direct staff member shall be to CNAs, and each direct staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided that each direct care staff member to every 14 residents for the night shift, provided to CNAs for 44 residents on the day shift, required 5 CNAs. 10/16/22 had 4 CNAs for 44 residents on the day shift, required 5 CNAs. 10/20/22 had 4 CNAs for 42 residents on the day shift, required 5 CNAs. 10/21/22 had 4 CNAs for 42 residents on the day shift, required 5 CNAs.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE		
10/22/22 had 3 CNAs for 42 residents on the day shift, required 5 CNAs.	S 560	Reference: New Jerse (NJDOH) memo, date with N.J.S.A. (New Je 30:13-18, new minimum nursing homes," indice Governor signed into codified at N.J.S.A. 30 established minimum nursing homes. The feffective on 02/01/2020. One Certified Nurse A residents for the day a member to every 10 members shall be CN member shall be sign nurse aide and shall pand One direct care a residents for the night direct care staff members and perform CN. The facility was deficited ay shifts as follows: DAY SHIFT 10/16/22 had 2 CNAs shift, required 5 CNAs 10/17/22 had 4 CNAs shift, required 5 CNAs 10/18/22 had 4 CNAs shift, required 5 CNAs 10/20/22 had 4 CNAs shift, required 5 CNAs 10/21/22 had 3 CNAs shift, required 5 CNAs 10/22/22 had 3 CNAS 10/22/22 had 4 CNAS 10/22/22 had 3 CNAS 10/22/22/22 had 3 CNAS 10/	ey Department of Health and 01/28/2021, "Compliance ersey Statutes Annotated) arm staffing requirements for ated the New Jersey law P.L. 2020 c 112, 0:13-18 (the Act), which staffing requirements in collowing ratio(s) were 21: Aide (CNA) to every eight shift. One direct care staff esidents for the evening fewer than half of all staff As, and each direct staff ed in to work as a certified cerform nurse aide duties; taff member to every 14 is shift, provided that each cer shall sign in to work as a A duties. Bent in CNA staffing for 6 of 7 for 44 residents on the day as for 44 residents on the day as for 42 residents on the day	S 560	Nursing management will review the staffing ratios daily at the clinical daily meeting to ensure all efforts to meet proper standards are being met. Findings will be submitted to the mongapi committee for 3 months who will	thly		

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S 560	Continued From page	2	S 560				
	The facility was deficiday shifts as follows: DAY SHIFT 11/06/22 had 3 CNAs shift, required 5 CNAs	ent in CNA staffing for 2 of 7 for 43 residents on the day s. for 42 residents on the day					