

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

PRINTED: 11/08/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/15/2024
NAME OF PROVIDER OR SUPPLIER RIVER FRONT REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109		
(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 #: NJ175506, NJ175586 Census: 169 Sample Size: 5 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

08/02/2024

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060415	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/15/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

RIVER FRONT REHABILITATION AND HEALTHCARE (**5101 NORTH PARK DRIVE**
PENNSAUKEN, NJ 08109

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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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ175506, NJ175586 Based on interviews and review of facility documents on 07/15/2024, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts and 2 of 14 evening shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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,	S 560	1. There was no negative outcome to residents on shifts identified as not meeting NJ staffing requirements. 2. All residents have the potential to be affected. 3. The following measures have been put in place to prevent the deficiency from recurring: a) Advertisement / Job postings for CNA open positions have been posted on social media websites with a generous sign on bonus for new hires and referral bonus for employees. b) Incentives are also offered to CNAs to work extra shifts. c) Tables are being set up by job fairs letting people know that the facility is hiring	8/19/24

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060415	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/15/2024
NAME OF PROVIDER OR SUPPLIER RIVER FRONT REHABILITATION AND HEALTHCARE (STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109		
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S 560	<p>Continued From page 1</p> <p>codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>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.</p> <p>For the 2 weeks of staffing prior to complaint survey from 06/30/2024 to 07/13/2024, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts, and deficient in total staff for residents on 2 of 14 evening shifts as follows:</p> <p>On 06/30/24 had 11 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>On 06/30/24 had 13 total staff for 169 residents on the evening shift, required at least 17 total staff.</p> <p>On 07/01/24 had 15 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/02/24 had 14 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/03/24 had 14 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/04/24 had 15 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p>	S 560	<p>CNAs.</p> <p>d) The facility continues to reach out to CNAs schools to advise them of our hiring programs and training of new graduates.</p> <p>e) The facility is contracted with several staffing agencies to assist with staffing needs.</p> <p>4. Administrator or designee will review staffing schedule with DON and staffing coordinator weekly to monitor staffing ratios for 2 months. Results of monitoring will be submitted to QAPI committee for 3 months for review and modification of plan as needed to remain in compliance.</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER RIVER FRONT REHABILITATION AND HEALTHCARE (STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109		
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S 560	<p>Continued From page 2</p> <p>On 07/05/24 had 11 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/06/24 had 13 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/06/24 had 16 total staff for 167 residents on the evening shift, required at least 17 total staff.</p> <p>On 07/07/24 had 13 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/08/24 had 11 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/09/24 had 17 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/10/24 had 17 CNAs for 168 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/11/24 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/12/24 had 18 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p> <p>On 07/13/24 had 15 CNAs for 167 residents on the day shift, required at least 21 CNAs.</p>	S 560			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER RIVER FRONT REHABILITATION AND HEALTHCARE (STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109		
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{S 000}	Initial Comments	{S 000}		
{S 560}	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{S 560}		

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