

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

PRINTED: 06/04/2024
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 07/19/2022
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 156177 CENSUS: 116 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 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 156177 Based on observations, interviews, review of Medical Records (MR), and review of other pertinent facility documents on 7/15/2022 and 7/19/2022, it was determined that the facility failed to ensure that a resident's dignity was maintained and failed to follow their policy titled, "Resident Rights." for 1 of 4 residents (Resident #2) when on 7/11/2022 and 7/12/2022 Resident	F 557	F 557 SS = D Immediate Correction Done Resident #2 was relocated to a private room upon availability the next morning (NJ ex order 26.4b1). Resident #2 has a (NJ ex order 26.4b1) with no untoward findings.	8/19/22	

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

TITLE

(X6) DATE

Electronically Signed

08/04/2022

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 557	<p>Continued From page 1</p> <p>#2 was observed sleeping in his/her bed in the third floor Dining Room (common area) without privacy. This deficient practice was evidenced by the following:</p> <p>According to the MR Resident #2 was admitted to the facility on [redacted] with diagnoses which included, but were not limited to: [redacted]</p> <p>According to the Minimum Data Set (MDS) an assessment tool dated [redacted] Resident #2 had a Brief Interview for Mental Status Score (BIMS) of [redacted] which, indicated the Resident had [redacted]</p> <p>According to the Facility Reportable Event (FRE) sent to the New Jersey Department of Health (DOH) on [redacted], the type of event was a Resident-to-Resident Abuse which occurred on [redacted] at 2:25 p.m. Resident #2 [redacted] #1 (roommate) [redacted]. The Residents were immediately separated and assessed for injuries. Statements were gathered, Care Plans were reviewed, and notifications were made to the physicians and the families. [redacted]</p> <p>During an interview on 7/15/2022 at 9:28 a.m., Licensed Practical Nurse (LPN #1) reported, Resident #1 and Resident #2 had a [redacted], and the Administrator had Resident #2's bed moved into the Dining Room (DR) where the Resident slept after the altercation. LPN #1 stated, she felt it was a "dignity issue" since Resident #2 had no privacy</p>	F 557	<p>Resident #2 was not negatively affected by the room change on [redacted]</p> <p>Who can be affected?</p> <p>Any resident has the potential to be affected by this practice. Residents requiring room change will be reviewed by the DON or designee prior to room change, daily x 3 weeks, then weekly x 3 months, then monthly x 3 months, then quarterly as needed.</p> <p>Two residents had room changes since the survey date, 7/14/22. No residents were negatively affected by the room change.</p> <p>What was done to make sure it doesn't happen again?</p> <p>No resident shall be offered a room change to any area other than another resident room.</p> <p>Staff were education on 7/14/22 by [redacted]</p> <p>The DON or designee will monitor all room changes prior to the room change being offered / initiated.</p> <p>How will you monitor?</p> <p>All residents requiring room change will be reviewed by the DON or designee prior to the room change, daily x 3 weeks, then weekly x 3 months, the monthly x 3.</p>		

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F 557	<p>Continued From page 2</p> <p>and people walking by the Dining Room could see in, there were no curtains or blinds for privacy. On NJ ex order 26.4b1 LPN #1 saw Resident #2 putting his/her pants on in the Dining Room.</p> <p>During an interview on 7/15/2022 at 10:24 a.m., Certified Nursing Assistant (CNA #1) stated, she observed Resident #2's bed in the DR on NJ ex order 26.4b1 and witnessed the Resident NJ ex order 26.4b1. CNA #1 stated, there was no privacy no ensure the Resident's dignity.</p> <p>During an interview on 7/15/2022 at 12:04 p.m., the Social Worker (SW#1) stated, she was aware of the physical altercation between Resident #1 and Resident #2 on NJ ex order 26.4b1, she observed Resident #2 in a bed in the DR. The staff informed the SW the Administrator put the Resident in the DR after the NJ ex order 26.4b1 with Resident #1 on NJ ex order 26.4b1. The SW stated it was a violation of the Resident's dignity to sleep in the DR.</p> <p>During an interview on 7/15/2022 at 1:08 p.m., SW #2 stated, she did witness Resident #2's bed in the DR on NJ ex order 26.4b1. The Resident did not have any privacy since the windows were open to the hallway. The Resident had visitors in the DR; he/she was sitting on the bed. It was a dignity issue and that is a violation of resident's rights.</p> <p>During an interview on 7/15/2022 at 1:45 p.m., the Administrator stated, he was the one who ordered Resident #2's bed to be moved into the DR after the altercation between Resident #1 and Resident #2 on NJ ex order 26.4b1, the Administrator agreed that it was a dignity issue. The Administrator stated, there was no other options.</p>	F 557	<p>DON / designee will review any resident room changes to ensure dignity is maintained. Findings will be reported to the QAPI Committee monthly x 3 then quarterly x 3. The committee will determine the need for further audits and / or actions plans.</p> <p>NJ Exec. Order 26:4.b.1 Director of Nursing</p>		

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F 557	<p>Continued From page 3</p> <p>Resident #1's family did not want Resident #2 back in the room even with 1:1 supervision and no other beds were available in the facility that day.</p> <p>During an interview on 7/19/2022 at 9:43 a.m., the Administrator stated, to switch male resident's rooms (other residents) the staff would need to call the families for approval, and they need notice, therefore, the Administrator reported that it was not an option at that time and the staff did not call any families.</p> <p>During an interview on 7/19/2022 at 10:56 a.m., the Director of Nursing (DON) stated, she was not in the building on [redacted] after the altercation between Resident #1 and Resident #2. The SW had informed her of the incident by phone. The DON asked the Administrator if he put Resident #2 in the DR and he said yes because he had no other options. The DON agreed that putting Resident #2 in [redacted]</p> <p>[redacted]</p> <p>A review of the facility policy titled "Resident Rights," with a revised date of February 2021, revealed the following under "Policy Interpretation and Implementation," 1. Federal and state laws guarantee certain basic rights to all residents of this facility. these rights include the resident's right to: a. a dignified existence. b. be treated with respect, kindness, and dignity. t. privacy and confidentiality.</p> <p>N.J.A.C. 8:39-4.1(a)12</p>	F 557		

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315210	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/22/2022	Y3
NAME OF FACILITY HEALTH CENTER AT GALLOWAY THE			STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0557	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(e)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/19/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/19/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		