

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395148</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>RIVER VIEW NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1555 EAST END BLVD PLAINS TWP WILKES BARRE, PA 18711</b>		
STATE LICENSE NUMBER: <b>220102</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT  Based on an abbreviated complaint survey completed on February 5, 2025, at River View Nursing and Rehabilitation Center there were no deficiencies identified under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities however, the facility was not in compliance with the following requirements under the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 1080	<p>Responsibility of licensee.</p> <p>(g) A facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident ' s health and safety are jeopardized.</p> <p>This REGULATION is not met as evidenced by:</p>	P 1080	<p>1. There are no goods or services that are being withheld from the residents due to the status of the A/P liabilities of River View Nursing and Rehabilitation Center.</p> <p>2. The facility will systematically work to make payments on cited delinquent balances not in dispute, using discretion to ensure that current , essential vendors are paid then paying down cited delinquent balances.</p> <p>3. The Regional Director of Operations Consultant will educate NHA on the monthly AP/Aging report to ensure vital services are not interrupted.</p> <p>4. NHA will audit the monthly AP/Aging report monthly for 3 months to ensure vital services are not interrupted due to the status of A/P liabilities. Results of the monthly audits will be submitted to the QAPI Committee for review.</p>	<p>Completion Date: <b>03/17/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/25/2025</b></p>
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P 1080	Continued from page 1  Based on the facility's accounts payable ledger and staff interviews, it was determined the facility failed to comply with Federal, State, and Local laws and professional standards by not ensuring timely payment for goods and services necessary for daily operations.  Findings include:  A review of the current outstanding accounts payable ledger revealed outstanding balances as of February 5, 2025, for greater than 121 days beyond terms of payment which include:  Pitney Bowes Inc: \$998.10 Approved Admissions LLC: \$2,062.00 National Datacare Corporation: \$14,387.09 Tech Keys: \$489.51 Agile Premium Finance: \$19,583.99 Fresh Air Co: \$360.40 C.W. Shultz and Sons Inc: \$13,327.00 Capozzi Alder, PC: \$2,807.61 Cavanaugh Electrical Contracting Inc: \$1,760.84	P 1080		

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P 1080	Continued from page 2  CILS Inc, Laundry Equipment Services: \$215.03 Commonwealth of Pennsylvania.: \$504.45 Conestoga Oral Surgery: \$277.30 Dailey Resources Ltd \$3,321.00 Diamond Pharmacy Services: \$47,053.09 Drain Tech: \$345.00 Dynamlink Communications Inc: \$1,974.41 FedEx: \$52.88 First Choice Business Solutions: \$120.83 For2Fi Inc: \$1,112.73 Glen Summit Spring Water Company: \$434.39 J.C. Ehrlich Co Inc: \$1,822.90 Keystone Health Information Exchange: \$4,730.75 Love's Thermal Systems Inc: \$1,190.53 LTC Technologies Inc: \$327.68 McKesson Medical-Surgical: \$2,626.56 Med Part: \$83.45 Metropolitan Life Insurance Company: \$4,176.36 National Test Systems: \$752.60 Neuhaus Certified Public Accounts; \$6,121.01 OnShift Inc: \$1,513.64 Patient Care Associates: \$98.76 Post & Shell P.C.: \$3,700.97	P 1080		

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P 1080	Continued from page 3  ReMED Services; \$7,605.49 REQQER LLC: \$531.00 Shelter Point Insurance: \$177.43 SIPVOICE: \$2,233.99 Synapse PDI: \$6,760.00 Toner Quest: \$491.13 Trans-Med Ambulance Inc: \$13,450.62 Tri State Surgical Supply & Equipment LTD: \$3,174.60 UGI Energy Services LLC: \$10,87.96 UGU Utilities Inc: \$574.84 UPS: \$752.29 WM Corporate Services Inc: \$2,556.99 Xerox Financial Services: \$19,881.22 Young's Medical Equipment: \$175.00 Zimmet Healthcare Services Group: \$860.00 Iron Mountain: \$7,708.60 Comcast: \$1,071.86 Commonwealth Physician Network: \$155.00 Quality Rehab Management: \$19,250.00 Geisinger Wyoming Valley Medical Center: \$3,131.85 Country Medical Supply: \$160.00	P 1080		

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P 1080	Continued from page 4  PRN Staffing Inc: \$1,040.77 Stanley Access Tech LLC: \$3,320.56 Wound Healing Technologies: \$3,407.00 OCO Supplies: \$1,597.81 Kennedy PC: \$5000.00 EZ Care Staffing: \$2,669.50 Focused Staffing Group: 43,945.34 Commonwealth Health EMS: \$58.00 Responsible Party Services INC: \$400.25 Briggs Healthcare: \$212.37 Eastern Time Inc: \$3,592,92 Plains Township Ambulance: \$1,276.00 Long's Laundry Equipment: \$1,126.82 HealthStream Inc: \$1,004.95 Med Transport Solutions: \$750.00  During an interview on February 5, 2025, at approximately 2:00 PM, the Nursing Home Administrator confirmed the facility owners had not provided evidence of payments or payment agreements for the outstanding invoices.  This failure to ensure timely payment of essential	P 1080		

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P 1080	Continued from page 5  goods and services demonstrates non-compliance with Federal, State and Local Laws), which requires facilities to pay bills in a timely manner to prevent jeopardizing the health and safety of residents.	P 1080			



# Certified End Page

**RIVER VIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 220102**

**SURVEY EXIT DATE: 02/05/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY