

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 01/23/2024
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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 #: NJ00170091</p> <p>CENSUS: 31</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 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 	A 735		

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

TITLE

(X6) DATE

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A 735	<p>Continued From page 1</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: C: # NJ00170091</p> <p>Based on interview and record review, it was determined that the facility failed to develop and implement a written health service plan (HSP) when Resident #2 started on [redacted] NJ Ex Order 26.4b1. There was no HSP developed for Resident #2 to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy. This deficient practice was evidenced by the following:</p> <p>On 1/23/2024, the surveyor team reviewed Resident #2's medical record which revealed a move-in date of [redacted] NJ Ex Order 26.4b1 with diagnoses which [redacted] NJ Ex Order 26.4b1</p> <p>[redacted] Further review of the resident's medical record revealed that it [redacted] NJ Ex Order 26.4b1, a [redacted] NJ Ex Order 26.4b1 Resident #2.</p> <p>At 10:29 a.m., the surveyor team interviewed Resident #2 who indicated that he/she [redacted] NJ Ex Order 26.4b1</p>	A 735		

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A 735	Continued From page 2 On 1/23/2024, the surveyor team interviewed the Director of Nursing and Executive Director who indicated that there were no health service plans to ensure goals, interventions, and effects of treatments were evaluated and reassessed for efficacy developed for Resident #2.	A 735		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: C: # NJ00170091 Based on interview and record review, it was determined that the facility failed to ensure that the general service plan was updated and implemented for 3 of 3 residents, Resident #1, Resident #2, and Resident #3. This deficient practice was evidenced by the following: On 1/23/2024, the surveyor team reviewed Resident #1's medical record which revealed a [redacted] or [redacted] with diagnoses that include NJ Ex Order 26.4b1 [redacted]	A 749		

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A 749	<p>Continued From page 3</p> <p>The surveyor reviewed a facility document "Individual Service Plan Report" (ISPR) which included the date that the report was printed [redacted] NJ Ex Order 26.4b1. The document revealed that Resident #1 [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 for Resident #1 on the facility-provided document.</p> <p>The surveyor team reviewed Resident #2's medical record which revealed a [redacted] NJ Ex Order 26.4b1 with diagnoses that included [redacted] NJ Ex Order 26.4b1</p> <p>Further review of the resident's medical record revealed that in [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 Resident #2.</p> <p>At 10:29 a.m., the surveyor team interviewed Resident #2 [redacted] NJ Ex Order 26.4b1 [redacted]</p> <p>The surveyor reviewed a facility document "ISPS" which included the date which the report was printed [redacted] NJ Ex Order 26.4b1. The ISPR revealed that Resident #2 [redacted] NJ Ex Order 26.4b1 [redacted]. The document did not contain specific interventions that Resident #2 required assistance with.</p> <p>The surveyor team reviewed Resident #3's medical record which revealed a [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 with diagnoses which included [redacted] NJ Ex Order 26.4b1. Further review of the resident's medical record revealed Resident #3 [redacted] NJ Ex Order 26.4b1</p>	A 749		
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A 749	<p>Continued From page 4</p> <p>The surveyor reviewed a facility document titled "Individual Service Plan Report" which included the date which the report was printed [redacted] NJ Ex Order 26.4b1</p> <p>The document revealed that Resident #3 [redacted] NJ Ex Order 26.4b1</p> <p>[redacted] Continued surveyor review of the document revealed that there were no interventions listed areas that Resident #3 [redacted] NJ Ex Order 26.4b1</p> <p>[redacted]</p> <p>At 3:05 p.m., the surveyor team interviewed the Executive Director, the Director of Nursing, and the Regional Clinical Director who confirmed that three of the three residents, Resident #1, Resident #2, and Resident #3 did not have service plans developed.</p> <p>The surveyor team reviewed a facility policy titled "SERVICE PLANS, COMPREHENSIVE, PERSON-CENTERED And CARE PLANS" which revealed:</p> <p>"Policy Statement: A comprehensive, customized care program based on the individual's interests, needs and desires defines the services provided. When health services are determined a health care assessment will be completed.</p> <p>Policy Interpretation and Implementation</p> <p>1. Within 14 day [days] of admission a resident service plan will be developed if the resident has service needs. If health service needs are noted with in the assessment and [a] health care plan will be completed. The services provided are derived from a [an] analysis of the information gathered as part of the assessment ..."</p>	A 749		

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A 871	Continued From page 5	A 871		
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 by: Complaint #: NJ00170091</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 01/23/24 at 11:36 a.m., the surveyor reviewed the facility's staffing schedules from 12/23/23 to 01/23/24, which revealed 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 12/29/23 for the 7:00 a.m.-3:00 p.m. shift, there was only one staff listed on the staffing schedule to work.</p>	A 871		

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A 871	<p>Continued From page 6</p> <p>On 12/26/23, 12/27/23, 12/29/23, 12/30/23, 12/31/23, 01/02/24, 01/05/24, 01/06/24, 01/09/24, and 01/10/24 for the 3:00 p.m.-11:00 p.m. shift, there was only one staff listed on the staffing schedule to work.</p> <p>On 12/23/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23, 12/31/23, 01/01/24, 01/02/24, 01/03/24, 01/04/24, 01/05/24, 01/08/24, 01/09/24, 01/10/24, 01/11/24, 01/12/24, 01/15/24, 01/16/24, 01/17/24, 01/18/24, 01/19/24, 01/22/24, and 01/23/24 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 1:37 p.m. and 2:18 p.m., the surveyor interviewed the Executive Director (ED) and the Director of Nursing (DON) to inquire about 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. 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 Practical Nurse (LPN) from the Skilled Nursing Unit would come to CPCH to cover.</p> <p>The surveyor reviewed the resident council meeting minutes dated 09/19/23 and 10/24/23, which revealed, "One of the problems [is] not enough aides to oversee and help the residents be safe."</p> <p>The surveyor reviewed the facility policy titled, "Staffing Policy," which revealed, "...Staffing</p>	A 871		

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A 871	Continued From page 7 numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care as well as the state required staffing ratios".	A 871		
A 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00170091 Based on interview and review of medical records (MR) and pertinent facility documentation, it was determined that the facility failed to administer medications according to the physician's orders and failed to document the rationale for why medications were not administered for 3 of 3 residents reviewed, Resident #1, Resident #2, and Resident #3. This deficient practice was evidenced by the following: On 01/23/24 at 10:29 a.m., the surveyor interviewed Resident #2 who stated he/she [REDACTED] at the scheduled time on multiple occasions. Resident #2 [REDACTED]	A 963		

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A 963	<p>Continued From page 8</p> <p>The surveyor reviewed Resident #2's Medical Record (MR). The "Resident Face Sheet" revealed Resident #2 had a move in date of [redacted] and diagnoses which included [redacted].</p> <p>The surveyor also reviewed Resident #2's "Progress Notes" (PN) which revealed several messages that were automatically sent from the Medication Administration Record (MAR) after a medication was administered, along with the date, time, physician order, and the e-signature of the nurse who administered the medication. The PN revealed that Resident #2 [redacted].</p> <p>In addition, the surveyor reviewed Resident #2's MAR for [redacted] and [redacted], which revealed the following physician orders were not signed as administered:</p> <p>NJ Ex Order 26.4b1 [redacted] at 6:00 a.m.</p> <p>NJ Ex Order 26.4b1 [redacted] and [redacted] at 6:00 a.m., on [redacted] at 12:00 a.m. and 6:00 a.m., on [redacted] at 6:00 a.m., on [redacted], [redacted], and [redacted] at 12:00 a.m. and 6:00 a.m., and [redacted] at 6:00 a.m.</p> <p>NJ Ex Order 26.4b1 [redacted], on [redacted] NJ Ex Order 26.4b1 [redacted] and [redacted] at 6:00 a.m.</p>	A 963		
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A 963	<p>Continued From page 9</p> <p>NJ Ex Order 26.4b1 _____ at 9:00 p.m., NJ Ex Order 26.4b1 _____ at 2:00 p.m., and NJ Ex Order 26.4b1 _____ at 9:00 a.m. and 2:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____, on NJ Ex Order 26.4b1 _____ at 12:00 a.m., NJ Ex Order 26.4b1 _____ at 8:00 a.m., NJ Ex Order 26.4b1 _____ at 12:00 a.m., NJ Ex Order 26.4b1 _____ at 12:00 a.m., and NJ Ex Order 26.4b1 _____ at 12:00 a.m.</p> <p>NJ Ex Order 26.4b1 _____, on NJ Ex Order 26.4b1 _____ at 12:00 a.m. and NJ Ex Order 26.4b1 _____ at 8:00 a.m.</p> <p>NJ Ex Order 26.4b1 _____ and NJ Ex Order 26.4b1 _____ at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____, on NJ Ex Order 26.4b1 _____ at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____ at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____ on NJ Ex Order 26.4b1 _____ at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____, on NJ Ex Order 26.4b1 _____ at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 _____ at 9:00 a.m.</p> <p>NJ Ex Order 26.4b1 _____, on NJ Ex Order 26.4b1 _____ at 9:00 p.m., NJ Ex Order 26.4b1 _____ at 7:30 a.m. and 11:00 a.m., and NJ Ex Order 26.4b1 _____ at 4:00 p.m.</p> <p>At 11:23 a.m., the surveyor interviewed Resident #3 who stated the nurse administered his/her medications a little late in the mornings.</p> <p>The surveyor reviewed Resident #3's Medical</p>	A 963		
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A 963	<p>Continued From page 10</p> <p>Record (MR). The "Resident Face Sheet" revealed Resident #3 had a NJ Ex Order 26.4b1 of NJ Ex Order 26.4b1 which included NJ Ex Order 26.4b1. The surveyor also reviewed Resident #3's PN which revealed that the resident NJ Ex Order 26.4b1.</p> <p>In addition, the surveyor reviewed Resident #3's NJ Ex Order 26.4b1, which revealed the following medications were not signed as administered:</p> <p>NJ Ex Order 26.4b1 at 4:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 4:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 4:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 8:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1 at 9:00 p.m.</p> <p>NJ Ex Order 26.4b1</p>	A 963		

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A 963	<p>Continued From page 11</p> <p>NJ Ex Order 26.4b1 [redacted] on NJ Ex Order 26.4b1 at 9:00 p.m.</p> <p>At 12:00 p.m., the surveyor interviewed Resident #1 who stated he/she NJ Ex Order 26.4b1 [redacted] however, the resident now administered his/her own medications because he/she did not receive medications at the scheduled times. Resident #1 NJ Ex Order 26.4b1 [redacted]. Resident #1 stated about a week prior to the survey date, the facility staff had a staff meeting and Residents #1 and #2 NJ Ex Order 26.4b1 [redacted].</p> <p>The surveyor reviewed Resident #1's Medical Record (MR) and the "Resident Face Sheet" revealed Resident #1 had a move in date of NJ Ex Order 26.4b1 [redacted] and diagnoses which included NJ Ex Order 26.4b1 [redacted].</p> <p>The surveyor also reviewed Resident #3's PN which revealed that the resident NJ Ex Order 26.4b1 [redacted].</p> <p>The surveyor reviewed Resident #1's MAR for NJ Ex Order 26.4b1 [redacted], which revealed the following medications were not signed as administered:</p> <p>NJ Ex Order 26.4b1 [redacted] at 6:00 a.m., NJ Ex Order 26.4b1 [redacted], and NJ Ex Order 26.4b1 [redacted] at 12:00 a.m. and 6:00 a.m., and NJ Ex Order 26.4b1 [redacted] at 6:00 a.m.</p> <p>NJ Ex Order 26.4b1 [redacted] at 9:00 p.m.</p> <p>At 1:33 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire about the</p>	A 963		
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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 963	<p>Continued From page 12</p> <p>blank spaces on the MAR. The DON stated if there was a blank space on the MAR, then the medication or task was not signed off. The DON confirmed medications were to be given one hour before or one hour after the scheduled time.</p> <p>At 3:05 p.m., during the exit conference with the Executive Director (ED), DON, and Regional Clinical Director (RCD), the RCD confirmed a blank space on the MAR indicated the medication was not given.</p> <p>At 3:29 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) at the facility who stated the blanks spaces on the MAR indicated the medication was not administered. The LPN stated the protocol if a medication was not administered was to go to "Administration Details" to input the reason why the medication wasn't administered in the system.</p> <p>The ED provided the surveyor with the pharmacist report dated NJ EX Order 26-4b, and the report revealed there were multiple "charting blanks noted" for Resident #1, Resident #2, and Resident #3.</p> <p>The surveyor reviewed the facility policy titled, "Pain Assessment and Management," which indicated, "...Implement the medication regimen as ordered, carefully documenting the results of the interventions".</p>	A 963		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10C000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/15/2024
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 A0735	Correction	ID Prefix A0749	Correction	ID Prefix A0871	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-9.3(a)(1-2)	Completed
LSC	03/24/2024	LSC	03/24/2024	LSC	03/24/2024
ID Prefix A0963	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/24/2024	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	

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 1/23/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO