New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	X3) DATE SURVEY COMPLETED					
030301			B. WING		08/11/2021			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE ZIP CODE				
303 BANK AVF								
RIVERVI	EW ESTATES REHAB	AND SENIOR LIV	N, NJ 08077	,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
S 000	Initial Comments		S 000					
	WITH THE STAND. ADMINISTRATIVE STANDARDS FOR TERM CARE FACII SUBMIT A PLAN O INCLUDING A CON DEFICIENCY AND IMPLEMENTED. FA DEFICIENCIES MA ENFORCEMENT A WITH THE PROVIS	MPLETION DATE, FOR EACH ENSURE THAT THE PLAN IS AILURE TO CORRECT BY RESULT IN CTION IN ACCORDANCE BIONS OF THE NEW TRATIVE CODE, TITLE 8, IFORCEMENT OF						
S 560		ory Access to Care comply with applicable local laws, rules, and	S 560		9/10/21			
	This REQUIREMENt by: Based on interviews the facility failed to met for 10 of 42 shi increase in the resignine consecutive shad the potential to Findings include: Reference: New Je (NJDOH) memo, dawith N.J.S.A. (New 30:13-18, new minimages.	NT is not met as evidenced is and facility document review, ensure staffing ratios were fts reviewed. There was no dent census for a period of hifts. This deficient practice affect all residents. Trisky Department of Health ated 01/28/2021, "Compliance Jersey Statutes Annotated) mum staffing requirements for licated the New Jersey		1. Resident number 8,11,34,3,23,2,18,30,14,4,33,10,31 19 all have been affected by staffin shortages. A thorough analysis of systems, schedules and resources done by the Administrator, Director Nursing, Human Resources Director Staffing Coordinator. 2. All resident's have the potential traffected by staffing shortages. 3. A thorough analysis of staffing syschedules and resources was done.	g staffing was of or and o be			

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

TITLE

(X6) DATE

Electronically Signed

08/29/21

PRINTED: 03/02/2023 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	·		
030301			B. WING		08/11/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
RIVERVI	EW ESTATES REHAE	303 BANK 303 BANK RIVERTOI	(AVE N, NJ 08077	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
S 560	Continued From pa	ige 1	S 560			
	Governor signed in codified at N.J.S.A. established minimularing homes. The effective on 02/01/2 One Certified Nurse residents for the data one direct care states are sidents for the evidence of the evidence of the control of the c	to law P.L. 2020 c 112, 30:13-18 (the Act), which am staffing requirements in e following ratio(s) were 2021: e Aide (CNA) to every eight ay shift. Iff member to every 10 vening shift, provided that no all staff members shall be rect staff member shall be s a CNA and shall perform and Iff member to every 14 ght shift, provided that each ember shall sign in to work as a		Administrator, Director of Nursing, Resource Director and Staffing Coordinator to determine the root staffing shortages. A salary survey completed as part of our analysis ensure salaries are competitive. T salary survey revealed that the fachiring rates for C.N.A's were not competitive. Based on the root can analysis it was determined that non-competitive hiring rates comb with increased regulatory staffing and the work force reduction due COVID-19 pandemic are causing shortages. The Director of Nursing requested government assistance staffing shortages via facility NHS COVID 19 surveys. The facility has increased C.N.A. s rates to a competitive wage with a monies paid for years of experience.	cause of was to he cility use ined catios to staffing has with N	
	provided Nursing H Report from the we 7/25/2021 which incresident ratio for ear 7/18/2021-(Census Residents 7/19/2021-(Census Residents 7/21/2021-(Census Residents 7/22/2021-(Census Residents 7/23/2021-(Census Residents	Jurveyor reviewed the facility lome Resident Care Staffing leks of 7/18/2021 and cluded the following staff to each shift: 3-34) Day Shift 1 CNA: 11.3 3-34) Day Shift 1 CNA: 8.5 3-35) Day Shift 1 CNA: 8.8 3-36) Day Shift 1 CNA: 9.0 3-36) Day Shift 1 CNA: 12.0 3-34) Day Shift 1 CNA: 11.3		current C.N.A. pay rates have been increased based on new hire rates years of experience to ensure staff retention. A job fair is scheduled. Human Resource Director will common work with C.N.A. schools and unemployment to recruit C.N.A's positions continue to be posted in facility, on Indeed, Facebook. The Administrator will coordinate orien and onboarding of C.N.A's on an an eeded basis to expedite increase C.N.A. workforce. The Human Re Director will continue to participate Leading Age/Round Table Human Resource meetings to discuss statchallenges, gain best practice information and solutions. The facility will continue Licensed Practical Nurses to the staff of the staff	s and f The The tinue to Open the tation as ad source in ffing rmation inue to	

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00004		B. WING		00/4	4/0004
		030301		B. WING		08/1	1/2021
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
RIVERVI	EW ESTATES REHAB	S AND SENIOR LIN	303 BANK RIVERTO	(AVE N, NJ 08077	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 560	Continued From pa	ge 2		S 560			
5 500	7/27/2021-(Census Residents 7/28/2021-(Census Residents 7/29/2021-(Census Residents 7/31/2021-(Census Residents During an interview the facility staffing of am aware of the net CONAN to 8 residents 10 residents and residents. We have and temporary nurs staff to meet the stawhether the facility staffing ratios, the Sour ability. We try to there are days that two weeks." The Sour buring an interview Human Resources	-34) Day Shift 1 CNA -34) Day Shift 1 CNA -34) Day Shift 1 CNA -35) Day Shift 1 CNA -34) Day Shift 1 CNA -36 coordinator (SC) state of co	a: 12.7 a: 11.7 a: 8.5 17 AM, ed, "Yes, I y shift is is 1 CNA IA to 14 y CNA's o our own asked ed e best of ents but the last y had taff. I AM, the I am	5 500	C.N.A. duties when possible to en staffing requirements and resident are met. 4. The Administrator, Director of N and Human Resources Director w monitor daily staffing and monthly schedule to assist in proactively id and filling open shifts and position Smartlinx system will be utilized to and track open positions. The Hur Resource Director will submit a m report to the Administrator on open positions, hiring and retention of C staff. The report will be reviewed to Administrator and QAPI committee identify and analyze trends as part monthly QAPI meeting.	t needs lursing ill entifying s. The identify man onthly n c.N.A. by the e to	
	have had an insane trying hard to hire n	and I have a copy of a amount of turnover. New people and have	We are				
	version 1.1 (H5MAI 2017, revealed und Statement: Our fac numbers of staff wi necessary to provio residents in accord	lity policy titled "Staffi PL0842) and revised er the heading Policy ility provides sufficier th the skills and comple care and services ance with resident ca	October / nt petency for all nre plans				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RIVERVI	EW ESTATES REHAB	AND SENIOR LIV 303 BANK RIVERTO	(AVE N, NJ 08077	,			
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S 560	Continued From pa	ge 3	S 560				
S 560	heading Policy Inter at 2. "Staffing numb of direct care staff a	rpretation and Implementation pers and the skill requirements are determined by the census sidents based on each are.	S 560				

PROVIDE	R / SUPPLIER	/ CLIA /	MULTIPLE CON	STRUCTION					DATE OF REVISIT			
	CATION NUMBI	ER	A. Building B. Wing						9/22/2021			
	FACILITY	Y1	· · · · · · · · · · · · · · · · · ·			STREET ADDRESS, C	CITY, STATE, ZIP (12 13			
		REHAE	AND SENIOR	LIVING CEN	LIVING CENTER 303 BANK AVE							
					RIVERTON, NJ 08077							
correctiv	e action was a tion prefix cod	ccomplis	shed. Each det	ficiency shoul	ld be fully iden	reviously reported tha tified using either the efix codes shown to t	regulation or LS	C provision	n number and the			
ITE	M		DATE	ITEM		DATE	ITEM		DATE			
Y4			Y5	Y4		Y5	Y4		Y5			
ID Prefix	S0560		Correction	ID Prefix		Correction	ID Prefix		Correction			
Reg. #	8:39-5.1(a)		Completed	Reg. #		Completed	Reg. #		Completed			
LSC			09/10/2021	LSC			LSC					
							-					
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction			
Reg.#			Completed	Reg. #		Completed	Reg. #		Completed			
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LSC			_	LSC			LSC					
STATE A		REVIEN	WED BY LS)	DATE	SIGNATU	IRE OF SURVEYOR			DATE			
REVIEWED BY CMS RO (INITIALS)				DATE	TITLE				DATE			
FOLLOWUP TO SURVEY COMPLETED ON 8/11/2021						CORRECTED DEFICIENCIES (CMS-2567)			YES NO			
				1								

Page 1 of 1

EVENT ID:

LIPU12