STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315448	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverview Estates Rehab and Senior Living Center	303 Bank Ave Riverton, NJ 08077

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, interviews, and review of facility provided documents it was determined that the facility failed to develop, follow, or change planned menus with review by a registered dietician (RD). This deficient practice was evidenced by the following:On 1/2/26 at 11:30 AM, during an initial tour of the facility, the surveyor was unable to locate a posted daily or weekly menu on 3 of 3 long-term care units toured.On 1/5/26 at 12:50 PM, the surveyor interviewed the Food Service Director (FSD) who stated the corporate office created the menus on a 3-week cycle and emailed them to her. She stated the facility was currently on Week 3. The FSD stated the corporate menus were also emailed to the RD, who entered the menus into [food service computer program name redacted] once a week, signed the menus and emailed them back to the FSD. The FSD acknowledged she did not print or save copies of RD signed menus. The FSD stated once the RD entered the menu into the computer program, the FSD could not view the menu in the computer, she could only view the meal tickets (lists of food items and portions to be provided for each resident, for a specific meal on a specific date, generated from information entered into a computer program). The FSD stated, the kitchen serves food based on meal tickets not the menus. The FSD stated she was able to change items on the meal tickets in the computer or print the meal tickets. She stated if she wanted to change an item on the meal tickets, she entered the name of the food item into the computer program and it tells me the right amount to serve. The FSD stated the menus from the corporate office often looked like a lot of repetition so I go in and change it based on what I have, and what I know the residents like. She acknowledged she did not post menus in advance on the long-term care units. She stated the kitchen provided the same meal to each long-term care residents unless they had specific preferences or restrictions. She stated, Today the residents are getting mashed potatoes, instead of scalloped, because she did not have enough scalloped potatoes to serve to everyone. The FSD stated she sometimes needed to make changes due to available supplies and stated, It's usually a starch. The FSD stated her communication with the RD was mostly by email, and acknowledged she did not review the meal changes with the RD.On 1/5/26 at 1:13 PM, the surveyor interviewed the Administrator who stated the RD comes from an outside company, worked 8 hours a week, plus more if needed, and was not available today. On 1/6/26 at 10:35 AM, the surveyor interviewed the RD who stated her process was to meet with residents on admission, or with any significant weight change. The RD stated she tried to check in with residents at mealtimes to get the most accurate picture of what they were eating. She could not speak to specific meals or menu changes.On 1/7/26 at 9:50 AM, the surveyor re-interviewed the FSD. The FSD stated she and the Administrator reviewed the weekly menus from the corporate office and if they saw repetition they would change the menu by adjusting the meal tickets. The FSD stated she did not know if changing the meal ticket in the computer also changed the item on the weekly menu as well.On 1/7/26 the surveyor reviewed facility-provided documents.A review of a Week at a Glance for Fall/Winter 2025/26 Week 3 Regular menu, provided by the FSD on 1/2/26, was compared to a Week at a Glance for Fall/Winter 2025/26 Week 3 Regular menu, provided by the RD on 1/6/26, that was noted to have a signature on the bottom of the page. Discrepancies between them were noted for 9 of 21 meals reviewed. This included one breakfast, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	three lunches, and four dinner meals. The discrepancies ranged from addition of a banana or cookies to changes in the main dish served. The RD and FSD were unable to produce signed menus for Week 1 or Week 2 of the 3-week cycle. A review of a job description for the dietician, dated December 2018, reflected a summary that the dietician will direct the operation. To provide nutritious well-prepared food for patients. The dietician will also develop diets as appropriate for patients according to their medical needs. A section titled Essential Duties and Responsibilities included the following: Coordinates all dietary activities in the facility, acting through the food service supervisors and dietary technicians.A review of a job description for the dietary director, dated April 2020, reflected Essential Duties and Responsibilities which included the following: Purchase food and supplies within budget and maintain a supply to adequately cover each meal; Plan menus, conferring with the Dietary Consultant as needed, to confirm that menus conform to nutritional standards and government established regulations and procedures.; Provide nutritious, well-prepared and palatable meals in a timely and consistent manner while adhering to menus and diet orders;A review of the facility's policy titled Menu Planning with a copyright date 2023 [name redacted, Inc] reflected the following:1. Menu planning will be completed by the facility at least 2 weeks in advance of service and menus kept on file for a reasonable period of time. All current menus will be posted in the kitchen area during the appropriate time period. b. Menu cycles should cover a 4 to 5 week period of time for long term care settings.4. Regular and therapeutic menus will be written by the facility's food and nutrition professional in accordance with the facility's approved diet manual. The registered dietician nutritionist (RDN) or designee will approve all menus.5. Menus will be posted in areas that are accessible to patients/residents.6. Temporary changes in the menu will be noted on the menu substitution sheets and posted so that facility staff are aware of changes. The RDN or designee will approve all permanent menu changes.A Note: at the end of the policy reflected that support staff work under the supervision of the RDN. Support staff includes. certified dietary manager, director of food and nutrition services, etc. NJAC 8:39-17.1(a)(b); 17.2(b)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure that a low air loss mattress was functioning properly and accurately setup according to the resident's weight in accordance with a physician's order for a resident who was previously identified to have had an alteration in skin integrity.This deficient practice was identified for 1 of 2 residents (Resident #54) reviewed for pressure ulcers and was evidenced by the following:On 1/2/26 at 10:54 AM and 12:01 PM, the surveyor observed Resident #54 lying in bed, awake, on an air mattress. The resident's air mattress pump was observed to be set to a resident weight of 600 pounds.On 1/5/26 at 1:30 PM, the surveyor observed Resident #54 lying in bed, awake, watching TV, the air mattress pump was noted to be set to a resident weight of 600 pounds.On 1/6/26 at 10:03 AM, the surveyor observed the air mattress pump set to a resident weight of 600 pounds. The resident was in bed, awake, alert, and watching TV, at that time.A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to; Muscle wasting and atrophy, multiple sites; type 2 diabetes mellitus with unspecified complications, abnormalities of gait and mobility.A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 12/8/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident's cognition was intact. Further review of the MDS, indicated that the resident was at risk to develop a pressure ulcer/injury, and on that date had one Stage 3 pressure ulcer (full-thickness skin loss) present. Additional review of the MDS revealed that the Skin and Ulcer/Injury Treatments section included a pressure reducing device for the bed and pressure ulcer/injury care. The resident's weight was noted to be 175 pounds.A review of the resident's individual comprehensive care plan (ICCP) included a focus area dated 12/5/25, that the resident was at risk for alteration in skin integrity related to immobility. Interventions included a pressure reduction device on bed/chair and to encourage and assist (the resident) to reposition; (and) use assistive devices as needed. Another focus area dated 12/5/25, revealed that the resident had actual skin breakdown to the sacrum and left heel. Interventions included: to administer treatments per physician orders and to encourage and assist (the resident) to reposition; (and) use assistive devices as needed.A review of the Order Summary Report, included the following physician orders (PO):A PO, dated 12/6/25, to cleanse sacral area with normal saline, apply wound medication, and cover w/ dry dressing every day and evening shift for sacral wound until seen by wound care. Discontinued on 12/17/25.A PO, dated 12/10/25, for 8 oz of Protein Supplement one time a day for risk of malnutrition/wound healing.A PO, dated 12/17/25, for Zinc Oxide External Cream 10%, apply to gluteal cleft topically every shift for wound healing, cleanse area with normal saline, apply zinc oxide.No PO was noted for an air mattress during the resident's admission.On 1/6/26 at 10:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) #1 regarding Resident #54's mattress setting. LPN #1 stated that an air mattress function was to offload pressure on wounds and pressure sores or to prevent them for at-risk residents. When asked about the importance of assessing whether a mattress worked properly and maintained the correct air pressure, LPN #1 replied that both were important for wound management and to maintain the skin integrity of the resident. At 10:33 AM, the surveyor and LPN #1 went to Resident #54's room. The surveyor asked whether the pump was set correctly for resident #54's weight; LPN #1 stated she was unsure what it should be set to, she changed the setting from 600 pounds to 300 pounds, then stated she would contact her manager and the doctor for clarification.On 1/6/26 at 3:23 PM, in the presence of the survey team, the surveyor made the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) aware of the concerns regarding resident #54's air mattress. The DON stated that nursing was responsible for checking the air mattress pumps for proper function and that they should be set according to a resident's weight to prevent skin breakdown.On 1/7/26 at 10:34 AM, the DON, in the presence of the LNHA and the survey team, (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	acknowledged that an air mattress should be set according to a resident's weight, and that an order and care plan should be in place. She also stated that air mattress function should be checked at least every shift and that education, and an audit were to be implemented in the future.A review of the manufacturers Operator's Manual for the air mattress and pump provided to the surveyor by the facility (REV2.3.22.21) states: Step 6 - Determine the patient's weight and set the control knob to that weight setting on the control unit. A review of the facility's Support Surface Guidelines policy, undated, included: Redistribution support surfaces are to promote comfort for all bed or chairbound residents, prevent skin breakdown, promote circulation, and provide pressure relief or reduction.elements of support surfaces that are critical to pressure ulcer prevention and general safety include pressure redistribution, shear reduction, friction control.any individual at risk for developing pressure ulcers should be placed on a redistribution support surface such as foam, gel, static air, alternating air, or air-loss when lying in bed.A review of the facility's Safety and Supervision of Residents policy, undated, included in the section Individualized, Resident-Centered Approach to Safety: Monitoring the effectiveness of interventions shall include.Ensuring that interventions are implemented correctly and consistently.NJAC 8:39-27.1(a)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observations, interviews, record review and review of facility provided documents it was determined that the facility failed to document and implement resident preferences for one (1) of three (3) residents (Resident #9) reviewed for meal service. This deficient practice was evidenced by the following: On 1/2/26 at 11:05 AM, during the initial tour, the surveyor observed resident #9, a long-term care resident, in their bed, awake and watching television. Resident #9 stated they spoke to the dietician about their preference of grilled cheese and salads for lunch and dinner, but they do not always receive it. On 1/2/26 at 12:35 PM, the surveyor interviewed Resident #9, who stated they received a cheese quesadilla for lunch but had requested a grilled cheese sandwich. The cheese quesadilla on the resident's plate was observed by the surveyor at this time. On 1/5/26 at 11:30 AM, the surveyor interviewed the Food Service Director (FSD), who stated the facility did not provide menus to the long-term care residents. The kitchen provided one meal choice to all long-term residents, and the residents could ask for an alternative if they did not want what was served. The FSD stated that a resident's preferences, allergies, and any restrictions or texture modifications would be printed at the top of their meal ticket (lists of food items and portions to be provided for each resident, for a specific meal on a specific date, generated from information entered into a computer program). On 1/6/26 at 9:29 AM, the surveyor re-interviewed Resident #9. At this time, Resident #9 was observed eating a grilled cheese sandwich for breakfast. Resident #9 stated they did not know why the kitchen sent it (the sandwich) this morning, when they wanted it for lunch and dinner, not breakfast. Resident #9 stated they already spoke to the FSD regarding their preferences. In the presence of Resident #9, the surveyor observed Resident #9's meal ticket which indicated allergies to shellfish, apples, peanuts, iodine, lactose (a natural sugar found in milk), chick peas, and SEND SALAD printed in a banner across the top of the ticket. Resident #9 stated they don't get salad unless they asked for it. At this time Resident #9 handed several additional meal tickets to the surveyor, which reflected past meals as follows: 1/3/26 breakfast, 1/3/26 lunch, 1/3/26 dinner, 1/4/26 lunch, 1/4/26 dinner, and 1/5/26 dinner. Six of six tickets included allergies and SEND SALAD in the banner across the top. An indicator to send a grilled cheese sandwich was not on the tickets. On 1/6/26 at 10:35 AM, the surveyor interviewed the FSD and Registered Dietician (RD), in the presence of the Facility Administrator. The FSD together with the surveyor reviewed printed meal tickets for Resident #9, for breakfasts, lunches, and dinners, dated from 1/1/26 up to and including 1/5/26. The FSD stated what was on the tickets was what they (Resident #9) got. The FSD acknowledged SEND SALAD was on all meal tickets including breakfast, but the kitchen knew not to send salad at breakfast. She stated the only reason Resident #9 would not get salad was if the kitchen did not have lettuce. The FSD was unable to recall any time she did not have lettuce available. She stated Resident #9 got salad most of the time. The FSD acknowledged Resident #9 always asks for grilled cheese but is lactose intolerant so the kitchen can't send it (grilled cheese), they have to ask for it. The RD stated her process was to meet with residents on admission, or with any significant weight change. The RD stated she tried to check in with residents at mealtimes to get the most accurate picture of what they were eating but could not speak to Resident #9 specifically. The FSD then stated she herself spoke with Resident #9 a few weeks ago about the requests for grilled cheese and was only told by the resident that they were lactose intolerant but wanted the grilled cheese anyhow. The FSD acknowledged she did not document that conversation or discuss it with the RD. On 1/6/26 at 12:41 PM, the surveyor re-interviewed Resident #9 who stated they spoke with the RD after surveyor inquiry, and the RD acknowledged if the resident could tolerate cheese they should have received grilled cheese as requested. The surveyor reviewed Resident #9's medical records on 1/6/26. A review of the admission Record reflected diagnoses which included but was not limited to; moderate protein-calorie malnutrition (state of inadequate intake of food as a source of (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	protein, calories, and other essential nutrients). A review of the Comprehensive Minimum Data Set (MDS- a resident assessment and care screening tool) dated 9/10/25 reflected a Brief Interview for Mental Status score of 15 out of 15, indicating the resident was cognitively intact. A review of the Order Summary Report (a summary of all active physician's orders) dated 1/6/26 reflected allergies including but not limited to lactose. A review of the Individual Comprehensive Care Plan reflected a focus area for the resident's nutritional care plan created 9/4/25. An intervention was to provide preferences as available. A focus area for nutrition was dated 9/7/25 and reflected a focus area that the resident was allergic to.lactose. An intervention was to observe the allergy to .lactose. dated 9/7/25. A revision dated 1/6/26 after surveyor inquiry included additional information that the resident was able to have cheese, yogurt, and ice cream with no revision or addition to the interventions. A review of the progress notes reflected one Nutrition Progress Note dated 10/31/25 which reflected the resident's diet and allergies. No new recommendations were made at that time. A review of the Job Description for the Dietary Director dated April 2020 reflected Essential Duties and Responsibilities including the following: Interview residents or family members, as necessary, to obtain diet history.Participate in maintaining records of the resident's food likes and dislikes.Confirm that charted dietary progress notes are informative and descriptive of the services provided and of the resident's response. A review of the undated policy titled Food Allergies and Intolerances reflected a section titled Assessment and Interventions, which indicated: Residents are assessed for a history of food allergies and intolerance upon admission and as part of the comprehensive assessment. All resident reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan. The dietician will determine whether food allergies or intolerances are interfering with the resident's overall nutrition status and make recommendations regarding appropriate food substitutions and/or dietary supplements. NJAC 8:39-17.4(a)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Refer to F 803 and F 803Based on interviews and review of other facility documentation, it was determined that the facility Quality Assessment and Performance Improvement (QAPI) committee, that identified quality concerns, failed to utilize the Facility Performance Improvement Plan (PIP) to follow the facility process to measure and utilize data acquired for resident's food preferences.This deficient practice was evidenced by the following:The surveyor reviewed the facility provided, Performance Improvement Plan dated 5/20/2025, revised 10/2025 (and 1/6/2025-after surveyor inquiry) which revealed a Problem Statement: Food preference and meal ticket accuracy. Goal: Alert residents will be able to choose what meal or alternate they wish to have. Meal tickets reflect choice and what is printed. Further review revealed, Tasks: Provide weekly meal tickets and alternative list to oriented residents to select offered food or select off alternate menu, start date: ongoing; and Audit the residents' choices are being honored start date: ongoing. On 1/7/2026 at 8:40 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The LNHA stated a PIP was started for food preferences in May of 2025 but then it fell to the wayside. She stated it was restarted when the new Food Service Director (FSD) started. The LNHA stated the new FSD started giving the alert resident's choices. The surveyor asked how the facility was ensuring the residents were getting their preferences? The LNHA stated the Assistant Administrator in Training (AIT) goes in the kitchen and audits 3 trays for accuracy. She stated he verbally tells her the results. She was unable to show the audits addressing residents' preferences or how the results were being tracked or the follow up with the residents to ensure they were receiving their preferences. The LNHA stated she would add the above to the current PIP.A review of the facility policy QAPI Plan established 6/2025, revealed: With QAPI as our guiding principle, our facility has a performance Improvement Program which systematically monitors, analyses, and improves its performance to improve resident/patient outcomes.NJAC 8:39-33.1(a)(b)(c)(e)