STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315225	A. BUILDING _____ B. WING _____	**08/25/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVERFRONT REHABILITATION AND HEALTHCARE CENTER	**5101 NORTH PARK DRIVE PENNSAUKEN, NJ 08109**

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 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** COMPLAINT # NJ 9 Based on interviews, review of the Medical Records (MR), and review of other pertinent facility documentation on 8/25/2020, it was determined that the facility staff failed to report an elopement to the New Jersey Department of Health (NJDOH) for 1 of 3 residents (Resident #2) reviewed for elopement risk. The facility also failed to follow the State of New Jersey Department of Health Reportable Events requirements. This deficient practice was evidenced by the following: 1. According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS), an assessment tool dated 6/29/20, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 99/15, which indicated the resident refused to complete the assessment. The MDS also showed the resident required limited assistance for Activities of Daily Living (ADLs). According to the Care Plan dated 5/5/19, Resident #2 had a Focus of Impaired cognitive function/dementia or impaired thought process. The goals included but were not limited to: The resident will develop skills to cope with the cognitive decline and maintain safety. Interventions included but were not limited to: redirection, routine care, and monitoring. According to the facility document titled Event Incident Investigation Summary dated 7/7/20, Resident #2 left the facility at 7:31 a.m. for an appointment at the hospital's radiology department at 8:00 a.m. At 9:20 a.m., the facility's Administrator received a text message from the resident's daughter informing the staff that the resident had left the hospital and walked to her daughter's house a block away. The facility staff immediately contacted the hospital and the transportation company. The daughter returned the resident to the facility. The resident and the daughter were interviewed and the resident was assessed upon return to the facility. Statements were obtained from the facility staff. Care plans were reviewed and updated with interventions. During an interview on 8/25/20 at 11:50 a.m., the Director of Nursing (DON) reported that elopement is wandering, exit seeking or exiting without the facility staff's knowledge. The DON also stated that the elopement was never reported to the NJDOH because Resident #2 did not elope from their facility but from the hospital and we knew where he/she was but when someone else has them they are responsible on their end. During an interview on 8/25/20 at 3:06 p.m., the DON reported the facility does not have a Reportable Event Policy, the facility uses the Reportable Event document from the NJDOH. When the DON reviewed the document she stated listed under Elopement was any elopements then stated, yes the event should have been reported to the State. Review of the Facility's copy of the Reportable Events document from the NJDOH dated December 2019, revealed the following: The department will continue to require to report elopements. For purposes of reporting, an elopement is whenever facility staff is not aware of a resident's whereabouts outside of the building. N.J.A.C. 8:39-9.4(f)

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