

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Riverside Health and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Jersey Street Trenton, NJ 08611	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48618</p> <p>COMPLAINT#: NJ0018543</p> <p>Based on interview and review of pertinent documentation provided by the facility on 3/21/25 and 3/25/25, it was determined that the facility failed to implement the facility's Abuse, Neglect and Exploitation policy to ensure that existing staff received annual education for 1 of 2 employee files reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the Social Worker Assistant's (SWA) employee file, which included a General Orientation Checklist for All Employees dated 12/15/09. The checklist indicated that the SWA had an in-service on Resident Neglect and Abuse as part of her orientation. The employee file did not contain any additional in-services regarding this topic.</p> <p>On 3/21/25 at 1:02 P.M., during an interview with the SWA, she stated that although she could not recall the exact date she received an in-service on Abuse and Neglect (A/N), she knew it had been over a year.</p> <p>On 3/21/25, at 3:18 P.M., during an interview with the Assistant Director of Nursing (ADON), she stated that all staff were to be in-service on A/N upon hire and annually thereafter. She stated that she was responsible for in-serving staff. Additionally, the ADON said that although she kept records of the in-services for the nursing department, the head of each of the other departments was responsible for making sure that their staff were up-to-date on their trainings. The surveyor requested that the ADON provide a copy of the SWA's most recent training on A/N, and she stated that she would check.</p> <p>During an interview on 3/21/25, at 3:45 P.M., the Administrator stated that he expected all staff to be trained on A/N upon hire and then annually.</p> <p>On 3/25/25, at 10:15 A.M., the Administrator provided the surveyor with a Resident Rights/Abuse & Neglect Post Test, for the SWA, dated 3/24/25.</p> <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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/25 at 10:21 A.M., during an interview with the Social Worker (SW), she stated that the department was fully staffed and consisted of herself and the SWA. She further stated that in-services on A/N were to be done at least annually, but they do them all the time at the facility. The surveyor asked if she reviewed and/or provided any in-services to the SWA regarding A/N and she stated that she never had. She also said that she did not know when the SWA last had an A/N in-service prior to 3/24/25.</p> <p>On 3/25/25, at 11:36 A.M., during a follow-up interview with the ADON, she stated that she had provided an A/N in-service with the SWA on the previous day [3/24/25]. According to the ADON, she searched and could not find any training for the SWA beyond the one completed in 2009 that was in the employee file, so she immediately provided the in-service. She stated that it was her expectation that all staff were to be trained annually and that they should be kept on file. She added that the purpose of the in-services was to remind staff of their obligation to report and that the main purpose was to protect the patients.</p> <p>A review of the facility's undated Abuse, Neglect and Exploitation policy, included under the Employee Training section, . B. Existing staff will receive annual education through planned in-services and as needed .</p> <p>A review of the SW's signed job description, dated 11/14/23, under the Essential Functions section, revealed that the SW was to Assume the authority, responsibility, and accountability of directing the social service department and Review and check the competence of social services personnel .</p> <p>NJAC 8:39-9.3(a), 13.4(c)2</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48618</p> <p>COMPLAINT#: NJ00184543</p> <p>Based on interview, medical record review, and review of pertinent documentation provided by the facility on 3/21/25 and 3/25/25, it was determined that the facility failed to: a.) immediately initiate an investigation of an allegation of verbal abuse, and b.) implement the facility's Abuse, Neglect and Exploitation policy.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #2) reviewed for abuse and was evidenced by the following:</p> <p>Resident #2 was not at the facility at the time of the survey. A closed record review was conducted.</p> <p>A review of the Admission Record (AR) revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: paraplegia, acute pyelonephritis (a bacterial infection causing inflammation of the kidneys), anxiety, and depression.</p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 1/23/25, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating that the resident's cognition was intact.</p> <p>Further review of Resident #2's medical record revealed a progress note created by the Assistant Director of Nursing (ADON) on 1/11/25 at 4:36 P.M., which indicated that Resident #2, .started yelling that I had talked junk on [him/her] .</p> <p>On 3/21/25 at 3:45 P.M., during an interview with the Administrator, he stated that verbal abuse was a type of abuse and that it was a reportable event. He further stated that allegations of abuse and neglect were to be investigated immediately and, if a staff member was involved, they would have been suspended pending the outcome of the investigation. The Administrator stated that he was not informed that the ADON had been verbally abusive towards Resident #2.</p> <p>On 3/25/25 at 10:21 A.M., during an interview with the Social Worker (SW), she stated that she had been trained on Abuse and Neglect (A/N) and that if she suspected abuse she would immediately initiate an investigation and report it to the Administrator and the Director of Nursing (DON). The SW further stated that verbal abuse was a form of abuse. When asked if she had received any concerns regarding the ADON being verbally abusive towards Resident #2, she stated that sometime in January, more than one staff member reported to her that Resident #2 and the ADON had words, and, I think [the ADON] went back to apologize to the resident. The SW stated that she could not recall the exact date/time she was informed nor the names of the staff members. The SW further stated that she did not follow up with the resident or the ADON regarding what was told to her, nor did she report it to the Administrator.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Abuse, Neglect and Exploitation policy, implemented on 9/18/23, included under the Definitions section, 'Verbal Abuse' means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents . The policy further revealed under the Investigation of Alleged Abuse, Neglect and Exploitation section, A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur .</p> <p>A review of the SW's signed job description, dated 11/14/23, under the Essential Functions section revealed that the SW was to Assume the authority, responsibility, and accountability of directing the social service department .</p> <p>NJAC 8:39-27.1(a)</p>		