

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  02/10/2025
NAME OF PROVIDER OR SUPPLIER  River Front Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5101 North Park Drive Pennsauken, NJ 08109	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50919</p> <p>Complaint #: NJ180849</p> <p>Based on observations, interviews, and review of other facility documentation on 2/10/2025, it was determined that the facility failed to maintain a clean and homelike environment for the residents.</p> <p>This deficient practice was identified for 2 of 3 units, (Pavilion 2 and Pavilion 3) and was evidenced by the following:</p> <p>During a tour of the 2nd floor unit (Pavilion 2) on 2/10/2025 at 10:08 AM, the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1.) Inside resident room [ROOM NUMBER], a brown stain on the ceiling tile and a build-up of dust and unknown debris in the heater vent.</li> <li>2.) Inside resident room [ROOM NUMBER], four small holes in the wall behind the television for Bed-B and chipped paint on the walls.</li> <li>3.) Inside resident room [ROOM NUMBER], two holes in the wall next to the bathroom door, a build-up of unknown debris in the heater vent, and chipped paint on the heater.</li> <li>4.) Inside resident room [ROOM NUMBER], two holes in the wall behind the television for Bed B, a build-up of unknown debris in the heater vent, a build-up of dirt around the heater knobs, and tape around the heater.</li> <li>5.) Inside resident room [ROOM NUMBER], a build-up of unknown debris in the heater vent and chipped paint on the heater.</li> </ol> <p>During a tour of the 3rd floor unit (Pavilion 3) on 2/10/24 at 10:40 AM, the surveyor observed the following:</p> <ol style="list-style-type: none"> <li>1.) Inside resident room [ROOM NUMBER], a build-up of unknown debris in the heater vent.</li> </ol> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2.) Inside resident room [ROOM NUMBER], a build-up of unknown debris in the heater vent, chipped paint on the heater, the electrical outlet cover had rust on it, multiple circular rust spots on the bathroom floor, and a hole on the right side of the toilet behind the toilet seat.</p> <p>During an interview with the surveyor on 2/10/2025 at 1:37 PM, the Director of Maintenance (DM) stated that the maintenance staff was responsible for fixing stains on the ceiling tile, cleaning the heaters and the heater vents, painting, and repairing holes. The DM stated that environmental rounds were conducted weekly on a different floor by himself, the Housekeeping Director (HD), Nursing staff, and the Licensed Nursing Home Administrator (LNHA). He further stated that anything that needed repair would have been noticed during environmental rounds and put into the facility's work order system. The DM stated that he had not been made aware of the stain on the ceiling tile, holes in the walls, the build-up of dust and unknown debris in the heater vents, the chipped paint on the heater, and the hole on the toilet prior to the tour with the surveyor. The DM confirmed that the above findings did not create a homelike environment for the residents.</p> <p>On 2/10/2025 at 2:03 PM, the LNHA in the presence of the DM, the HD, and the surveyor acknowledged the above findings.</p> <p>On 2/10/2025 at 3:22 PM, the surveyor asked the LNHA for evidence that the environmental rounds were being conducted weekly. The LNHA stated that the only evidence that environmental rounds were conducted was the facility's work order sheets.</p> <p>During exit conference on 2/10/2025 at 4:08 PM, the facility was unable to provide the surveyor with evidence that the weekly environment rounds had been completed.</p> <p>A review of the facility's policy titled Maintenance Services and Work Orders last revised on 10/1/2024 revealed, 1. The Maintenance Department will operate the facility in compliance with current federal, state and local laws, regulations and guidelines that may include, maintaining: the building in good repair and free from hazards. 3.The Maintenance Department will provide and document routine and emergency maintenance services to all areas of the facility.</p> <p>NJAC 8:39-31.4 (a) (b)</p>		