

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2025
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW ESTATES REHAB AND SENIOR LIVING C	STREET ADDRESS, CITY, STATE, ZIP CODE 303 BANK AVE 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
S 000	<p>Initial Comments</p> <p>A renovation project survey was conducted on 01/22/2025 at the Riverview Estates Rehabilitation and Senior Living Center and was found to be in compliance with New Jersey Administrative Code 8:39 -31.1 (b).</p> <p>The following areas were inspected: Single Occupancy Resident rooms R-98, R-100, R-102, R-103 and R-104. Double Occupancy Resident rooms R-97, R-99 and R-101. Lobby area, Rehab area, Nursing office and bathroom.</p> <p>This inspection would increase the facility's 60 Licensed beds up to 66 Licensed Beds.</p> <p>The facility was informed that they may not occupy the resident rooms above until notified approval by the State of New Jersey Licensing unit as deficiencies may occur.</p>	S 000		

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

Electronically Signed

TITLE

(X6) DATE

01/29/25