STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	**325 JERSEY STREET TRENTON, NJ 08611**

(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	INITIAL COMMENTS Complaint #: NJ00184543 Survey Dates: 3/25/25 Census: 126 Sample Size: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.	F 607		5/16/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/10/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	**325 JERSEY STREET TRENTON, NJ 08611**

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F 607	Continued From page 1 §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ0018543 Based on interview and review of pertinent documentation provided by the facility on 3/21/25 and 3/25/25, it was determined that the facility failed to implement the facility's "Abuse, Neglect and Exploitation" policy to ensure that existing staff received annual education for 1 of 2 employee files reviewed. This deficient practice was evidenced by the following: The surveyor reviewed the U.S. FOIA (b) (6) employee file, which included a "General Orientation Checklist for All Employees" dated NJ Ex Order 26.4(b)(1). The checklist indicated that the U.S. FOIA (b) had an in-service on "Resident Neglect and Abuse" as part of her orientation. The employee file did not contain any additional in-services regarding this topic. On 3/21/25 at 1:02 P.M., during an interview with the U.S. FOIA (b) she stated that although she could not recall the exact date she received an in-service on Abuse and Neglect (A/N), she knew it had been over a year. On 3/21/25, at 3:18 P.M., during an interview with	F 607	1. The U.S. FOIA (b) (6) immediately received in-service training from the ADON on the Facility abuse and Neglect policy on 3/24/25 2. All residents have the potential to be affected by the deficient practice 3. The U.S. FOIA (b) (6) was inserviced by the Administrator regarding ensuring that all facility staff receive annual in-service training on Facility Abuse and Neglect policies and procedures, and upon hire. An audit was conducted by the ADON to ensure all facility staff were in-serviced within the past year on abuse and neglect policies and procedures. 4. ADON/ Designee will audit new hires and facility staff annual Abuse and Neglect training records monthly x 3 than quarterly x 2 to ensure compliance. Results will be brought to the Quarterly QAPI meetings until substantial compliance is achieved	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. BUILDING _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	**325 JERSEY STREET TRENTON, NJ 08611**

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F 607	Continued From page 2	F 607		

the U.S. FOIA (b) (6)), she stated that all staff were to be in-service on A/N upon hire and annually thereafter. She stated that she was responsible for in-serving staff. Additionally, the U.S. FOIA (b) (6) said that although she kept records of the in-services for the nursing department, the head of each of the other departments was responsible for making sure that their staff were up-to-date on their trainings. The surveyor requested that the U.S. FOIA (b) (6) provide a copy of the U.S. FOIA (b) (6) most recent training on A/N, and she stated that she would check.

During an interview on 3/21/25, at 3:45 P.M., the U.S. FOIA (b) (6) stated that he expected all staff to be trained on A/N upon hire and then annually.

On 3/25/25, at 10:15 A.M., the U.S. FOIA (b) (6) provided the surveyor with a "Resident Rights/Abuse & Neglect Post Test," for the U.S. FOIA (b) dated 3/24/25.

On 3/25/25 at 10:21 A.M., during an interview with the U.S. FOIA (b) (6) she stated that the department was fully staffed and consisted of herself and the U.S. FOIA (b) She further stated that in-services on A/N were to be done at least annually, but they do them all the time at the facility. The surveyor asked if she reviewed and/or provided any in-services to the U.S. FOIA (b) regarding A/N and she stated that she never had. She also said that she did not know when the U.S. FOIA (b) last had an A/N in-service prior to 3/24/25.

On 3/25/25, at 11:36 A.M., during a follow-up interview with the U.S. FOIA (b) (6) she stated that she had provided an A/N in-service with the U.S. FOIA (b) on the previous day [3/24/25]. According to the U.S. FOIA (b) (6) she searched and could not find any training for

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	315235	A. BUILDING _____ B. WING _____	C 03/25/2025

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F 607	Continued From page 3 the [U.S. FOIA (b)] beyond the one completed in 2009 that was in the employee file, so she immediately provided the in-service. She stated that it was her expectation that all staff were to be trained annually and that they should be kept on file. She added that the purpose of the in-services was to remind staff of their obligation to report and that the main purpose was to protect the patients. A review of the facility's undated "Abuse, Neglect and Exploitation" policy, included under the "Employee Training" section, " ... B. Existing staff will receive annual education through planned in-services and as needed..." A review of the [U.S. FOIA (b)] signed job description, dated [NJ Ex Order 26.4(b)(1)], under the "Essential Functions" section, revealed that the SW was to "Assume the authority, responsibility, and accountability of directing the social service department" and "Review and check the competence of social services personnel ..."	F 607		
F 610 SS=D	NJAC 8:39-9.3(a), 13.4(c)2 Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.	F 610		5/16/25

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	315235	A. BUILDING _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	**325 JERSEY STREET TRENTON, NJ 08611**

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F 610	Continued From page 4 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00184543 Based on interview, medical record review, and review of pertinent documentation provided by the facility on 3/21/25 and 3/25/25, it was determined that the facility failed to: a.) immediately initiate an investigation of an NJ Ex Order 26.4(b)(1), and b.) implement the facility's "Abuse, Neglect and Exploitation" policy. This deficient practice was identified for 1 of 1 resident (Resident #2) reviewed for NJ Ex Order 26 and was evidenced by the following: Resident #2 was not at the facility at the time of the survey. A closed record review was conducted. A review of the Admission Record (AR) revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(, indicated	F 610	1. Resident #2 discharged on NJ Ex Order 26.4(b)(NJ Ex Order 26.4(b)(1) occurred due to the deficient practice. 2. All residents have the potential to be affected by the deficient practice 3. All facility staff were re-inserviced by the ADON/Designee on the facility Abuse and Neglect policies and procedures including the requirement of immediately reporting allegations of abuse and neglect, to facility Administration. 4. The DON/Designee will audit resident concerns weekly x4 than monthly x3 to ensure any allegations of abuse or neglect are investigated and reported as per the facility policy. Results of the audit will be brought to the Quarterly QAPI meetings until substantial compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 610	Continued From page 5	F 610		

that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, indicating that the resident's cognition was [redacted]

Further review of Resident #2's medical record revealed a progress note created by the [redacted] on [redacted] at 4:36 P.M., which indicated that Resident #2, "...started [redacted] that I had [redacted] [him/her]..."

On 3/21/25 at 3:45 P.M., during an interview with the [redacted] he stated that [redacted] was a [redacted] and that it was a reportable event. He further stated that [redacted] and [redacted] were to be investigated immediately and, if a staff member was involved, they would have been suspended pending the outcome of the investigation. The [redacted] stated that he was not informed that the [redacted] had been [redacted] towards Resident #2.

On 3/25/25 at 10:21 A.M., during an interview with the [redacted]), she stated that she had been trained on [redacted] and that if she suspected [redacted] she would immediately initiate an investigation and report it to the [redacted] and the [redacted]. The [redacted] further stated that [redacted] was a form [redacted]. When asked if she had received any concerns regarding the [redacted] being [redacted] towards Resident #2, she stated that sometime in [redacted], more than one staff member reported to her that Resident #2 and the [redacted]," and, "I think [the [redacted] went back to [redacted] the resident." The [redacted] stated that she could not recall the exact date/time she was informed nor the names of the staff members. The [redacted] further stated that she did not follow up with the resident or the [redacted] regarding

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RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	**325 JERSEY STREET TRENTON, NJ 08611**

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F 610	Continued From page 6 what was told to her, nor did she report it to the U.S. FOIA (b) (6) A review of the facility's "Abuse, Neglect and Exploitation" policy, implemented on 9/18/23, included under the "Definitions" section, "'Verbal Abuse' means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents ..." The policy further revealed under the "Investigation of Alleged Abuse, Neglect and Exploitation" section, "A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur..." A review of the U.S. FOIA (b) signed job description, dated 11/14/23, under the "Essential Functions" section revealed that the U.S. FOI was to "Assume the authority, responsibility, and accountability of directing the social service department..." NJAC 8:39-27.1(a)	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061112	A. BUILDING: _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CE	325 JERSEY STREET TRENTON, NJ 08611

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 6 day shifts. The deficient practice was evidenced by the following: 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 as N.J.S.A. 30:13-18 (the Act), which	S 560	1. Staffing reviewed for the referenced dates/shifts. No residents were negatively affected. 2. All residents have potential to be affected. 3. Daily review of staffing by DON (or designee) to ensure compliance with NJSA 30:13-18 minimum staffing requirements for nursing homes. Call-out policy reviewed. 4. The DON (or designee) to have weekly meetings to determine upcoming	5/16/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061112	A. BUILDING: _____ B. WING _____	C 03/25/2025

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S 560	Continued From page 1 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 of all staff members shall be CNAs and each direct staff member shall be signed into 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. For the week of Complaint staffing 03/02/2025 to 03/15/2025 for the 03/21/2025 Complaint survey, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -03/02/25 had 14 CNAs for 128 residents on the day shift, required at least 16 CNAs. -03/03/25 had 14 CNAs for 127 residents on the day shift, required at least 16 CNAs. -03/05/25 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs. -03/09/25 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs. -03/14/25 had 12 CNAs for 125 residents on the day shift, required at least 16 CNAs. -03/16/25 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs.	S 560	schedules to anticipate staffing needs and will report findings to the Administrator x 4 weeks; monthly x 3 months with results reported to QAPI. QAPI meets monthly.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315235 Y1	A. Building B. Wing Y2	5/19/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	325 JERSEY STREET TRENTON, NJ 08611

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0607	Correction	ID Prefix F0610	Correction	ID Prefix	Correction
Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. #	Completed
LSC	05/16/2025	LSC	05/16/2025	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/25/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061112 Y1	A. Building B. Wing Y2	5/19/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH AND REHABILITATION CENTER LLC	325 JERSEY STREET 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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/16/2025	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	
3/25/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO