

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW ESTATES REHABILITATION&amp;SENIOR LIV</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 BANK AVENUE RIVERTON, NJ 08077</b>		
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: COVID-19 Focused Infection Control</p> <p>Census: 32</p> <p>Sample size: 6</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 02/15/2022. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</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>	A 000		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

05/23/22

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to prepare and serve food in accordance with the provisions of Chapter 24, N.J.A.C. 8:24. "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" when one of one staff member did not wear gloves and used her bare hands when she prepared and served a sandwich to Resident #2.</p> <p>Findings included:</p> <p>Reference: CHAPTER 24 (N.J.A.C. 8:24) "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," read, " .... 8:24-2.3 (f) Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: 1. After touching bare human body parts other than clean hands and clean, exposed portions of arms; 2. After using the toilet room; 3. After caring for or handling service animals or aquatic animals; 4. After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking, except as specified in N.J.A.C. 8:24-2.4(a)2; 5. After handling soiled equipment</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>or utensils; 6. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; 7. When switching between working with raw food and working with ready-to-eat food; 8. Before donning gloves for working with foods; and 9. After engaging in other activities that contaminate the hands ....."</p> <p>8:24-3.3 read, "Protection from contamination after receiving (a) Requirements for preventing contamination from hands include the following:</p> <ol style="list-style-type: none"> <li>1. Food employees shall wash their hands as specified under N.J.A.C. 8:24- 2.3.</li> <li>2. Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment ...</li> <li>3. Food employees shall minimize bare hand and arm contact with exposed ...</li> <li>4. Food employees not serving a highly susceptible population may contact exposed, ready-to-eat food with their bare hands if ... maintains written procedures that can be made available to the health authority upon request that include: I. For each bare hand contact procedure, a listing of the specific ready-to-eat foods that may be touched by bare hands ....."</li> </ol> <p>1. On 02/15/2022 at 11:57 AM, the surveyor observed Certified Nursing Assistant (CNA) #5 in the facility's dining room passing lunch plates to residents. CNA #5 went from serving other residents their lunch plates to sitting and assisting Resident #2. The surveyor observed Resident #2's plate with a sandwich that was cut in half with a packet of mayonnaise on the side. The surveyor observed CNA #5 opened the mayonnaise packet and with bare hands, picked</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>up the top piece of the sandwich and squeezed the mayonnaise onto the top part of the bread. She then used a knife to spread mayonnaise onto the bread. CNA #5 placed the top piece of the bread back onto the sandwich with her bare hands. She then placed the same bare hand on top of the bread as she cut the sandwich into quarter slice. CNA #5 then picked up the quartered slice sandwich with her bare hand and gave it to Resident #2.</p> <p>CNA #5 was then observed getting up from that seat and started to serve another resident a piece of pie. She also assisted another resident and pushed the resident's wheelchair. At no time was CNA #5 observed washed nor sanitized her hands before she touched and prepared Resident #2's sandwich. The surveyor was unable to interview Resident #2.</p> <p>On 02/15/2022 at 12:07 PM, the surveyor interviewed CNA #5 who stated that she knew she made a mistake and should have used a pair of gloves or a knife and fork. She stated she should have washed her hands after helping Resident #2 with the sandwich and before she assisted another resident.</p> <p>On 02/15/2022 at 4:03 PM, the surveyor interviewed the Infection Control Nurse (IC Nurse) and the Executive Director (ED). The IC Nurse stated it was her expectation that CNA #5 should have washed her hands and then put on gloves prior to preparing and handing the sandwich to Resident #2.</p> <p>The surveyor's review of facility's policy titled, "Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices," revealed, "...#8. Contact between food and bare (ungloved) hands</p>	A 891		

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A 891	Continued From page 4  is prohibited ...#10. Gloves are considered single-use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper hand washing ...."	A 891		
A1271	8:36-18.1(a) Infection Prevention and Control Services  (a) The facility shall develop and implement an infection prevention and control program.          This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to consistently implement its infection control prevention program in accordance with the Centers for Disease Control guidelines and policies to ensure employees going in and out of residents' rooms, washed or sanitized their hands, for 2 of 7 employees observed, a laundry staff and Certified Nursing Assistant [CNA] #7). In addition, the facility failed to ensure employees were wearing the appropriate personal protective equipment (PPE) required during a COVID-19 outbreak for 1 of 17 employees observed, Cook #8.  Findings included:  Reference: CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 02/02/2022,	A1271		

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A1271	<p>Continued From page 5</p> <p>read, " ... Implement Universal Use of Personal Protective Equipment for HCP ... If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). Additionally, HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below:</p> <p>" NIOSH-approved N95 or equivalent or higher-level respirators should be used for: ...</p> <p>"NIOSH-approved N95 or equivalent or higher-level respirators can also be used by HCP working in other situations where additional risk factors for transmission are present such as the patient is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place ...</p> <p>" To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.</p> <p>" Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters ...."</p> <p>Reference: CDC's Guidelines "Handwashing: Clean Hands Saves Lives" read, "Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:</p>	A1271		

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A1271	<p>Continued From page 6</p> <p>Use an Alcohol-Based Hand Sanitizer Wash with Soap and Water " Immediately before touching a patient " When hands are visibly soiled ... " Before moving from work on a soiled body site to a clean body site on the same patient ... " After known or suspected exposure to spores (e.g. B. anthracis, C difficile outbreaks ... " After touching a patient or the patient's immediate environment " After contact with blood, body fluids or contaminated surface " Immediately after glove removal ...."</p> <p>1. On 02/15/2022 at 11:15 AM, the surveyor observed a laundry staff going in and out of four resident rooms and delivered clean laundry. Each time the laundry staff entered a resident room, she failed to sanitize her hands. On 02/15/2022 at 11:18 AM, the surveyor interviewed the laundry staff who stated that the facility's policy was to sanitize your hands every time you entered or exited a room. The laundry staff stated it took too long for sanitizer to dry hands every time she went in or out of a room so she tried not to touch anything in the residents' rooms. She stated she would deliver all the clean laundry and then return to the laundry room, where she would use soap and water to clean her hands.</p> <p>On 02/15/2022 at 11:31 AM, the surveyor interviewed the Infection Control Nurse (IC Nurse). She stated that the expectation was that all employees were to sanitize their hands before they entered a resident's room and when they exited a resident's room. She stated that the policy included the delivery of clean laundry to resident rooms.</p>	A1271		

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A1271	<p>Continued From page 7</p> <p>On 02/15/2022 at 3:40 PM, Certified Nursing Assistant (CNA) #7 was observed going in the room of Resident #5 to take vital signs. The surveyor did not observe CNA #7 f wash nor sanitize her hands prior to entering the resident's room. CNA #7 was observed coming out of Resident #5's apartment and then entered into Resident #6's apartment. CNA #7 failed to wash or sanitize her hands between residents.</p> <p>On 02/15/2022 at 3:43 PM, during an interview with the surveyor, CNA #7 stated she was supposed to wash or sanitize her hands in between each resident's contact. She, however, acknowledged that she did not wash nor sanitize her hands between the two residents' contact.</p> <p>On 02/15/2022 at 3:52 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #6 who stated that it was her expectation that the CNAs would wash or sanitize their hands in between seeing and contact with residents.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC Nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated it was their expectation for any employee who went in or out of a resident's room to sanitize or wash their hands.</p> <p>The facility policy titled, "Infection Control - Policy and Procedure for Coronavirus (COVID-19)," dated 01/25/2022, revealed, "1. Hand Hygiene: a. staff will perform hand hygiene frequently, including before and after all resident contact, before contact with residents' surroundings."</p> <p>2. On 02/15/2022 at 11:44 AM, during the lunch meal service observation in the main dining room, the surveyor observed Cook #8 serving the meal.</p>	A1271			



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A1271	<p>Continued From page 8</p> <p>He was wearing the N95 mask but was not wearing any eye protection except for prescription glasses. Cook #8 was unable to be interviewed.</p> <p>On 02/15/2022 at 12:15 PM, the surveyor interviewed the Infection Control Nurse (IC Nurse). The IC Nurse stated the expectation of all employees was to wear an N95 mask and a face shield. She stated that it included servers in the dining room. The IC Nurse stated Cook #8 had been counseled several times before for refusing to follow the facility's COVID-19 policies.</p> <p>On 02/15/2022 at 12:19 PM, the Food Services Director (FSD) was interviewed. She stated that Cook #8 had received in-service training on the proper PPE to wear and when to use them and had been counseled after his refusal to follow the COVID-19 policies of the facility.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated it was their expectation that all employees were wear an N95 mask and a face shield. The ED stated that she was aware of the previous disciplinary action of Cook #8 and that she did not understand why he would not comply with the facility's policy.</p> <p>The facility was currently in COVID-19 outbreak status. The required personal protective equipment (PPE) was an N95 mask and a face shield (eye protection).</p> <p>Surveyor's review of the facility policy titled, "Personal Protective Equipment," reviewed 03/14/2020, revealed, " ... 6. Employees who fail to use personal protective equipment when indicated may be disciplined in accordance with</p>	A1271		

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A1271	<p>Continued From page 9</p> <p>personnel policies ...."</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure employees going in/out of residents' rooms washed or sanitized their hands. This affected 2 (Laundry and Certified Nursing Assistant [CNA] #7) out of 5 employees observed entering/exiting resident apartments. The facility also failed to ensure employees were wearing required personal protective equipment (PPE) during a COVID-19 outbreak. This affected 1 (Cook #8) out of 17 employees observed for proper PPE use.</p> <p>Findings included:</p> <p>1. On 02/15/2022 at 11:15 AM, a laundry employee (Laundry) was observed going in and out of four resident rooms delivering clean laundry. Each time Laundry entered a resident room, she failed to sanitize her hands. Each time she exited a resident room, she failed to sanitize her hands.</p> <p>On 02/15/2022 at 11:18 AM, Laundry was interviewed and stated that the facility's policy was to sanitize your hands every time you entered or exited a room. Laundry stated it took too long to sanitize her hands every time she went in or out of a room because of the length of time it took for the sanitizer to dry. She stated she tried not to touch anything in the residents' rooms. She stated she would deliver all the clean laundry and then return to the laundry room, where she would use soap and water to clean her hands.</p>	A1271			

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A1271	<p>Continued From page 10</p> <p>On 02/15/2022 at 11:31 AM, the Infection Control Nurse (IC Nurse) was interviewed. She stated the expectation was that all employees were to sanitize before they entered a resident's room and when they exited a resident's room. She stated the policy included the delivery of clean laundry to resident rooms.</p> <p>On 02/15/2022 at 3:40 PM, Certified Nursing Assistant (CNA) #7 was observed going in the room of Resident #5 to take vital signs. CNA #7 failed to wash or sanitize her hands prior to entering the resident's room. CNA #7 was observed coming out of Resident #5's apartment and then entered into Resident #6's apartment. CNA #7 failed to wash or sanitize her hands between residents. When CNA #7 came out of the resident's room, she did not wash or sanitize her hands.</p> <p>On 02/15/2022 at 3:43 PM, CNA #7 was interviewed. CNA #7 stated she was supposed to wash or sanitize her hands in between each resident. CNA #7 acknowledged that she did not wash or sanitize her hands after she left either resident's room or before entering the room.</p> <p>On 02/15/2022 at 3:52 PM, Licensed Practical Nurse (LPN) #6 was interviewed. LPN #6 stated it was her expectation that the CNAs would wash or sanitize their hands in between seeing residents.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC Nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated it was their expectation for any employee who went in or out of a resident's room to sanitize or wash their hands.</p> <p>The facility policy titled, "Infection Control - Policy</p>	A1271		

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A1271	<p>Continued From page 11</p> <p>and Procedure for Coronavirus (COVID-19)," dated 01/25/2022, revealed, "1. Hand Hygiene: a. staff will perform hand hygiene frequently, including before and after all resident contact, before contact with residents' surroundings."</p> <p>2. The facility was currently in COVID-19 outbreak status. The required personal protective equipment (PPE) was an N95 mask and a face shield (eye protection). On 02/15/2022 at 11:44 AM during the lunch meal service in the main dining room, Cook #8 was observed serving the meal. He was wearing the N95 mask but was not wearing any eye protection except for prescription glasses. Cook #8 was unable to be interviewed.</p> <p>On 02/15/2022 at 12:15 PM, the Infection Control Nurse (IC Nurse) was interviewed. The IC Nurse stated the expectation of all employees was to wear an N95 mask and a face shield. She stated that included servers in the dining room. The IC Nurse stated Cook #8 had been counseled several times for refusing to follow the facility's COVID-19 policies.</p> <p>On 02/15/2022 at 12:19 PM, the Food Services Director (FSD) was interviewed. She stated that Cook #8 had received in-service training on the proper PPE to wear and when. The FSD stated he had been counseled for his refusal to follow the COVID-19 policies of the facility.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated it was their expectation that all employees were to be wearing an N95 mask and a face shield. The ED was aware of the previous disciplinary action of Cook #8 and stated she did not understand why he would not comply with the</p>	A1271		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW ESTATES REHABILITATION&amp;SENIOR LIV</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 BANK AVENUE 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) COMPLETE DATE
A1271	Continued From page 12  facility's policy.  The facility policy titled, "Personal Protective Equipment," reviewed 03/14/2020, revealed, "6. Employees who fail to use personal protective equipment when indicated may be disciplined in accordance with personnel policies."	A1271		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services  (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:  7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:  i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;  ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused;  iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and  iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;	A1303		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW ESTATES REHABILITATION&amp;SENIOR LIV</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 BANK AVENUE RIVERTON, NJ 08077</b>		
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A1303	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement its infection control and prevention program and policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment" to ensure employees disinfect reusable medical equipment between resident's use, for 2 of 2 residents observed, Resident #5 an</p> <p>Findings included:</p> <p>Reference: A publication by Occupational Safety and Health Administration (OSHA): Title 29 Part 1910.1030. Bloodborne pathogens. included the following, " ...Standard Precautions: equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient) ...."</p> <p>1. On 02/15/2022 at 3:40 PM, the surveyor observed Certified Nursing Assistant (CNA) #7 going into the apartment of Resident #5 with a <b>EX. Order 26.(4) B1</b> [REDACTED]. CNA #7 had a cart in the hallway that she was using to place the equipment on between room visits. It was observed that there were no disinfectant wipes on the cart. CNA #7 was observed coming out of</p>	A1303			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2022</b>
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A1303	<p>Continued From page 14</p> <p>Resident #5's apartment and then entering into Resident #6's apartment. The <b>EX. Order 26.(4) B1</b> were not cleaned or disinfected in between the residents. CNA #7 was observed in the apartment of Resident #6 taking the <b>EX. Order 26.(4) B1</b> of Resident #6. When CNA #7 came out of the resident's room, she did not disinfect the medical equipment.</p> <p>On 02/15/2022 at 3:43 PM, CNA #7 was interviewed. CNA #7 stated she was supposed to disinfect the medical equipment between each resident. CNA #7 acknowledged that she did not disinfect the equipment after she left either resident's apartment or before entering the room. She stated she had not been disinfecting the medical equipment for months.</p> <p>On 02/15/2022 at 3:52 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #6 who stated that it was her expectation that since CNAs took vital signs of all residents during their shift, they disinfect the medical equipment between each resident's use.</p> <p>On 02/15/2022 at 4:03 PM, the Infection Control Nurse (IC Nurse) and the Executive Director (ED) were interviewed simultaneously. They both stated that it was their expectation, since the policy of the facility required that all reusable medical equipment was to be cleaned and sanitized between each resident.</p> <p>Surveyor's review of facility's policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment," dated October 2018, revealed, "Policy Statement: Resident-care equipment, including reusable items and durable medical equipment will be cleaned and</p>	A1303		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2022</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
A1303	Continued From page 15  disinfected according to current CDC [Centers for Disease Control and Prevention] recommendations for disinfection and the OSHA [Occupational Safety and Health Administration] Bloodborne Pathogens Standard ...1. d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment.) ...4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufactures' instructions ...."	A1303		



**Baptist Home of South Jersey**

**License # 10C000**

**2/15/22**

**Assisted Living Infection Control Survey**

**Plan of Correction**

**A891**

1. C.N.A. #5 was provided with 1:1 re-education by the facility Infection Preventionist on preventing food borne illness and the need to wear gloves when assisting residents with meals.
2. All residents have the potential to be affected by this deficient practice.
3. All dietary and nursing staff will be re-educated on preventing food borne illness and the need to wear gloves when assisting residents with meals. Random audits of meal service will be conducted by the Dietary Director or designee. Audits will be done 3x week for 90 days.
4. Results of audits will be included in Dietary Director's monthly report and submitted for review at monthly QAPI meeting. All incidents of non-compliance will be reported to the Administrator and addressed immediately.
5. Date of completion 3/31/22

**A1271**

1. C.N.A. #7 and laundry staff received 1:1 re-education on handwashing per CDC Infection Control Pandemic guidelines. Re-education was done by the facility Infection Preventionist. Cook #8 was suspended without pay for 3 days. He received 1:1 re-education on required PPE usage during a COVID-19 outbreak. Re-education was provided by the Dietary Director.
2. All residents have the potential to be affected by this deficient practice.
3. All C.N.A's and Housekeeping/ Laundry staff were re-educated on handwashing per CDC Infection Control Pandemic guidelines. Re-education was done by the facility Infection Preventionist. All dietary staff were re-educated on required PPE usage during a COVID-19 outbreak. Random audits of hand sanitizing by staff between resident rooms will be done by the Infection Preventionist or designee. Random audits of proper PPE usage will be done by the Dietary Director and Infection Preventionist. Audits will be done weekly for 90 days.
4. Results of audits will be included in Dietary Director's monthly report and Infection Preventionist monthly report. Reports will be submitted for review at monthly QAPI meeting. All incidents of non-compliance will be reported to the Administrator and addressed immediately.
5. Date of completion 3/31/22

**Baptist Home of South Jersey**

**License # 10C000**

**2/15/22**

**Assisted Living Infection Control Survey**

**Plan of Correction**

**p. 2**

**A1303**

1. C.N.A. #7 was re-educated on the required sanitizing of all reusable medical equipment and DME between residents per facility policy. Re-education was provided by the Infection Preventionist.
2. All residents have the potential to be affected by this deficient practice.
3. All C.N.A's were re-educated on the required sanitizing of all reusable medical equipment and DME between residents per facility policy. Re-education was provided by the Infection Preventionist. Weekly audits will be done the Infection Preventionist or designee. Audits will be done for 90 days.
4. Results of audits will be included in the Infection Preventionist's monthly report. Reports will be submitted for review at the monthly QAPI meeting. All incidents of non-compliance will be reported to the Administrator and addressed immediately.
5. Date of completion 3/31/22

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/23/2022
NAME OF FACILITY RIVERVIEW ESTATES REHABILITATION&SENIOR LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 303 BANK AVENUE RIVERTON, NJ 08077	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0891	Correction	ID Prefix A1271	Correction	ID Prefix A1303	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-18.1(a)	Completed	Reg. # 8:36-18.3(a)(7)(i-iv)	Completed
LSC	03/31/2022	LSC	03/31/2022	LSC	03/31/2022
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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE		DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/15/2022		<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			