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		dated 01/28/2021, "Compliance				

Electronically Signed

STATE FORM

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If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		Iealth (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
030301			B. WING		08/1	1/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
RIVERVI	EW ESTATES REHAB	AND SENIOR LIN 303 BANK	KAVE N, NJ 0807	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLE DATE
S 560	Continued From pa	ige 1	S 560			
	codified at N.J.S.A. established minimu nursing homes. The effective on 02/01/2 One Certified Nurse residents for the da One direct care sta residents for the ev fewer than half of a CNAs, and each din signed in to work as nurse aide duties: a One direct care sta residents for the nig	e Aide (CNA) to every eight by shift. If member to every 10 rening shift, provided that no Il staff members shall be rect staff member shall be s a CNA and shall perform and If member to every 14 ght shift, provided that each ember shall sign in to work as a		Administrator, Director of Nursing Resource Director and Staffing Coordinator to determine the roo staffing shortages. A salary surve completed as part of our analysis ensure salaries are competitive. salary survey revealed that the fa hiring rates for C.N.A's were not competitive. Based on the root c analysis it was determined that non-competitive hiring rates com with increased regulatory staffing and the work force reduction du COVID-19 pandemic are causing shortages. The Director of Nursin requested government assistant staffing shortages via facility NHS COVID 19 surveys. The facility has increased C.N.A. rates to a competitive wage with monies paid for years of experied	t cause of ey was s to The acility ause bined g ratios e to g staffing ng has e with SN . start additional nce. All	
	provided Nursing H Report from the we 7/25/2021 which ind resident ratio for ea 7/18/2021-(Census Residents	urveyor reviewed the facility lome Resident Care Staffing ecks of 7/18/2021 and cluded the following staff to ach shift: -34) Day Shift 1 CNA: 11.3		current C.N.A. pay rates have be increased based on new hire rate years of experience to ensure sta retention. A job fair is scheduled. Human Resource Director will co work with C.N.A. schools and unemployment to recruit C.N.A's positions continue to be posted in facility, on Indeed, Facebook. Th Administrator will coordinate orie	es and aff The ontinue to . Open n the e	
	Residents 7/21/2021-(Census Residents 7/22/2021-(Census Residents 7/23/2021-(Census Residents	-35) Day Shift 1 CNA: 8.8 -36) Day Shift 1 CNA: 9.0 -36) Day Shift 1 CNA: 12.0 -34) Day Shift 1 CNA: 11.3		and onboarding of C.N.A's on an needed basis to expedite increas C.N.A. workforce. The Human R Director will continue to participa Leading Age/Round Table Huma Resource meetings to discuss st challenges, gain best practice int and solutions. The facility will con use Licensed Practical Nurses to	as sed esource te in n caffing formation ntinue to	

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If continuation sheet 2 of 4

STATEMEN	sey Department of H IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		030301	B. WING		08/1	1/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AL 303 BAN		STATE, ZIP CODE		
RIVERVI	EW ESTATES REHAE	AND SENIOR I IV	N, NJ 0807	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
S 560	Continued From pa	ige 2	S 560			
	Residents 7/28/2021-(Census Residents 7/29/2021-(Census Residents 7/31/2021-(Census Residents During an interview the facility staffing of am aware of the ne CONAN to 8 reside to 10 residents and residents. We have and temporary nurs staff to meet the sta whether the facility staffing ratios, the 3 our ability. We try to there are days that two weeks." The So been hiring for CNA	 -34) Day Shift 1 CNA: 11.7 -34) Day Shift 1 CNA: 12.7 -35) Day Shift 1 CNA: 11.7 -35) Day Shift 1 CNA: 11.7 -34) Day Shift 1 CNA: 8.5 on 8/10/2021 at 10:17 AM, coordinator (SC) stated, "Yes, I ew staffing ratios." Day shift is ents, 3 PM to 11 PM is 1 CNA to 14 e been utilizing agency CNA's se aides, in addition to our own affing ratio's." When asked is meeting the required SC responded, "To the best of the meet the requirements but we have been short the last C said that the facility had A/Nursing Assistant staff. on 08/10/21 at 11:41 AM, the Director (HRD) said I am 		 C.N.A. duties when possible staffing requirements and rare met. 4. The Administrator, Direct and Human Resources Direct monitor daily staffing and m schedule to assist in proact and filling open shifts and p Smartlinx system will be uti and track open positions. T Resource Director will subm report to the Administrator of positions, hiring and retenti staff. The report will be revi Administrator and QAPI colidentify and analyze trends monthly QAPI meeting. 	esident needs tor of Nursing ector will nonthly ively identifying ositions. The lized to identify he Human nit a monthly on open on of C.N.A. ewed by the mmittee to	
	any of the staffing, have had an insane trying hard to hire r since 2020. A review of the faci version 1.1 (H5MA) 2017, revealed und Statement: Our fac numbers of staff wi necessary to provid	ng requirements but, I don't do and I have a copy of it. We a amount of turnover. We are new people and have been lity policy titled "Staffing", PL0842) and revised October ler the heading Policy ility provides sufficient th the skills and competency le care and services for all ance with resident care plans				

LIPU11

If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	COM	(X3) DATE SURVEY COMPLETED 08/11/2021		
030301			B. WING			08/
AME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
IVERV	EW ESTATES REHAE	303 BAN SENIOR LIN RIVERTO	K AVE DN, NJ 08077			
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S 560	heading Policy Inte at 2. "Staffing numl of direct care staff	rpretation and Implementation bers and the skill requirements are determined by the census esidents based on each are.				

LIPU11

STATE FORM: REVISIT REPORT

	MULTIPLE CONSTRUCTION			DATE OF REVIS	SIT
IDENTIFICATION NUMBER	A. Building				
030301 _{Y1}	B. Wing		Y2	9/22/2021	Y3
				<u> </u>	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
RIVERVIEW ESTATES REHAE	AND SENIOR LIVING CENTER	303 BANK AVE			
		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 DATE		ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix	S0560	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	8:39-5.1(a)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		09/10/2021			_	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
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REVIEWE		REVIEWED BY	DATE	SIGNATURE OF	SURVEYOR		DATE	
STATE AC		(INITIALS)						
REVIEWE CMS RO	ED BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/11/2021				FOR ANY UNCORRE				s 🗌 no