

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

PRINTED: 02/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 GRANT AVE</b> <b>EATONTOWN, NJ 07724</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 130223  CENSUS: 159  SAMPLE SIZE : 3	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>01/31/2020</b>
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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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/13/2020</b>
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S1680	<p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		1/28/20

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TITLE

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01/31/20

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NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 GRANT AVE EATONTOWN, NJ 07724</b>		
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S1680	Continued From page 1  This REQUIREMENT is not met as evidenced by: COMPLAINT # 130223  Based on review of the Nurse Staffing Reports for the week of 10/27/2019, it was determined that the facility staff failed to provide at least minimum staffing levels for 1 of 7 days. The required staffing hours are as follows:  For the week of 10/27/2019 required staffing hours: 410.00  Date            Actual Staffing Hours.    Difference 10/27/2019        400                                    -10.00  During a post survey telephone interview on 1/23/2020 at 3:25 p.m. the Director of Nursing (DON) stated that when they have call outs they "try to cover, also call nurses, CNAs (Certified Nursing Assistants) to cover, also include Activities depending on what they need. We call nurses, ADON (Assistant Director of Nursing), DON if we have to come in we come in."	S1680	Element 1 – Corrective Actions The facility has placed additional ads on online staffing sites. Staffing for the day of 10/27/19 was re-evaluated taking into consideration all nursing staff on that date to ensure the numbers were properly calculated.  The staffing coordinator was counseled about notifying the nursing supervisor and/or the ADON and DON in the event nurse staffing does not meet minimum requirements.  Element 2 – Identification of Residents at Risk All residents may be affected by this practice.  Element 3 – Systemic Change Nursing management met to review the current staffing model to ensure it meets current staffing requirements. The management team met with ownership to discuss additional incentives to attract more nursing staff during the existing staffing crisis.	

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S1680	Continued From page 2	S1680	<p>Nursing supervisors were re-educated about calculating nurse staffing requirements and the procedure to notify the ADON/DON/designee at the beginning of a shift if the minimum requirement is not met so additional staff can be called in including nursing management.</p> <p>The current monthly nurse staffing schedule and daily staffing schedule forms were reviewed and revised to clarify required staffing and is reviewed by nursing management daily to ensure adequate staff are onsite every day all three shifts. Nursing staff received re-education regarding changes.</p> <p>Element 4 – Quality Assurance Daily the DON/ADON/Nursing Supervisor reviews the daily nurse staffing sheets to ensure staffing levels comply with required staffing levels. Weekly the nurse staffing schedules are reviewed by the DON/ADON to ensure adequate staff are scheduled to meet staffing regulations. Findings from these reviews are analyzed in aggregate every monthly the DON who reports the findings at the quarterly QAPI meeting for action as appropriate.</p>	