

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:  <b>315210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH CENTER AT GALLOWAY, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205</b>
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(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
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F 000	INITIAL COMMENTS  COMPLAINT # NJ 144188, NJ 145512, NJ 145811  CENSUS: 103  SAMPLE SIZE: 4  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 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 145811  Based on observations, interviews, and review of pertinent facility documentation on 6/15/2021 and 6/16/2021, it was determined that the facility failed to serve food timely and maintain the food at an acceptable temperature as well as follow the facility policy titled "Food: Preparation." This deficient practice is evidenced by the following:	F 804	1) Facility will ensure that all food and drinks will maintain a safe and appetizing temperature. No residents were negatively impacted. 2) All residents had the potential to be affected by this practice. 3) Food Service Director (FSD)/Designee has in-serviced dietary staff regarding proper food temperatures. 4) FSD/Designee will audit temperatures. Audits will be completed weekly x 4	7/8/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/06/2021
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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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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH CENTER AT GALLOWAY, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 WEST JIMMIE LEEDS ROAD</b> <b>GALLOWAY TOWNSHIP, NJ 08205</b>		
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F 804	<p>Continued From page 1</p> <p>During the tour with the Food Service Director (FSD) on 6/16/21 at 9:05 am, the FSD agreed that cold foods should be 41-degrees Fahrenheit (F) or less and hot foods should be 135-degrees Fahrenheit (F) or higher when served. The FSD verified that the food temperatures are monitored for each meal and checked prior to serving the food.</p> <p>On 6/16/2021 at 11:38 a.m., the thermometers were calibrated with the FSD to 32 degrees Fahrenheit. The FSD stated that cold drinks are brought up to each unit and placed in the refrigerator on the unit prior to each meal. The thermometer on the refrigerator showed a temperature of 40 degrees Fahrenheit. Lunch and dinner are served from steam trays on the units.</p> <p>On 6/16/2021 at 11: 46 a.m., the food arrived on unit 3. At 12:00 p.m., the FSD and the Dietary Aide started serving the food onto the food trays with covers then placed on the food cart. The FSD would take the cart to the staff members (Nursing Aides) to pass out the trays to the residents. The FSD and the Dietary Aide would start filling the meal orders for the next cart (second cart).</p> <p>On 6/16/2021 at 12:42 p.m., the staff finished passing out the trays from the second cart and the surveyor and the FSD obtained the last tray from the second cart for a test tray. The tray contained a regular diet with regular texture food and contained the following: Egg salad on a croissant, macaroni salad, tomato salad, and coffee. The foods were observed to be attractive and appetizing. However, the food temperatures were as follows:</p>	F 804	<p>beginning 7/4/21 and then monthly x 3 months.</p> <p>Results of the audit will be reviewed at the quarterly QAPI meeting.</p>		

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F 804	<p>Continued From page 2</p> <p>Egg salad 44.6 Fahrenheit (F), Macaroni salad 47.1 F, Tomato salad 49.4 F and Coffee 121.6 F</p> <p>During the food temperature check the FSD agreed the cold foods were above 41 degrees and were too warm and the coffee was below 135 degree and too cold. The FSD agreed that if the food temperature are off the residents could get sick.</p> <p>During an interview with the Administration on 6/16/2021 at 2:15 p.m., they stated that no residents had complained of stomach or food related issues that day (6/16/21) after lunch or over the past week.</p> <p>Review of the facility policy titled "Food: Preparation," dated May 2014, revealed the following under "Policy Statement: It is the center policy that all foods are prepared, in accordance with the guideline of the USDA Food Code...Action Steps, section 4: The FSD/Cook is responsible for food preparation techniques which minimize the amount of time that foods items are exposed to temperatures greater than 41 degrees and/or less than 135 degrees or per state regulation..."</p> <p>N.J.A.C. 8:39-17.4(a)2</p>	F 804			