

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2020
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT GALLOWAY, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205		
(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 DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT #: NJ 00136821; NJ 00131771; NJ 00137428; NJ 00137866 CENSUS: 83 SAMPLE SIZE: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		9/29/20	

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

TITLE

(X6) DATE

Electronically Signed

09/07/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00136821</p> <p>Based on interview, record review and review of other facility documentation, it was determined that the facility failed to follow the care plan for a resident with a documented poor appetite as well as follow the facility's policy for weights.</p> <p>This deficient practice was identified for Resident #5, 1 of 2 residents reviewed for weight loss and was evidenced by the following:</p> <p>According to the admission record, Resident #5 was admitted to the facility with diagnoses that included but were not limited to; [REDACTED].</p> <p>Review of a Weight Summary indicated Resident #5 had a weight of [REDACTED] pounds on [REDACTED]. There were no other documented weights for</p>	F 656	<p>1) Resident #5 no longer resides in the facility. The medical chart of resident #5 was reviewed and weekly weights after the initial weight documented [REDACTED] were not found to be documented.</p> <p>2) All residents with documentation of poor appetite requiring comprehensive care planning have the potential to be affected by this deficient practice. The DON/designee has reviewed the medical records of 7 current residents with a comprehensive care plan regarding poor intake to ensure proper implementation and documentation.</p> <p>3) Re-education/In-service on facility weight policy and regarding proper implementation of comprehensive care planning was initiated. This in service will be ongoing until all nursing staff have been in-serviced. This in-service will be given every six months and during</p>		

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F 656	<p>Continued From page 2</p> <p>Resident #5. Resident #5 was discharged to the acute care hospital on [REDACTED].</p> <p>Review of a Progress Note (PN), dated [REDACTED] and signed by Dietary, revealed the resident had very poor PO (oral) intake. The note indicated to liberalize the diet and to add [REDACTED] ounces twice a day (supplement). The PN further reflected added fortified hot cereal to his/her breakfast.</p> <p>Review of Resident #5's care plan (undated) revealed under Focus, "I am at nutritional risk...." Under the Goal section, "My weight will be free from significant change +/- 5% x 1 mos...." Under the Interventions/Task section "Notify RD of changes in /critical lab values, PO intake, weight...."</p> <p>During an interview with a Certified Nursing Assistant (CNA #1) on 08/27/2020 at 10:40 AM, the CNA said weights were done monthly and as needed. CNA #1 went on to say "I don't know if residents are weighed weekly on admission."</p> <p>During an interview with the Registered Nurse Unit Manager (RN/UM) on 08/27/2020 at 11:32 AM, the RN/UM said that weights were being done during the COVID pandemic and monthly weights were done. The RN/UM went on to say that new admissions were weighed on the day they come in and then monthly. The RN/UM added that weekly weights for four week was part of the admission protocol.</p> <p>The dietician was no longer employed at the facility and unavailable for interview.</p> <p>During an interview with the current Director of Nursing (DON) and Administrator on 08/27/2020</p>	F 656	<p>orientation for newly hired nursing staff.</p> <p>4) The DON/designee will audit 3 resident charts on a weekly basis for 4 weeks; then monthly x 3 and quarterly x2 until compliance attained and maintained regarding proper comprehensive care planning for residents with poor intake and weights obtained for new admissions per facility policy.</p> <p>Results of the audits will be forwarded to the Quality Assessment and Performance Improvement Committee for review and action as appropriate. The QAPI committee meets quarterly. The Committee will determine the need for further audits and or action plans.</p> <p>Re-education of nursing staff will be provided as necessary.</p>		

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F 656	Continued From page 3 at 3:30 PM, the DON said she had only been at the facility since [REDACTED]. The DON also said she was not able to find any further weights for Resident #5. The Administrator stated that based on the weight policy, there should have been more weights taken for the resident. Review of an undated facility policy titled, "Weights," revealed under the Policy Interpretation and Implementation section "New admissions and readmissions are to be weighed weekly for four (4) weeks." NJAC 8:39-27.1(a)	F 656			