

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395691	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/30/2025
NAME OF PROVIDER OR SUPPLIER: RIVERSTREET MANOR STATE LICENSE NUMBER: 185302		STREET ADDRESS, CITY, STATE, ZIP CODE: 440 N RIVER STREET WILKES-BARRE, PA 18702		
(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
K 0000	INITIAL COMMENT Facility ID# 185302 Component 01 Main Building Based on an Abbreviated survey, in response to a complaint investigation completed on January 30, 2025, it was determined that Riverstreet Manor was not in compliance with the following requirements of Title 42, Code of Federal Regulations; the Pennsylvania Code; and the Life Safety Code NFPA 101 for an existing health care occupancy. This is a one story, Type III (200), unprotected, ordinary building, that is fully sprinklered.	K 0000		
K 0911 SS=E		K 0911		

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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K 0911 SS=E	Continued from page 1 NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 0911	-The outlet receptacle in Room 19 was secured into the wall. -Outlet receptacles in facility are being checked to ensure they are secured into the wall. -NHA/Designee will re-inservice Maintenance Staff on ensuring outlet receptacles are secured to the wall and current staff will also be in-serviced to ensure they are reporting any issues with same immediately. -Maintenance Director/Designee will complete an audit on random outlet receptacles weekly for 4 weeks and then monthly to ensure they are secured into the wall. -Results of the audits will be discussed at the monthly Quality Assurance Performance Improvement Meeting for review and/or recommendations.	Completion Date: 03/04/2025 Status: APPROVED Date: 02/18/2025

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K 0911 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the electrical system in one location, affecting one of one floors. Findings include: 1. Observation on January 30, 2025, at 9:45 a.m., Station 1, Resident Room 19, revealed an outlet receptacle that was not secured into the wall, creating a gap exposing the wiring inside the room, near bed 19W. Exit interview with the Facility Administrator and Facility Representative #1 on January 30, 2025, at 10:00 a.m., confirmed the outlet was not secured into the wall.	K 0911		



Certified End Page

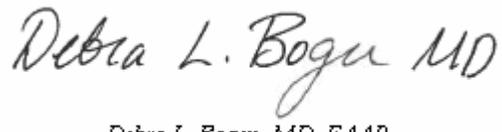
RIVERSTREET MANOR

STATE LICENSE NUMBER: 185302

SURVEY EXIT DATE: 01/30/2025

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