Printed: 03/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation Center LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209 Based on observation, interview, and review of other facility documentation it was determined that the facility failed to maintain an environment that protected and valued a residents' private space along with their personal property. This deficient practice was identified for 1 of 28 residents reviewed for Resident Rights (Resident #77). During initial tour of the Fourth Floor on 11/18/2024 at 10:55 AM, the surveyor observed a housekeeper wiping the inside of Resident #77's bedside drawer that was located across from the resident's bed. The surveyor immediately requested the assistance of the Registered Nurse Unit Manager (RN/UM#1) and upon the return to the resident's room, the surveyor and RN/UM#1 heard Resident #77 yell to the housekeeper to get out of the drawer and that they didn't give permission to go in there. The surveyor inquired if housekeeping has permission to go inside of resident's personal drawers. RN/UM #1 responded that they can open resident's drawers if the room was set to be carbolized (terminal cleaned). The surveyor inquired if room [ROOM NUMBER] was scheduled to be carbolized, to which RN/UM#1 denied and confirmed that housekeeping should not go into resident drawers without permission. The surveyor attempted to interview the housekeeper, but was unable due to language barrier. On the above date and time, the surveyor requested to speak with the Housekeeping Director (HD). The HD confirmed that room [ROOM NUMBER] was not scheduled to be terminally cleaned and that it was common knowledge that Resident #77 did not like for her room to be cleaned or touched. HD also confirmed that housekeeping should not open and enter resident's personal drawers. The surveyor reviewed the medical record for Resident #77. A review of the Admission Record face sheet (an admission summary) reflected that Resident #77 was admitted to the facility with diagnosis that included, but not limited to paranoid schizophrenia, anxiety disorder, and bipolar disorder. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 8/31/24, reflected a brief interview for mental status (BIMS) score of 15 out of 15, which indicated the resident is cognitively intact. (continued on next page)

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

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 11/25/2024
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/21/2024 at 12:00 PM, the surveyor interviewed the Director of Nursing (DON) who advised that housekeeping should not be in resident drawers without permission. The DON further acknowledged that she is familiar with the Resident #77 and can tell you [they] would not have wanted [their] drawer cleaned. On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged that residents have an expectation of privacy when it comes to personal property. A review of the facility's Environmental Services Operational Manual document, revised 6/2016, included under Daily Patient Room Cleaning section Additional Information included: Remember, the housekeeper may be the major part of the Resident's social contact; be kind and courteous . A review of the facility's undated Resident Rights policy identified that Employees shall treat all residents with kindess, respect, and dignity and included: Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity . NJAC 8:39-4.1(a)12

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 11/25/2024
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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 45209 Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain the call bell within reach for 1 of 28 sampled residents, (Resident #90). This deficient practice was evidenced by the following: On 11/18/2024 at 10:49 AM, upon initial tour of the Fourth Floor, the surveyor observed Resident #90's call bell on the floor under the bed. When asked about their call bell, Resident #90 was unsure where it was and if they had one. On 11/19/2024 at 11:17 AM, the surveyor observed the call bell on the floor underneath the resident's bed. On 11/20/2024 at 12:26 PM, the surveyor observed the call bell on the floor underneath the resident's bed. The surveyor reviewed the medical record for Resident #90. A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: delusional disorder, psychotic disorder with delusions due to known physiological disorder and Diabetes Mellitus. A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 9/28/2024, included the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated the resident's cognition was intact. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, that the Resident is at risk for falls/injury related to: impaired balance, impaired mobility with interventions that included: place call light within reach at all times and remind resident to use call light when attempting to ambulate or transfer. On 11/20/2024 at 12:48 PM, the surveyor interviewed the Certified Nursing Assistant (CNA#1) who confirmed that call lights are to be within resident's reach at all times. On 11/20/2024 at 1:04 PM, the surveyor interviewed the Registered Nurse (RN#1) who stated that call bells are to be on the bed at all times. On 11/20/2024 at 1:21 PM, the surveyor requested Registered Nurse Unit Manager (RN/UM#1) to accompany them to Resident #90's room. The surveyor inquired about the location of the call bell where RN/UM#1 located it on the floor under Resident #90's bed. RN/UM#1 confirmed that the call bell should be located within Resident #90's reach and it should not be on the floor under the bed. On 11/21/2024 at 12:00 PM, the surveyor interviewed the Director of Nursing (DON) who confirmed that call bells should be within reach of the resident and that the call bells have clips that secure them to the bed. (continued on next page)

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 11/25/2024
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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged that call bells should be within reach of the resident. A review of the facility's Call Lights, Accessibility and Timely Response policy, revised 8/28/24, included 5. Staff will ensure he call light is within reach of the resident and secured, as needed [.]. NJAC 8:39-31.8 (c) (9)

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 11/25/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209 Based on observation, interview, and review of other facility documentation it was determined that the facility failed to to maintain the resident's environment, equipment, and living areas in a safe, sanitary, and homelike manner. This deficient practice was identified for 3 of 3 nursing units observed for environment. This deficient practice was evidenced by the following: The surveyor conducted a tour of the Fourth Floor on 1/18/2024 at 9:42 AM. Surveyor # 1 interviewed Registered Nurse/Unit Manager (RN/UM #1) who explained that the Fourth Floor consisted mostly of long term care residents. RN/UM #1 informed Surveyor # 1 that Housekeeping was responsible for cleaning/maintaining the resident rooms and daily touch surfaces and the certified nursing assistants (CNAs) were responsible for making beds, changing bed linens, and general cleanliness of the rooms. During the tour the surveyor observed the following: 1. In the central bath across from room [ROOM NUMBER], Surveyor # 1 observed two dirty wash cloths or towels on top shower chair with a dirty hair brush underneath the shower chair. 2. In room [ROOM NUMBER]-A, the surveyor observed Resident #77's mattress to have sections of blue plastic worn through to the white fibers. 3. In room [ROOM NUMBER], Surveyor # 1 interviewed Resident #90 who stated that their bathroom light does not work. Surveyor # 1 observed Resident #90 enter the room and attempt to turn on the light with no success. Resident #90 also advised that their television does not work because they do not have a remote control. Resident #90 confirmed that they have made the staff aware of the light and television but nothing came of it. On 11/20/2024 at 12:48 PM, Surveyor # 1 interviewed the Certified Nursing Assistant (CNA#1) who stated that they were responsible for ensuring the general safety and condition of the resident's room. When asked if they would check to ensure the condition of the resident mattresses and function of lights, CNA #1 confirmed. If they found something that was unsafe or broken in the room, CNA #1 stated that they would report it to the nurse and unit manager. On 11/20/2024 at 1:04 PM, Surveyor # 1 interviewed Registered Nurse (RN#1) who confirmed that they were responsible for safety checks, including the functionality of lights and condition of beds/mattresses. On 11/20/2024 at 1:13 PM, Surveyor # 1 conducted a follow-up interview with RN/UM#1 who stated that any resident room concerns would be submitted through a computerized system by the nurses. RN/UM#1 stated that the CNA's did not have access to the computer system. When asked about the functionality of resident bathroom lights or televisions, RN/UM#1 reported that he checks all the equipment in the room and would make a note if anything was out of order. (continued on next page)

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 11/25/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/20/2024 at 1:21 PM, Surveyor # 1 requested RN/UM#1 to room [ROOM NUMBER] where he confirmed that the bathroom light cannot be easily turned on and that Resident# 90's television could not be turned on since there was no remote control. On 11/20/2024 at 1:27 PM, Surveyor # 1 showed a picture of Resident #77's mattress where the plastic was worn through to white fibers. RN/UM#1 stated, I find it hard to believe the mattress [was] like that. Upon entering room [ROOM NUMBER] and viewing the mattress RN/UM#1 responded, Oh my God it is. RN/UM#1 indicated that the mattress should have been reported long ago. On 11/21/2024 at 12:00 PM, Surveyor # 1 interviewed the Director of Nursing (DON) who confirmed upon viewing the picture of the central bath that it should have been cleaned after resident use; Resident #77's mattress should have been reported by housekeeping, CNAs, everyone; and Resident #90's television and light should have been in working order. On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged that the central bath should have been cleaned after resident use; Resident #77's mattress should have been reported; and Resident #90's television and light should have been in working order. 49712 On 11/19/2024 at 11:17 AM during initial while doing rounds Surveyor # 2 observed a missing drawer on the wardrobe in room [ROOM NUMBER]. During an interview on 11/21/2024 at 10:10 AM with Surveyor # 2, the 3rd floor Unit Manger (UM) said when they notice broken or missing pieces of furniture, they would send a request to maintenance through the Tells system. When Surveyor # 2 showed the UM the missing drawer the UM said she didn't know the drawer was missing. During an interview on 11/22/2024 at 10:34 AM with Surveyor # 2 the Maintenance Director (MD) said they do room rounds every three to six months and that the last one was done in July of 2024. The MD said there should be no broken furniture for the safety of the residents. During an interview on 11/22/2024 at 11:45 AM with Surveyor # 2, the Director of Nursing said there should be no missing or broken furniture in the rooms. The Licensed Nursing Home Administrator then said the nurse had reported to maintenance that day after the surveyor had brought it to her attention, and the drawer had been replaced. 43936 On 11/18/2024 at 10:34 AM during the initial tour on the second floor in the low side shower room, Surveyor # 3 observed a trash can without a bag liner. The surveyor observed disposable gloves discarded in the whirlpool tub. The sharps bin on the wall was full and not emptied. The plastic lid indicated, Full. On 11/20/2024 at 10:09 AM in the second floor shower room, Surveyor # 3 observed the sharps bin still indicating, full. (continued on next page)

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 11/25/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/20/2024 at 10:10 AM in room [ROOM NUMBER], Surveyor # 3 observed the plastic on the foot board of Resident # 229's bed separated. Resident # 229 was asleep in the bed at that time. On 11/20/2024 at 10:13 AM, Surveyor # 3 observed the high side medication cart on the second floor. At that time, Surveyor # 3 observed hair tangled in the wheels of the cart. Surveyor # 3 observed residual stains and wrappers in the attached disposable glove holder on the side of the cart. On the same date at 10:15 AM, Surveyor # 3 observed the low side medication cart on the second floor. At that time, Surveyor # 3 observed hair tangled in the wheels of the cart. 51232 On 11/19/2024 at 11:49 AM, Surveyor # 4 observed lunch in the dining room on the 4th floor. Surveyor # 4 observed staff serve the residents on meal trays and not remove the items from the tray as well as not inquiring the residents' preferences. On 11/20/2024 at 1:27 PM, Surveyor # 4 observed lunch in the dining room on the 2nd floor. Surveyor # 4 observed staff serve the residents on meal trays and not remove the items from the tray as well as not inquiring the residents' preferences. On 11/20/2024 at 1:29 PM, during an interview with the surveyor, the Licensed Practical Nurse/Unit Manager (LPN/UM) on 2nd floor said that normally, meals are served on the trays in the dining room area. On 11/20/2024 at 1:30 PM, during an interview with Surveyor # 4, the Certified Nurse Aide (CNA) said that meals are served on the trays to residents in the dining room area. A review of the facility's undated Quality of Life- Homelike Environment policy identified that Residents are provided with safe, clean, comfortable and homelike environment [.] and included: 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. cleanliness and order; b. comfortable (minimum glare) yet adequate (suitable to the task) lighting [.]. A review of the facility's undated Quality of Life- Dignity policy identified that Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and dignity and included: 1. Resident shall be treated with dignity and respect at all times; 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth [.]. NJAC 8:39-4.1 (a), 11, 12, 21.3 (a) (b), 27.2 (j), 31.2 (a-e), 31.3, 31.4 (a-f)

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 11/25/2024
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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 45209 Based on interview, record review and document review it was determined that the facility failed to maintain documentation and ensure that a complete and thorough investigation was conducted for residents that had a witnessed fall. This deficient practice was identified for 1 of 4 Residents (Resident #8) reviewed for accidents and was evidenced by the following: On 11/19/2024 at 12:PM, the surveyor requested all accidents and/or investigations during the timeframe of 10/14/2024 to 11/17/20204. The facility provided information related to Resident #8 sustaining a fall without injury on 11/9/2024. Upon review of the fall investigation titled, Witnessed Fall with Head Injury dated 11/9/2024 at 2:19 PM revealed under Incident Description: Heard a noise from the hall and got up to check and saw resident sitting on the floor. There was an aide sitting in the hallway and witness resident falling. Per aide resident's shoe came off while walking and she saw resident going on the floor and the back of [their] head hit the wall. The surveyor reviewed the medical record for Resident #8. A review of the Admission Record face sheet (an admission summary) reflected that Resident #8 was admitted to the facility with diagnosis that included, but not limited to cerebral infarction (stroke), hemiplegia (complete paralysis of one entire side of the body.) and hemiparesis (weakness of one entire side of the body) and dementia. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 8/31/24, reflected a brief interview for mental status (BIMS) score of 3 out of 15, which indicated the resident's cognition was severely impaired. A review of the electronic medical record progress notes did not include a nurse's note for the witnessed fall. On 11/19/2024 at 3:34 PM, the surveyor interviewed Licensed Practical Nurse Supervisor (LPN/S#1), who advised that they were familiar with Resident #8's fall on 11/9/2024. LPN/S#1 recounted that she was called to the floor by the nurse assigned to Resident #8 and that the fall was witnessed by the certified nursing assistant. LPN/S#1 confirmed that vital signs were obtained, and the resident was evaluated for injuries. The LPN/S#1 acknowledged that the assigned nurse was responsible for entering the assessment into the progress notes. On 11/21/2024 at 11:22 AM, the surveyor interviewed Licensed Practical Nurse Unit Manager (LPN/UM#1) who advised that they were familiar with Resident #8's fall on 11/9/2024. LPN/UM#1 explained that following a fall, everyone that was a witness is expected to write a statement including the assigned nurse and certified nursing assistant. LPN/UM#1 advised that the nurse assigned to the fallen resident will start the investigation and gather all the statements. The supervisor was expected to then review everything for completeness and submit to the Director of Nursing (DON). The surveyor requested that LPN/UM#1 review the fall investigation that was provided by the DON on 11/19/2024. The LPN/UM#1 confirmed that Resident #8's assigned nurse did not provide a statement detailing the fall. (continued on next page)

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 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation Center LLC	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/21/2024 at 12:00 PM, the surveyor interviewed the Director of Nursing (DON) who confirmed that a thorough fall investigation was not completed since all witness statements were not obtained and the lack of documentation in the progress notes. On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged that a thorough fall investigation was not completed. A review of the facility's Accidents and Supervision policy, implemented 12/29/2022, did not provide guidance or specifics on how to conduct a thorough investigation. NJAC 8:39-9.4(f)

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 11/25/2024
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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38680 Complaint # 172764 Based on observation, interview, and record review it was determined that the facility failed to accurately assess the status of a resident in the Minimum Data Set (MDS), an assessment tool used to facilitate care. This deficient practice was identified for 2 of 31 residents (Residents #98 and #41) reviewed and was evidenced by the following: 1.On 11/21/2024 at11:49 AM, the surveyor observed Resident #98 with a Wander guard to his/her left ankle. According to the Admission Record, Resident #98 was admitted to the facility with diagnoses including but not limited to dementia and cerebral vascular accident (stroke). Resident #98 had a Physician Order (PO) dated 04/10/24 to apply a Wander guard to the left ankle. A review of the April 2024, June 2024, and September 2024 Medication Administration Record reflected that the Wander guard was signed out as completed. A review of the Quarterly MDS dated [DATE] for Resident # 98 reflected under Section P0200 that the resident was coded as 0 indicating there was no wander/elopement alarm. A review of the Annual MDS dated [DATE] for Resident #98 reflected under Section P0200 that the resident was coded as 0 indicating there was no wander/elopement alarm. . During an interview on 11/22/2024 at 10:45 AM, the MDS Coordinator stated that alarms are coded on the MDS. She confirmed that Resident has a PO for a wander guard dated 04/10/24. The MDS Coordinator further confirmed that the Quarterly MDS dated [DATE] and the Annual MDS dated [DATE] were coded incorrectly. During an interview with the Director of Nursing on 11/22/2024 at 11:54 AM, she acknowledged that Resident #98's wanderguard should have been coded on the MDS's. NJAC 8:39-11.1 45209 2. On 11/18/24 at 10:37 AM, the surveyor observed Resident #41 wearing oxygen via nasal cannula while walking in the hallway. On 11/19/24 at 11:11 AM, the surveyor observed Resident #41 laying in their bed. Resident #41 stated that they relied on oxygen for breathing due to history of Chronic Obstructive Pulmonary Disorder (also known as COPD a chronic lung disease). (continued on next page)

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 11/25/2024
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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor reviewed the medical record for Resident #41. A review of the Admission Record face sheet (an admission summary) reflected that Resident #41 was admitted to the facility with diagnosis that included, but not limited to respiratory failure, COPD, and Myocardial Infection (heart attack). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 10/6/24, reflected a brief interview for mental status (BIMS) score of 13 out of 15, which indicated the resident is cognitively intact. Section O of the MDS for Oxyen was coded as No, which identified that the resident did not use oxygen. A review of the Order Summary Report (OSR), dated as of 11/24/2024, included the following physician orders (PO): A PO, dated 3/4/2020 for [Oxygen] at 2 [liters per minute] continuous every shift for [shortness of breath] . A review of the resident's individual comprehensive care plan (ICCP) included a focus area, that the [Resident is] on oxygen therapy [related to] smoking, lifestyle choices with interventions that included: [. oxygen] via nasal prongs/mask [at] 2 [liters per minute] continuously . On 11/22/24 at 10:44 AM, the survey team interviewed the MDS Coordinator who confirmed that Resident #41 had a PO for continuous oxygen since 3/4/2020 and acknowledged that the October MDS Quarterly Assessment was coded No for oxygen use. On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged that Resident #41 wears oxygen that it should have been identified as yes in Section O on the MDS. A review of the facility's Conducting an Accurate Resident Assessment policy, dated 10/22/2023, stated, to assure that all residents receive an accurate assessment refeclective of the resident's status at the time of the assessment, by staff qualified to assesss relevant care areas. NJAC 8:39-11.1

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 11/25/2024
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43936 Based on interview, record review, and pertinent facility documentation, it was determined that the facility failed to develop a comprehensive person-centered care plan that includes measurable objectives to meet the resident's medical, nursing, mental, and psychosocial needs specifically by failing to include what the Care Plan focuses are related to. The deficient practice was identified for 2 of 3 residents (Resident # 124 & 21) reviewed for Development/Implementation of Care Plans. A review of Resident # 124's Admission Record located in the Electronic Medical Record (EMR) revealed that he/she had a diagnoses including but not limited to Major Depression Disorder and Anxiety. A review of Resident # 124's Order Summary Report located in the EMR revealed that he/she had physician's orders including but not limited to bupropion (medication used to treat major depressive disorder), seroquel (medication used to treat bipolar disorder), and trazodone (medication used for depression). A review of Resident # 124's Care Plans located in the EMR revealed an incomplete care plan focus for, The resident is at risk for mood impairment r/t [relate to]. The focus did not specify what the risk for mood impairment was related to. Further, the Care Plans revealed a focus for, The resident uses psychotropic medications (SPECIFY medications) r/t [related to]. The focus did not specify what medications it was related to. Another Care Plan focus revealed, The resident uses anti-anxiety medications (SPECIFY medications) r/t [related to] High anxiety related to [his/her] current living situation. The focus did not specify any medications. Lastly, the Care Plans revealed a focus for, The resident uses antidepressant medication (SPECIFY medications) r/t [related to]. The focus did not specify any medications and what it was related to. On 11/20/2024 during an interview with the surveyor, Resident # 124 stated he/she could not recall if the facility ever discussed his/her care plan with him/her. On 11/22/2024 at 11:45 AM during an interview with the surveyor, the Director of Nursing (DON) replied, Detail oriented about behaviors, non-pharmaceutical interventions, activities, and food preferences. after the surveyor asked how should comprehensive care plans be individualized. The DON replied, No when asked by the surveyor if she would consider a care plan complete if a focus for psychotropic medications did not specify the medications. A review of the facility policy titled, Comprehensive Care Plans with an implemented date of 06/10/2024 revealed, 1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally-competent and trauma-informed. S 8:39-11.2 49712 (continued on next page)

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 11/25/2024
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident #21's admissions record revealed that, Resident #21 was admitted with but not limited to Benign Prostatic Hyperplasia (enlarged prostate), and Unspecified Protein-Calorie Malnutrition (a nutritional status in which poor intake of nutrients lead to changes in body composition and function). A review of the Resident #21's admission Minimum Data Set (MDS) dated [DATE] revealed under section K that the resident had a weight loss greater then 5% or more in a month or loss of 10% or more in six months. A review of the current Care Plan (CP) for Resident #21 did not include documentation of a CP focus area or interventions for a significant weight loss. During an interview on 11/21/2024 at 11:45 AM with the surveyor the Registered Dietitian (RD) said if a resident has a significant weight change there would be a focus added to their care plan. The dietitian who is writing the note on the change would also be responsible for updating the care plan. When asked to look at Resident #21's CP the RD stated, it doesn't look like there is one When asked if there should be a CP focus for weight loss for Resident # 21 the RD replied, Yes. During an interview on 11/22/2024 at 11:45 AM with the surveyor the Director of Nursing stated, Yes, the RD should be adding that focus to the CP, when asked if there should be a focus for significant weight loss on a resident's care plan. A review of a facility provided policy titled Comprehensive Care Plans implemented on 06/12/2024 revealed under section Policy that, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental psychosocial needs that are identified in the resident's comprehensive assessment. The policy also revealed under Policy Explanation and compliance Guidelines: That, 3. The comprehensive care plan will describe, at a minimum the following: a. The service that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. NJAC 8:39-11.2

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 11/25/2024
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 45209 Based on interview, record review and document review it was determined that the facility failed to maintain thorough documentation following a witnessed fall according to professional standards of clinical practice. This deficient practice was identified for 1 of 4 Residents (Resident #8) reviewed for accidents and was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey state: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 11/19/2024 at 12:16 PM, the surveyor requested all accidents and/or investigations during the timeframe of 10/14/2024 to 11/17/20204. The facility provided information related to Resident #8 sustaining a fall without injury on 11/9/2024. Upon review of the fall investigation titled, Witnessed Fall with Head Injury dated 11/9/2024 at 2:19 PM revealed under Incident Description: Heard a noise from the hall and got up to check and saw resident sitting on the floor. There was an aide sitting in the hallway and witness resident falling. Per aide resident's shoe came off while walking and she saw resident going on the floor and the back of [their] head hit the wall. The surveyor reviewed the medical record for Resident #8. A review of the Admission Record face sheet (an admission summary) reflected that Resident #8 was admitted to the facility with diagnosis that included, but not limited to cerebral infarction (stroke), hemiplegia (complete paralysis of one entire side of the body.) and hemiparesis (weakness of one entire side of the body) and dementia. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 8/31/24, reflected a brief interview for mental status (BIMS) score of 3 out of 15, which indicated the resident's cognition was severely impaired. A review of the electronic medical record progress notes did not include a nurse's note for the witnessed fall. (continued on next page)

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 11/25/2024
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/19/2024 at 3:34 PM, the surveyor interviewed Licensed Practical Nurse Supervisor (LPN/S#1), who advised that they were familiar with the Resident #8's fall on 11/9/2024. LPN/S#1 recounted that she was called to the floor by the nurse assigned to Resident #8 and that the fall was witnessed by the certified nursing assistant. LPN/S#1 confirmed that vital signs were obtained, and the resident was evaluated for injuries. The LPN/S#1 acknowledged that the assigned nurse was responsible for entering the assessment into the progress notes. On 11/20/2024 at 1:04 PM, the surveyor interviewed Registered Nurse (RN#1) who advised that it was the facilities' expectation that every patient encounter has a resident note. When asked what encounter would require a nursing note RN#1 reported, change in condition such a fall. RN#1 explained that the nursing note should include: vital signs (blood pressure, respiratory rate, pulse, pain, blood sugar level), the time of the fall, where it happened, what happened, range of motion, what condition the resident was in, if the resident was taking blood thinners, the name/time the physician was contacted, and name/time family was contacted. RN #1 confirmed that all parties who witnessed the fall were to provide statements. On 11/21/2024 at 11:22 AM, the surveyor interviewed Licensed Nurse Unit Manager (LPN/UM#1) who advised that they were familiar with Resident #8's fall on 11/9/2024. LPN/UM#1 confirmed that following a resident fall, the cart nurse should enter a progress note that included documentation of any injury, range of motion, vital signs (especially after the fall), approximation of time when fall occurred, time physician was contacted, location of the fall. The surveyor requested that LPN/UM#1 review the progress notes for the witnessed fall that occurred on 11/9/2024. The LPN/UM#1 confirmed that there was no documentation of the fall. On 11/21/2024 at 12:00 PM, the surveyor interviewed the Director of Nursing (DON) who confirmed that there was no progress note or electronic medical documentation from the Resident #8's assigned nurse that detailed the fall that occurred on 11/9/2024. On 11/22/24 at 11:45 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the (Director of Nursing) DON and the survey team, acknowledged there should have been progress note or documentation that fully detailed Resident #8's fall. A review of the facility's Falls-Clinical Protocol document, revised 10/2010, included under Assessment and Recognition section included: .the nurse shall assess and document/report the following: a. vital signs; b. recent injury, especially fracture or head injury; c. musculoskeletal function, observing for change in normal range of motion, weight bearing, etc; d. change in cognition or level of consciousness; e. neurological status; f. pain; g. frequency and number of falls since last physician visit; h. precipitating factors, details on how fall occurred; i. all current medications, especially those associated with dizziness or lethargy; j. all active diagnosis . A review of the facility's Assessing Falls and their Causes document, revised 10/2010, included under Steps in the Procedure section included: f. Documentation will include any observed signs or symptoms of pain, swelling, bruising, deformity, and/or decreased mobility; and any changes in level of responsiveness/consciousness and over all function. It will note the presence or absence of significant findings. NJAC 8:39-9.4(f)

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 11/25/2024
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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43936 Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure that residents with indwelling urinary catheters received appropriate treatment and services to prevent urinary tract infections to the extent possible specifically by leaving the urinary catheter drainage bag in contact with the floor, unsecured to a bed, resting on top of a mattress while a resident was lying in bed, and failing to document whether the urinary catheter output was collected as ordered by the physician. The deficient practice was identified for 2 of 2 residents (Resident # 120 & 21). The deficient practice was evidenced by the following: A.) A review of Resident # 120's Electronic Medical Record (EMR) revealed a physician's order to maintain a 16 french/10 cubic centimeter catheter to OSD bag secondary to urinary retention related to neurogenic bladder. The EMR further revealed a physician's order to document catheter output every shift, every 8 hours for [catheter] care. A review of Resident # 120's Care Plan located in the EMR revealed a focus that the resident has a [catheter] related to neurogenic bladder. The focus revealed an intervention to, monitor/record/report to MD [Medical Doctor] for s/sx [signs and symptoms] UTI [Urinary Tract Infection] pain, burning, blood tinged urine, cloudiness, no output . A review of Resident # 120's Treatment Administration Record located in the EMR revealed blank administration sections for the following dates and times: 11/10/2024 at 06:00 (6:00 AM) 11/11/2024 at 14:00 (2:00 PM) 11/14/2024 at 14:00 (2:00 PM) On 11/20/2024 at 9:59 AM, the surveyor observed Resident # 120 in bed. At that time, the surveyor observed the catheter drainage bag not secured to the bed and resting on the floor. There was also a disposable glove on the floor near the door. On the same date at 10:18 AM while in the resident's room during an interview with the surveyor, Licensed Practical Nurse # 1 said the bag should not be on the floor. At that time, LPN # 1 secured the bag to the bed frame. ON 11/22/2024 at 11:45 AM during an interview with the surveyor, the Director of Nursing (DON) replied, The little clip on the bed frame. when the surveyor asked how should a catheter drainage bag be secured when a resident is in bed. Secondly, the DON replied Absolutely not . after the surveyor asked if the catheter drainage bag should be in contact with the floor and unsecured to the bed. Lastly, the DON replied, For infection control reasons. when the surveyor asked, Why? (continued on next page)

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 11/25/2024
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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During the same interview, the DON replied, Absolutely not. after the surveyor asked if there is an order to document catheter output every shift, should there be blanks on the administration record. The surveyor then asked if there is no documentation, would you consider it administered. The DON replied, No. S 8:39-27.1 (a) 49712 B. During the initial tour of the unit on 11/18/2024 at 09:45 AM, Resident #21 was in bed with a urinary catheter drainage bag in laying on top of the bed with no privacy bag, and visible from the hallway. It was not secured to the bed frame. On 11/19/2024 at 11:13 AM Resident #21 was observed in the activities room. Resident #21's urinary catheter drainage bag was observed hooked on to the right arm of the resident's wheelchair located above the resident's bladder. A review of Resident # 21's admissions record revealed that, Resident # 21 was admitted with diagnoses but not limited to Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms (enlarged prostate), and Sepsis due to Escherichia Coli (a bacterial infection). A review of the Resident #21 admission Minimum Data Set (MDS) dated [DATE] revealed under section H that the resident had an indwelling catheter. A review of Resident # 21's Treatment Administration Record (TAR) revealed 3 blanks for the order to Monitor Foley Catheter output every shift. 11/03/2024 night shift 11/08/2024 night shift 11/17/2024 evening shift During an interview on 11/21/2024 at 10:10 AM with the surveyor, the 3rd floor Unit Manager (UM) said that catheters should be below the level of the bladder so that they don't reflux back into the bladder and cause an infection. The UM also said there should always be a privacy bag on the urinary drainage bag. Lastly the UM stated, If it wasn't signed out it wasn't done referring to blanks on the TAR. During an interview on 11/21/2024 at 11:14 AM with the surveyor, the Infection Preventionist said the foley bags should be hung lower than the bladder and in privacy bags, to properly drain and not cause an infection. A review of a facility policy title Catheter Care implemented on 04/12/2023 revealed under Policy Explanation that, 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use, and 9. Ensure drainage bag is located below the level of the bladder to discourage back flow of urine. (continued on next page)

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 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation Center LLC	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of a facility policy titled Wound Treatment Management implemented on 02/12/2023 revealed that 7. Treatments will be documented on the Treatment Administration Record or in the electronic health record. N.J.A.C. 8:39-27.1 (a)

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 11/25/2024
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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 43936 Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to properly store respiratory equipment, specifically a nebulizer, in accordance with professional standards of practice by leaving it unsecured, open to air. The deficient practiced was identified for 2 of 3 residents (Resident # 72 & 19) investigated under Respiratory Care. The deficient practice was evidenced by the following: A review of Resident # 72's Order Summary located in the Electronic Medical Record (EMR) revealed an order for, Oxygen Tubing Change: Please change oxygen tubing and Nebulizer mask weekly for infection prevention and patency. Label and date. On 11/19/2024 at 11:18 AM while in Resident # 72's room, the surveyor observed a nebulizer mask (mask used to deliver aerosolized medication to assist with breathing) in an opened drawer not secured in a bag and exposed to air. On 11/20/2024 at 10:03 AM while in Resident # 72's room, the surveyor observed the nebulizer tubing extending into a close drawer. No date was observed on the mask or tubing at that time. On the same date at 10:07 AM during an interview with the surveyor while in Resident # 72's room, the Registered Nurse/Unit Manager stated, [Resident # 72] does what [he/she] wants. Normally, it should be in a bag. On the same date at 12:46 PM during an interview with the surveyor, the Unit Manager Registered Nurse said the bag for the nebulizer was in the back of the drawer. On 11/22/2024 at 11:45 AM during an interview with the surveyor, the Infection Preventionist replied, Everything should be in a bag. everything should be stored that way. when the surveyor asked how should a nebulizer be stored when not in use. A review of the facility policy titled, Administering Medications through a Small Volume Nebulizer with a revised date of October, 2010 under section, Steps in the Procedure revealed, 29.When equipment is completely dry, store in a plastic bag with the resident's name date on it. S 8:39-27.1 (a) 49712 On 11/18/2024 at 10:00 AM during initial tour the surveyor observed in Resident #19's room, a nebulizer mask (mask used to deliver aerosolized medication to assist with breathing) on the nightstand not secured in a bag and exposed to air. The surveyor also observed a nasal cannula (tubing used to deliver oxygen through the nasal passage) hanging from the oxygen concentrator not secured in a bag and exposed to air. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315235	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation Center LLC	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/18/2024 at 11:00 AM while in Resident # 19's room, the surveyor observed a nasal cannula connected to the oxygen concentrator laying on the floor not secured in a bag. On 11/20/2024 Resident #19 was observed sitting in front of their room. The nasal cannula was hanging from the back if the resident's chair not secured in a bag and open to air. A review of Resident # 19's Admission Record revealed the resident was admitted to the facility with the diagnoses which included but were not limited, Acute Respiratory Failure (a condition where there's not enough oxygen or to much carbon dioxide in the body), and Chronic Obstructive Pulmonary Disease (a progressive lung disease that makes it difficult to breath). A review of Resident # 19's Order Summary located in the Electronic Medical Record (EMR) revealed orders for, Albuterol Sulfate Inhalation Nebulization Solution 1.25 MG/3ML (Albuterol Sulfate) 3 milliliter inhale orally via nebulizer two times a day for COPD, and O2 at 2L continuous via NC every shift related to COPD. During an interview on 11/21/2024 at 10:10 AM with the surveyor, the 3rd floor Unit Manger (UM) said that when nasal cannulas and nebulizers are not in use they should be placed in bags. When asked if tubing or masks should be left open to air or on the floor, the UM replied, No. During an interview on 11/21/2024 at 11:14 AM with the surveyor, the Infection Preventionist stated, In bags closed and dated when they were last changed, when asked where nasal cannulas and nebulizer masks should be kept when not in use. During an interview on 11/22/2024 at 11:45 AM with the surveyor, the Director of Nursing stated, Absolutely not, when asked if nasal cannulas and nebulizer masks should be left open to are or laying on the floor. A review of the facility policy titled, Administering Medications through a Small Volume Nebulizer with a revised date of October 2010 under section, Steps in the Procedure revealed, 29. When equipment is completely dry, store in a plastic bag with the resident's name date on it. S 8:39-27.1 (a)

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 11/25/2024
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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 49712 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to address the recommendations made by the Consultant Pharmacist (CP) in a timely manner. This deficient practice was identified for 1 of 5 residents (Resident # 81). reviewed for medication management. The deficient practice was evidenced by the following: A review of the Admission Record for Resident # 81 revealed the resident was admitted to the facility with diagnoses which included but were not limited to Alzheimer's Disease (a brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out daily tasks), and Protein-Calorie Malnutrition (a nutritional status in which poor intake of nutrients lead to changes in body composition and function). The facility-provided CP Recommendation dated 05/22/2024, indicated to clarify the Resident # 81's liquid Colace (medication used to soften stool) order to include concentration milligram/milliliter (mg/ml), dose (mg), and volume (10ml). The order needing clarifaction was written, Docusate Sodium Liquid (Colace) 50 MG/5ML, give 10 ml by mouth one time a day for Constipation The same recommendation was also noted on the CP Recommendation dated 06/24/2024. This recommendation was not completed or acted upon by the facility until 07/06/2024, when the orignal order was discontinued and a new order was written stating Docusate Sodium Liquid (Colace) 50 MG/5ML, give 10 ml by mouth one time a day for Constipation 10ml = 100mg During an interview on 11/21/2024 at 10:22 AM with the surveyor, the Assistant Director of Nursing (ADON) said that she was responsible for completing the CP recommendations. The ADON said when the recommendations come in, she immediately sends them to the doctor to review, and they are completed with in a day or two. The ADON said the recommendation should have been done in May but did not remember why they weren't completed. During an interview on 11/22/2024 at 11:45 AM with the surveyor, the Director Of Nursing (DON) said they [the facility] try to complete the recommendations as soon as possible, and that they try to get them done within the week. The DON acknowledged that the CP recommendation for Resident # 81 should have been completed sooner. A review of a facility provided policy titled, Documentation and Communication of Consultant Pharmacist Recommendations, implemented 08/2020 reflected, The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist's observations and recommendations regarding residents' medication therapies are communicated to those with authority and/or responsibility to implement the recommendations and are responded to in an appropriate and timely fashion. NJAC 8:39-29.3 (a)

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 11/25/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51232 Based on observation, interview, and review of other facility documents, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following: On [DATE] from 9:25 AM to 10:14 AM, the surveyor, accompanied by the Dietary Director (DD), and observed the following: 1.) In the refrigerator referred to as the reach in cooler, there were two egg salad sandwiches labeled with a use by date of [DATE], but no made on date. The DD said that egg salad sandwiches should be discarded because sandwiches can cause illness. 2.) In the dry storage area, there were four bags of unopened marshmallows with a manufacture's expiration date of ,d+[DATE]. The DD said that marshmallows should be discarded because of the expiration date. 3.) In the overstock storage area, there were 70 cases (6 gallon per case) of water with a manufacture's expiration date of [DATE]. The DD said that the Licensed Nursing Home Administrator (LNHA) is aware of the expired overstock water supply and is working on obtaining a new supply. On [DATE] at 11:35 AM, the surveyor observed the Speech Therapist (SP) in the kitchen area. The SP was not wearing a hair restraint. When interviewed by the surveyor at that time, the SP said that she is required to wear a hairnet while in the kitchen. On [DATE] at 11:49 AM, the surveyor observed the Administrator of Pediatric Medical Daycare (APMC) in the kitchen area. The APMC was not wearing a hair restraint. When interviewed by the surveyor at that time, the APMC said that she is required to wear a hairnet while in the kitchen. On [DATE] at 11:50 AM, during an interview with the surveyor, the District Dietary Director (DDD) said that the staff should have worn hair restraints while in the kitchen. The APMC always comes to the kitchen without a hairnet, and he will provide reeducation to the staff. A review of the undated facility policy titled, HCSG Label and Date In-Service, revealed under labeling food All products should be marked with a made on and use by date. A review of the facility policy dated ,d+[DATE] titled, Food Storage and Retention Guide, revealed Specialty Items Dry Storage Manufacturer Guideline. N.J.A.C 8:,d+[DATE].2 (g)

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 11/25/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 49712 Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility staff failed to use appropriate infection control practices specifically by 1). failing to wear a gown when providing wound care, and 2). Performing hand hygiene for residents and staff during meal service. The deficient practice was identified for 1 of 1 (Resident # 22) residents reviewed for Pressure Ulcer/Injury, and 1 of 3 floors observed for dining. (4th Floor) The deficient practice was evidenced by the following: 1.) A review of Resident # 22's diagnoses located in the Electronical Medical Record (EMR), revealed a diagnosis of but not limited to a pressure ulcer of the sacral region. A review of Resident # 27's physician's orders located in the EMR revealed that he/she was receiving Collagen (a dressing that maintains a moist wound environment that fosters healing) applied every day shift for pressure ulcer. The order further revealed to cleanse sacrum with normal saline solution, apply collagen and cover with a bordered gauze dressing. On 11/22/2024 at 08:55 AM, with permission from Resident # 22, the surveyor observed their wound care provided by the 3rd Floor Unit Manager (UM). At that time, the surveyor observed an orange sign on the room door that read, Enhanced Barrier Precautions. The sign revealed that, Everyone Must: clean their hands including before entering and when leaving the room. Providers and Staff must also: Wear gloves and a gown for following high-contact resident care activities: Dressing Bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound care: any skin opening requiring a dressing. The UM entered the room without wearing a gown. During the observation of the wound care, the UM did not wear a gown throughout the entire process. At the time the wound care concluded, the surveyor asked the UM whether Resident #22 was on Enhanced Barrier Precautions. The UM replied saying I should have worn a gown. The surveyor did not observe a bin outside of the room containing any personal protective equipment such as gowns. During an interview on 11/22/2024 at 09:52 AM with the surveyor, the Infection Preventionist (IP) said staff should be wearing gowns when ever doing wound care or any direct care on residents that are on Enhanced Barrier Precautions. During an interview on 11/22/24 at 11:45 AM with the surveyor, when asked if a gown is to be worn when performing wound care on a resident on Enhanced Barrier Precautions, the Director of Nursing stated, Absolutely, and when providing any direct care. A review of the facility provided policy titled, Enhanced Barrier Precautions implemented 12/23/2022 revealed Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with multi-drug resistant organisms (MDROs) as well as those at risk for MDRO acquisition (e.g., residents with wounds or indwelling medical devices). The policy also revealed under 4. High-contact ace activities include h. Wound care: any skin opening requiring a dressing. (continued on next page)

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 11/25/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	S 8:39-19.4 (a) 51232 2.) On 11/19/2024 at 11:49 AM, Surveyor # 2 observed 3 Certified Nurse Aides (CNAs) on the 4th floor distributing meal trays to residents during lunchtime without performing hand hygiene beforehand, and the CNAs did not assist residents with hand hygiene before, during, or after the meal. On 11/19/2024 at 11:55 AM, during an interview with the Surveyor # 2, CNA # 1 said that she should have performed hand hygiene before passing out meal trays to residents. On 11/19/2024 at 12:00 PM, during an interview with Surveyor # 2, the Registered Nurse Unit Manager (RNUM # 1) on 4th floor said that CNAs should be performing hand hygiene before passing out meal trays to residents and residents should have been provided hand hygiene to prevent infection. On 11/21/2024 at 11:14 AM, during an interview with Surveyor # 2, the Infection Preventionist (IP) said that staff should wash their hands before delivering trays to residents and after any contact with residents or food. Staff should assist residents with hand hygiene before meals. On 11/23/2024 at 11:51 AM, during an interview with the surveyor, the License Nursing Home Administrator (LNHA) said that staff should wash their hands before delivering trays to residents. On 11/23/2024 at 11:51 AM, during interviews with Surveyor # 2, the Licensed Nursing Home Administrator (LNHA) said that staff should wash their hands before delivering trays to residents and the Director of Nursing (DON) added that staff should assist residents with hand hygiene before meals if they are unable to do so independently. A review of the dated facility policy 12/23/2022 titled, Hand Hygiene, revealed under Hand Hygiene Table before and after eating. A review of the dated facility policy 10/2009 titled, Assistance with Meals, revealed under Training in Safe Food Handling Practices that, All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling. A review of the dated facility policy 11/29/2023 titled, Serving a Meal, revealed under 1, Prepare the room or serving area for mealtime (decrease noise level, provide lighting, position comfortably) and make sure hands and face are clean.

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 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation Center LLC	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48782 Based on observations and interviews on 11/20/2024 and 11/21/2024 in the presence of the Director of Maintenance (DOM), it was determined that the facility failed to ensure that the resident call bell system properly functioned by a.) ensuring the call bell system volume was set to a level to be heard and b.) devices used to identify call bell notifications were functioning properly. This deficient practice had the potential to affect all residents and was evidenced by the following: An observation at on 12/20/2024 at 12:55 PM revealed the call bell light outside of room [ROOM NUMBER] turned on when tested by the DOM, but there was no audible notification and the activation did not register at the nurse's station call bell annunciator. An observation at 1:00 PM revealed the call bell light outside of room [ROOM NUMBER] turned on when tested by the DOM, but there was no audible notification and the activation did not register at the nurse's station call bell annunciator. Additionally, visual notification of the activation is not possible from the nurse's station because it is being blocked by the hallway wall. One of 2 residents were in the room at the time of testing. An observation on 11/21/2024 at 10:47 AM revealed the call bell in room [ROOM NUMBER] did not function when tested by the DOM. In an interview at the time, the DOM confirmed that the call bell did not function and stated that the call bell box had broken pins. The resident in room [ROOM NUMBER] was in the bed at the time of the testing. NJAC 8:39-31.2(e), 31.8(c) 9