

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:  <b>315448</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW ESTATES REHAB AND SENIOR LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 BANK AVE</b> <b>RIVERTON, NJ 08077</b>		
(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	<p>INITIAL COMMENTS</p> <p>Complaint#: NJ158879, NJ159443, NJ160977</p> <p>Census: 46</p> <p>Sample: 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 survey.</p>	F 000			

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

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW ESTATES REHAB AND SENIOR LIVING C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 BANK AVE</b> <b>RIVERTON, NJ 08077</b>
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S 000	<p>Initial Comments</p> <p>COMPLAINT#: NJ158879, NJ159443, NJ160977</p> <p>CENSUS: 46</p> <p>SAMPLE: 3</p> <p>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.</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: COMPLAINT#: NJ158879, NJ159443, NJ160977</p> <p>Based on facility document review on 3/22/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for the facility was deficient in CNA staffing for residents on 8 of 14 day shifts.</p>	S 560	<p>All residents are at risk to be affected by the deficient practice</p> <p>The facility implemented higher rates for C.N.A's. Facility conducts job fairs, and increased staff referral and sign on bonuses. Facility contracted with a new staffing agency for additional staffing. DON or designee will review staffing callouts daily and make every effort to replace. Nursing staff will assist in</p>	4/21/23

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S 560	<p>Continued From page 1</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 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 signed in to 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>The facility was deficient in CNA staffing for 6 of 7 day shifts as follows:</p> <p>DAY SHIFT</p> <p>10/16/22 had 2 CNAs for 44 residents on the day shift, required 5 CNAs 10/17/22 had 4 CNAs for 44 residents on the day shift, required 5 CNAs. 10/18/22 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. 10/22/22 had 3 CNAs for 42 residents on the day shift, required 5 CNAs.</p>	S 560	<p>covering open C.N.A shifts when needed.</p> <p>Nursing management will review the staffing ratios daily at the clinical daily meeting to ensure all efforts to meet proper standards are being met.</p> <p>Findings will be submitted to the monthly qapi committee for 3 months who will determine further interventions as needed.</p>	
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S 560	<p>Continued From page 2</p> <p>The facility was deficient in CNA staffing for 2 of 7 day shifts as follows:</p> <p><b>DAY SHIFT</b></p> <p>11/06/22 had 3 CNAs for 43 residents on the day shift, required 5 CNAs. 11/12/22 had 4 CNAs for 42 residents on the day shift, required 5 CNAs.</p>	S 560		