

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

PRINTED: 02/16/2022
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 01/20/2021
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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
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F 000	INITIAL COMMENTS Complaint #: NJ00140946, NJ00131090, and NJ00138845 Census: 99 Sample size: 5 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care facilities based on this complaint survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		2/26/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/15/2021
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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 580	<p>Continued From page 1</p> <p>physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint #: NJ140946</p> <p>Based on interviews and record review, it was determined the facility failed to ensure the resident's responsible party (RP)/power of attorney (POA) were notified of a resident's changes in medication and need for therapy for one (Resident [REDACTED]) of five residents reviewed for notification of changes.</p> <p>Findings included:</p> <p>1. Resident [REDACTED] was admitted to the facility on [REDACTED] with diagnoses including: [REDACTED],</p>	F 580	<p>) The POA of resident [REDACTED] was notified on 1/21/21 that resident began PT and OT on 9/30/20 and ended on 11/9/20. On 11/10/20, PT was resumed and ended on 11/20/20. PT began again on 12/10/20 and ended on 12/29/20. The POA was notified on 1/21/21 that resident [REDACTED] was started on antibiotics on 1/14/20 due to an ear infection.</p> <p>2) Residents that have a change in medication or are in need of therapy services have the potential to be affected by this practice.</p> <p>3) Re-education/In-service regarding RP/POA notification and documentation</p>		

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F 580	<p>Continued From page 2</p> <p>██████████. A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated ██████████ revealed the resident had a Brief Interview for Mental Status (BIMS) score of ██████████ indicating the resident was ██████████</p> <p>A record review of Resident ██████████ profile page indicated the names of the RP/POA and emergency contact. There was also an undated notation on the profile page to notify the resident's RP/POA for all changes in condition, medication changes, therapy, etc.</p> <p>A physician order dated ██████████, revealed, "... Occupational Therapy [OT] evaluate and treat 3-5x week [three to five times a week] for 30 days to address self-care training, ther ex [therapeutic exercise], ther act [therapeutic activities] ██████████, modalities prn [as needed], patient education, and discharge planning ..."</p> <p>A physician order dated ██████████ revealed, "... Re-cert skilled PT [physical therapy] 3-5X/week X 30 days for Therapeutic Ex, Therapeutic Act, Gait training, ██████████ and discharge planning ..."</p> <p>A review of the progress notes revealed Resident ██████████ began PT and OT on 09/30/2020, and ended on 11/09/2020. On 11/10/2020, PT was resumed and ended on 11/20/2020. PT began again on 12/10/2020, and ended on 12/29/2020.</p> <p>There was no evidence found in the medical record that indicated the resident's RP/POA was notified at any time regarding the resident starting or stopping therapy.</p>	F 580	<p>by nursing, therapy, or Social Worker upon a residents <input type="checkbox"/> change in medication or therapy services was initiated by the DON/designee on 1/21/21 and ongoing until all nursing and therapy staff as well as Social Worker has been in-serviced.</p> <p>4) The DON/designee will audit 2 resident charts on a weekly basis for 4 weeks; then monthly x 3 and quarterly x2 until compliance attained and maintained regarding RP/POA notification upon change in medication or a residents <input type="checkbox"/> need for therapy services.</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 580	<p>Continued From page 3</p> <p>A review of progress note dated [REDACTED] at 6:03 PM, indicated to continue the [REDACTED] for an infection of the [REDACTED]. The resident had no adverse reactions to the [REDACTED].</p> <p>On [REDACTED] at 6:11 PM, progress notes indicated to continue the [REDACTED] infection.</p> <p>On [REDACTED] at 6:36 PM, progress notes indicated to continue the [REDACTED] infection.</p> <p>There was no evidence that the RP/POA was notified of the resident starting [REDACTED] for an [REDACTED] infection.</p> <p>On 01/19/2021 at 11:05 AM, an interview was conducted with Licensed Practical Nurse (LPN #6). LPN #6 stated she would notify the Unit Manager or Supervisor, physician, and family of any changes in condition or treatment. The LPN stated this would be documented into the medical record.</p> <p>LPN #7 was interviewed on 01/19/2021 at 10:50 AM. LPN #7 stated she would notify the resident's POA or emergency contact of any changes such as changes in medication or a fall, or an accident.</p> <p>An interview with the Director of Nurses (DON) on 01/19/2021 at 3:30 PM, revealed the expectation was that the nurses would notify the RP/POA of any changes in condition, a start of a medication, a fall or injury, and when a resident was transferred out of the facility. The DON stated that they did not usually notify the RP/POA of start or stops in therapy, but stated she guessed it could be considered a new order, or change in the plan</p>	F 580			

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F 580	Continued From page 4 of care. On Resident [REDACTED] profile page, there was an undated note added to notify the resident's family member for any changes, including therapy. The DON stated that was done after the family member got upset about not being notified of the resident receiving therapy.	F 580			
F 761 SS=D	New Jersey Administrative Code § 8:39-5.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		2/26/21	

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F 761	<p>Continued From page 5</p> <p>Based on observation, interviews, and facility policy review, it was determined the facility failed to ensure that a treatment cart and medication cart were kept locked when unattended to prevent residents, as well as unauthorized staff, access to the contents for two of the 10 medication and treatment carts in the facility.</p> <p>Findings included:</p> <p>1. On 01/19/2021 at 12:30 PM, there was a treatment cart on the [REDACTED] floor, approximately 10 feet from the nurse's desk. There was no one at the nurse's desk. The treatment cart was unlocked and unattended. Registered Nurse (RN #1) was asked if the cart should be locked when unattended and RN #1 stated, "Yes, it could lead to problems with infection control and sharp items that could be dangerous to a resident."</p> <p>On 01/19/2021 at 4:17 PM, Licensed Practical Nurse (LPN #4) was passing medications on the [REDACTED] floor. The medication cart was left unlocked and unattended. A wheelchair bound resident (name unknown) approached the medication cart while it was unlocked, and the nurse was away from the cart. He/she was approximately 3 feet from the cart, and came to talk to the nurse about his/her medications. LPN #4 was in a resident's room, giving medications. LPN #4 then returned to the cart and locked it. She asked the resident to return to his/her room, and she would bring his/her medications. LPN #4 was interviewed and stated the medication cart should be locked when unattended to keep residents or unauthorized staff out of it.</p> <p>On 01/20/2021 at 8:54 AM, the Director of Nursing (DON) was interviewed and stated that the medication and treatment carts should be</p>	F 761	<p>The treatment cart on the [REDACTED] floor was locked by RN #1 on 1/19/21 at 12:32 pm. The medication cart on [REDACTED] floor was locked by LPN #4 on 1/19/21 at 4:20 pm. On 1/19/21 DON/designee conducted an audit on all 10 medication/treatment carts and found them to be locked while unattended by a nurse. RN #1 and LPN #4 were educated regarding the proper way to secure an unattended medication/treatment cart.</p> <p>2) All residents have the potential to be affected by this practice.</p> <p>3) Re-education/In-service regarding properly securing medication and treatment carts was initiated by the DON/designee on 1/21/21 and ongoing until all nursing staff have been in-serviced.</p> <p>4) The DON/designee will audit 2 medication and /or treatment carts on a weekly basis for 4 weeks; then monthly x 3 and quarterly x2 until compliance attained and maintained.</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. Re-education of nursing staff will be provided as necessary.</p>		

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F 761	Continued From page 6 locked when unattended. The facility's "Security of Medication Cart" policy, dated 04/2007, indicated " ...The medication cart shall be secured during medication passes ... 1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry ... 4. Medication carts must be securely locked at all times when out of the nurses view. 5. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room ..." New Jersey Administrative Code § 8:39-29.4(h)	F 761			