

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 04/21/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure standardized recipes were utilized to ensure food was prepared to conserve nutritive value and flavor. This deficient practice was identified for 2 of 2 observed lunch meals prepared and the evidence was as follows: On 04/16/2026 at 11:50 AM, Resident #9 stated that they were unsatisfied with the food they were served. Resident #9 stated that they did not receive the food listed on their ticket and the portions were small. On 04/17/2026 at 11:10 AM during the resident council meeting, 5 out of 5 members in attendance stated that the food was not appealing and was not palatable. On 4/16/2026 at 12:02 PM during an interview, the Food Service Director (FSD) stated the menu is a set daily menu with a main entree and alternate entree. The FSD further stated that the computer system generates the resident's meal ticket based on their diet order. The FSD stated that any changes or any alternate are requested by the resident's nurse. The surveyor reviewed the week 3, Week at a Glance menu provided by the facility. The surveyor observed the main lunch meal for 04/17/2026 was lemon butter baked fish filet with roasted red skin potatoes, broccoli florets, dinner roll/bread and deluxe fruit salad. The alternate entree was smothered turkey patty, seasoned rice and roasted beets. On 04/17/2026 at 12:46 PM the surveyor received a sample lunch tray with both the main entree and the alternate lunch options. The alternate, smothered turkey patty meal did not contain the roasted beets listed on the menu but had a substitution of broccoli florets. At the same date and time, the surveyor placed a small portion of the fish filet onto a spoon to taste. The surveyor observed a small black curled hair in the piece of fish. At the same date and time, two surveyors tasted the smothered turkey patty and were unable to consume. The surveyors noted that the flavor profile did not meet the expected standards of palatability. On 04/17/2026 at 1:16 PM in an interview with the FSD, she confirmed that there was a hair in the fish entree. The FSD further stated that there should not be hair in the food. On the same date and time, the FSD stated that she had not tasted the smothered turkey patty. The FSD tasted the food upon the surveyors request and the FSD stated that she thought it was good. The FSD further stated that the turkey patty is premade, and the gravy is from a powder that water is added. The facility did not provide a policy related to the flavor or preparation of foods. NJAC 8:39-17.2(a); 17.4(a)(3)</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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