New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060102			(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE. ZIP CODE	12/28/2021	
		66 WEST	JIMMIE LEEDS			
HEALTH (CENTER AT GALLOWAY,	THE GALLOV	VAY 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
S 000	Initial Comments		S 000			
	Complaint #: NJ1494 Census: 98 Sample Size: 9	67 and NJ150344				
	TYPE OF SURVEY: (Complaint Survey				
	all the standards in th	ubstantial compliance with e New Jersey Administrative s for Licensure of Long-Term				
	including a completio and ensure that the p to correct deficiencies action in accordance	nit a plan of correction, n date for each deficiency lan is implemented. Failure may result in enforcement with provisions of New Code Title 8, Chapter 43E, sure Regulations.				
S 560	8:39-5.1(a) Mandator	y Access to Care	S 560		12/30/21	
	(a) The facility shall c Federal, State, and lo regulations.					
	This REQUIREMENT by: Complaint Intake NJ1	is not met as evidenced		Immediate correction done:		
	Based on interviews, and New Jersey Department, dated 01/28/2 the facility failed to er met for 6 of 14 day sh	facility document review, artment of Health (NJDOH) 021, it was determined that asure staffing ratios were nifts reviewed and 1 of 14 ed. This deficient practice		The schedules for the next 14 days w immediately reviewed to ensure the C.N.A. coverage meets the requirement There were no negative outcomes to residents. Who can be affected: All residents have the potential to be affected by this practice.		

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

TITLE (X6) DATE

Electronically Signed

02/28/22

PRINTED: 08/25/2022 FORM APPROVED

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205						
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S 560	(NJDOH) memo, date with N.J.S.A. (New Je 30:13-18, new minimunursing homes," indic Governor signed into codified at N.J.S.A. 30 established minimum nursing homes. The feeffective on 02/01/202 One certified nurse aifor the day shift. One direct care staff residents for the even fewer than half of all secrified nurse aides, member shall be sign nurse aide and shall pand One direct care staff residents for the night direct care staff members certified nurse aide are aide duties. 1. A review of the "Nu completed by the facil 11/21/2021 through 1: staff-to-resident ratios minimum requirement in CNA staffing for residents and deficient in CNAs evening shifts as follo - 11/21/2021 had 12 Othe day shift, required	ey Department of Health and 01/28/2021, "Compliance bersey Statutes Annotated) arm staffing requirements for atted the New Jersey law P.L. 2020 c 112, 0:13-18 (the Act), which staffing requirements in collowing ratio(s) were 21: de to every eight residents member to every 10 ing shift, provided that no staff members shall be and each direct staff ed in to work as a certified coerform nurse aide duties: member to every 14 is shift, provided that each coer shall sign in to work as a not perform certified nurse rse Staffing Report," lity for the weeks of 2/04/2021, revealed is that did not meet the is. The facility was deficient sidents on 6 of 14 day shifts to total staff on 1 of 14 ws: CNAs for 106 residents on 14 CNAs.	S 560	What was done to make sure it doesn happen again? Nursing Supervisors were educated of C.N.A. staffing requirements. Nurse managers and the staffing coordinator were re-educated on C.N.A. staffing requirements. How will you monitor? DON/Designee will review and sign of the schedule each day for the followind day's schedule to ensure C.N.A. cover meets requirements. Findings will be reported to the QAPI Committee monthly X 3; then quarterly 2. The Committee will determine the for further audits and/or action plans.	n f on g rage	
	the day shift, required					

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New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205 (X4) ID PREFIX (READ EDECICIONY MUST BE RECEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION) S 560 Continued From page 2 the day shift, required 14 CNAs. - 11/24/2021 had 12 CNAs for 105 residents on the day shift, required 14 CNAs. - 11/25/2021 had 13 CNAs for 105 residents on the day shift, required 14 CNAs. - 11/26/2021 had 12 CNAs for 105 residents on the day shift, required 14 CNAs. - 11/26/2021 had 17 CNAs to 15 total staff on the evening shift, required 14 CNAs. - 11/26/2021 had 7 CNAs to 15 total staff on the evening shift, required 8 CNAs. - 12/04/2021 had 7 CNAs to 15 total staff on the evening shift, required 8 CNAs. During an interview on 12/28/2021 at 2:34 PM, the Director of Nursing (DON) indicated staffing everywhere had been a challenge and they had offered staff incentives to work extra hours.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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