

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395843</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/28/2026</b>
NAME OF PROVIDER OR SUPPLIER: <b>RIVER'S EDGE REHABILITATION &amp; HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>9501 STATE ROAD PHILADELPHIA, PA 19114</b>		
STATE LICENSE NUMBER: <b>183502</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
E 0000	INITIAL COMMENT  Based on an Emergency Preparedness Survey completed on March 30, 2026, at River's Edge Rehabilitation and Healthcare Center, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 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.



# Certified End Page

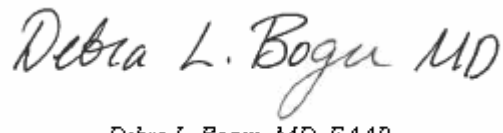
**RIVER'S EDGE REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 183502**

**SURVEY EXIT DATE: 04/28/2026**

**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

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K 0000	INITIAL COMMENT  Facility ID #183502  Component 01  Main Building Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on March 30, 2026, it was determined that Rivers Edge Rehabilitation &; Healthcare Center was not in substantial compliance with the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a two-story, Type II (222), fire resistive building, that is fully sprinklered.	K 0000		
K 0923  SS=E		K 0923		

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K 0923  SS=E	Continued from page 1  NFPA 101 Gas Equipment - Cylinder and Container Storage  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	K 0923	<ol style="list-style-type: none"> <li>1. The facility immediately purchased and installed the required signage at the Oxygen Storage Room on the second floor. The signage was updated to include "Oxygen Storage No Smoking" in accordance with NFPA 99 requirements for compressed gas storage areas.</li> <li>2. All residents have the potential to be affected by this issue.</li> <li>3. The Director of Maintenance and facility leadership were in-serviced on the requirements for proper labeling and signage of medical gas storage areas, including oxygen storage rooms, in accordance with NFPA 99 and CMS Life Safety Code requirements.</li> <li>4. The Director of Maintenance or designee will conduct routine environmental rounds to ensure all medical gas storage areas are properly labeled and compliant with NFPA 99 signage requirements. Audits will be conducted monthly for three months, with immediate correction of any identified deficiencies. Findings will be documented and reported to the</li> </ol>	Completion Date: <b>05/05/2026</b> Status: <b>APPROVED</b> Date: <b>06/01/2026</b>

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K 0923  SS=E	Continued from page 2  are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)  This REQUIREMENT is not met as evidenced by:	K 0923	Quality Assurance and Performance Improvement (QAPI) Committee as appropriate.	

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K 0923  SS=E	<p>Continued from page 3</p> <p>Based on observation and interview, it was determined the facility failed to maintain oxygen storage rooms, affecting one of two levels in the facility.</p> <p>Findings include:</p> <p>Observation on March 30, 2026, at 10:05 a.m., revealed, on the second floor, the Oxygen Storage Room lacked signage stating: CAUTION: OXIDIZING GAS(ES) STORED WITHINNO SMOKING</p> <p>Exit interview with the Administrator and the Maintenance Director on March 30, 2026, at 10:30 a.m., confirmed the lack of signage.</p> <p>-----</p> <p>Observations during an onsite Revisit conducted on April 28, 2026, between 8:00 am and 9:30 a.m., determined the following:</p>	K 0923		

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K 0923  SS=E	Continued from page 4  Item #1- Not Completed. On the second floor, Oxygen Storage Room lacked signage stating: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING  Exit interview with the Administrator and Maintenance Representative on April 28, 2026, at 9:30 a.m., confirmed the lack of signage.	K 0923		



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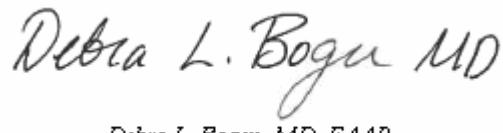
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