

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10C000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2024
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW ESTATES REHABILITATION&SENIOR LIV	STREET ADDRESS, CITY, STATE, ZIP CODE 303 BANK AVENUE RIVERTON, NJ 08077
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00171539</p> <p>CENSUS: 32</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 871	<p>8:36-9.3(a)(1-2) Personal Care Assistants, Certified Med Aides</p> <p>(a) The facility shall provide on the premises at all times the following minimum numbers of employees:</p> <ol style="list-style-type: none"> 1. At least one awake personal care assistant in accordance with N.J.A.C. 8:36-9.1(a); and 2. At least one additional employee. <p>This REQUIREMENT is not met as evidenced</p>	A 871		

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

TITLE

(X6) DATE

05/03/24

New Jersey Department of Health

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A 871	<p>Continued From page 1</p> <p>by: COMPLAINT #: NJ00171539</p> <p>Repeat deficiency</p> <p>Based on interviews and review of facility staffing schedules, it was determined that the facility failed to consistently provide at least one awake certified aide/personal care assistant and another person on duty at all times in the Comprehensive Personal Care Home (CPCH) as required. This was evidenced by the following:</p> <p>On 03/25/24 at 10:30 a.m., the surveyor reviewed the facility's staffing schedules from 3/11/24 to 03/22/24, which revealed that the facility did not consistently provide the minimum required staffing in the CPCH facility. The following are the days and shifts the facility did not have the required minimum staff:</p> <p>On 3/11/24, 3/12/24, 3/13/24, 3/14/24, 3/15/24, 3/18/24, 3/19/24, 3/20/24, 3/21/24, and 3/22/24 for the 11:00 p.m.-7:00 a.m. shift, there was only one staff listed on the staffing schedule to work.</p> <p>At 10:55 a.m., the surveyor interviewed the Executive Director (ED) regarding the staffing schedules, which showed there was one personal care staff in the facility for the above-mentioned days and shifts. The ED stated the facility had two staff from 7:00 a.m.-3:00 p.m., two staff from 3:00 p.m.-11:00 p.m., and one staff from 11:00 p.m.-7:00 a.m.</p> <p>The surveyor then inquired about who covered the unit when there was one staff scheduled and that staff member took a lunch break. The DON stated if one staff from the facility took a break, a Certified Nursing Assistant (CNA) or Licensed</p>	A 871		
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A 871	<p>Continued From page 2</p> <p>Practical Nurse (LPN) from the Skilled Nursing Unit, which had a seperate license, would come to the CPCH to cover.</p> <p>On 3/27/2024 at 11:30 a.m., the surveyor conducted a telephone interview with the Executive Director who indicated that the census for the two weeks of staffing reviewed was 32 residents.</p> <p>The surveyor reviewed the facility policy titled, "Staffing Policy" which revealed:</p> <p>"Policy ... It is the facility's policy to employ both professional and unlicensed staff in sufficient number and with sufficient ability and training to provide resident care, assistance, and supervision as identified in the general service plan for each resident, and in a manner that promotes the principles and philosophy of Assisted Living in accordance with ... Procedure: ... staffing will be determined by the resident needs and preferences...."</p> <p>The facility failed to follow its policy to provide the minimum number of employees; at least one awake personal care assistant and at least one additional employee.</p>	A 871		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p>	A 935		

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A 935	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00171539</p> <p>Based on observation, and record review, it was determined that the facility failed to ensure that medications were administered in accordance with prescriber's orders for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 3/25/2024 the surveyor reviewed the medical record of Resident #2 and observed the following:</p> <p>The surveyor reviewed the medical record (MR) for Resident #2 NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The surveyor observed the Medication Administration Record (MAR) for November which revealed that on NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 Resident #2 NJ Ex Order 26.4b1. The prescriber's order was as follows: NJ Ex Order 26.4b1</p> <p>Continued survey review of the MAR for Resident #2 revealed that on NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 which is invalid as the facility did not</p>	A 935		

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A 935	<p>Continued From page 4</p> <p>have the medication at that time. The MAR notes indicated that the medication was pending delivery from an outside pharmacy.</p> <p>The facility failed to ensure that Resident #2 NJ Ex Order 26.4b1</p> <p>A revisit survey was conducted on 4/5/2024 to confirm the implementation of the Removal Plan, and was found to be implemented. Review of Resident #2's MAR indicated that he/she was receiving medications based on prescribers orders.</p>	A 935		
A 961	<p>8:36-11.5(e) Pharmaceutical Services</p> <p>(e) The registered professional nurse shall report medication errors and adverse drug reactions immediately to the prescriber, to the provider pharmacist and/or consultant pharmacist, and shall document the incident in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00171539</p> <p>Based on interview and review of the medication administration records (MARs) and additional facility documents, it was determined that the facility failed to consistently initial the MARs to indicate medications were administered and failed to notify the prescriber and the facility's consultant pharmacist when medications were not documented as administered in accordance</p>	A 961		

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A 961	<p>Continued From page 5</p> <p>with prescriber's orders for 1 of 3 residents, Resident #2. This was evidenced by the following:</p> <p>On 3/25/2024, the surveyor reviewed Resident #2's MAR dated NJ Ex Order 26.4b1. The surveyor observed there were multiple charting blanks on the MAR which indicated the NJ Ex Order 26.4b1</p> <p>The surveyor reviewed the medical record (MR) for Resident #2 who NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1</p> <p>The surveyor reviewed the MAR for Resident #2 which revealed NJ Ex Order 26.4b1</p> <p>A review of the Progress Notes revealed that on the omitted dates the facility was pending delivery from the resident selected outside pharmacy. The prescriber's order was as follows: NJ Ex Order 26.4b1</p> <p>Charting omissions were documented on the following dates and times:</p> <p>NJ Ex Order 26.4b1</p> <p>The Registered Professional Nurse failed to report the medication errors to the prescriber, and</p>	A 961		

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A 961	Continued From page 6 consultant pharmacist and failed to document the incident in the resident's medical record. A revisit survey was conducted on 4/5/2024, the surveyor reviewed the MARs dated NJ Ex Order 2 and NJ Ex Order 26.4b1 to confirm the implementation of the removal plan, and was found to be implemented.	A 961		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00171539 Based on interview and record review it was determined that the facility failed to retain a completed copy of the Universal Transfer Form (UTF) for 1 of 3 residents who was transferred to NJ Ex Order 26.4b1 , Resident #2. The deficient practice was evidenced by the following: On 3/25/2024 at 1:45 p.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 moved into the facility on NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1 .	H5790		

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H5790	<p>Continued From page 7</p> <p>Upon continued surveyor review of Resident #2's MR it was revealed that on ^{NJ Ex Order 26.4b1}, Resident #2 ^{NJ Ex Order 26.4b1}</p> <p>On 3/25/2024 at 2:54 p.m., the surveyor asked the Administrator for a copy of Resident #2's UTF. The Administrator and Regional Director of Operations stated that a copy of the UTF was printed from the online charting system that the facility used and was sent with the resident.</p> <p>At 3:06 p.m., the Regional Director of Operations stated that there was not a copy of the UTF retained when Resident #2 ^{NJ Ex Order 26.4b1}</p> <p>The surveyor reviewed the facility policy titled "Transfer or Discharge, Emergency, Universal Transfer Form" which states: "... 4. Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, the facility shall implement the following procedures: ...d. Prepare a Universal Transfer Form to send with the Resident;"</p> <p>The facility failed to retain a copy of the UTF in Resident #2's MR when he/she ^{NJ Ex Order 26.4b1}</p>	H5790		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/22/2024
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 A0871	Correction	ID Prefix A0935	Correction	ID Prefix A0961	Correction
Reg. # 8:36-9.3(a)(1-2)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-11.5(e)	Completed
LSC	05/31/2024	LSC	05/31/2024	LSC	05/31/2024
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/22/2024
NAME OF FACILITY RIVERVIEW ESTATES REHABILITATION&SENIOR LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 303 BANK AVENUE RIVERTON, NJ 08077	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5790	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/31/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<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		