

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/16/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVER FRONT REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>5101 NORTH PARK DRIVE , PENNSAUKEN, New Jersey, 08109</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) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>Complaints: 2979123,297138,2971725, 2808573</p> <p>Census: 166</p> <p>Sample Size: 5</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.</p>	F0000		04/30/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060415</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/16/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVER FRONT REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>5101 NORTH PARK DRIVE , PENNSAUKEN, New Jersey, 08109</b>	
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S0000	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.	S0000		04/30/2026
S1680	Mandatory Nurse Staffing  CFR(s): 8:39-25.2(b)(1)&(2)  (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:  1. Total number of residents multiplied by 2.5 hours/day; plus  2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:  Wound care 0.75 hour/day  Nasogastric tube feedings and/or gastrostomy 1.00 hour/day  Oxygen therapy 0.75 hour/day  Tracheostomy 1.25 hours/day	S1680	There were no negative outcomes identified for residents on the shifts that did not meet the minimum staffing levels on 3/30/26 and 4/5/26.  All residents have the potential to be affected by the deficient practice of not meeting the minimum staffing levels.  Job postings and advertisements for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs) have been placed on social media platforms and in local surrounding areas.  Incentives are being offered to RNs, LPNs, and CNAs to work additional shifts, including gift cards and raffle opportunities.  The facility has updated and increased sponsorship of advertisements on job search platforms to enhance recruitment efforts.  The Staffing Coordinator was educated on the facility's minimum staffing requirements and the importance of maintaining compliance at all times, including appropriate contingency planning for call-outs.  The Administrator or designee will review the staffing schedule weekly X1 month and Monthly X2 thereafter to monitor compliance with minimum staffing requirements. The results of this monitoring	05/15/2026

Office of Primary Care and Health Systems Management

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S1680	Continued from page 1 Intravenous therapy 1.50 hours/day  Use of respirator 1.25 hours/day  Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Complaints: 2979123,297138,2971725, 2808573  Based on review of the Nurse Staffing Reports for the weeks of 03/29/2026 and 04/05/2026, it was determined that the facility failed to provide at least minimum staffing levels for 2 of 14 days.  For the week of 3/29/26  Required staffing hours 454.75  -3/30/26 had 440.00 hours, required at least 454.75 hours for a deficiency of 14.75 hours.  For the week of 4/5/26  Required staffing hours 472.00  -4/5/26 had 432.00 hours, required at least 472.00 hours for a deficiency of 40.00 hours.	S1680	Continued from page 1 will be presented to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for three (3) months. The committee will review findings and implement any necessary modifications to ensure ongoing compliance. The QAPI Committee will continue to evaluate and revise this plan as needed to maintain compliance with staffing requirements.	05/15/2026
S0560	Mandatory Access to Care  CFR(s): 8:39-5.1(a)  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Complaints: 2979123,297138,2971725, 2808573  Based on interviews and review of facility documents on 4/16/26, it was determined that the facility failed to ensure staffing ratios were met for 21 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents.  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	S0560	There was no negative resident outcomes identified on the shifts that did not meet New Jersey staffing requirements. The Staffing Coordinator received re-education on state-mandated staffing ratios and the facility's expectations for maintaining appropriate staffing levels in compliance with New Jersey regulations.  Due to the nature of the deficient practice, all residents in the facility were considered to have the potential to be affected by non-compliance with New Jersey staffing ratio requirements.  The facility has implemented the following interventions to reduce the likelihood of recurrence:  a. Recruitment efforts for Certified Nursing Assistants (CNAs) have been expanded, including increased advertising on social media platforms and the offering of enhanced sign-on bonuses for new hires.	05/15/2026





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F0000	INITIAL COMMENTS  An offsite/desk review of the facility's Plan of Correction was conducted on 5/18/26 in relation to the 4/16/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 reverse for further 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.

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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 5/18/26 in relation to the 4/16/26 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		

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