

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 GRANT AVE EATONTOWN, NJ 07724</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
K 000	INITIAL COMMENTS	K 000		
K 223 SS=D	<p>LIFE SAFETY CODE 101:2012</p> <p>The facility is not in substantial compliance with the minimum Life Safety Code requirements as surveyed under CMS-2786R.</p> <p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observations and interviews conducted on 12/10/19 in the presence of facility management, it was determined that the facility failed to maintain required self-closing doors to Hazardous area rooms and smoke barrier doors.</p>	K 223	<p>K223 Element One The doors to the kitchen, boiler room and room [REDACTED] were immediately repaired to assure they have no gaps and latch</p>	12/11/19

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

TITLE

(X6) DATE

Electronically Signed

12/20/2019

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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K 223	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>Throughout a tour of the facility, beginning at 10:00 AM, the surveyor along with the facility's Director of Maintenance (DM) and Administrator (LNHA) observed the following:</p> <p>1. At an 10:45 AM closing test, both doors to the kitchen did not close to the frames. The left side door to the exit corridor was provided with a self-closing device but the dead-bolt lock was locked out with the door in the open position. This condition prevented the door from closing to the frame. When the dead-bolt was retracted, the door hit the frame and would not close.</p> <p>The right side double doors did not close to the frame. The door was held open with a magnet and provided with a self-closing device. When released, the door struck the frame and would not close automatically.</p> <p>In an interview, at the time, the DM stated these doors needed replacement.</p> <p>2. At an 11:00 AM closing test, the doors to the boiler room did not close to the frame. One door hit the other and remained open.</p> <p>In an interview, at the time, the DM stated these doors needed replacement.</p> <p>3. At an 11:30 AM closing test, the smoke barrier door at resident room [REDACTED] did not close to the frame. There was a gap along the top of the door</p>	K 223	<p>properly in compliance with regulatory requirements.</p> <p>Element Two All Residents have the potential to be affected. An audit was conducted on all doors in the facility to ensure they latch properly and have no gaps. Maintenance staff were re-educated to check all doors for proper closure and to assure there are no gaps in compliance with regulation. Kitchen staff were re-educated about leaving the bolt to the door in the open position while the kitchen is in operation.</p> <p>Element Three The Administrator and Maintenance Director will conduct door closure audits during routine weekly environmental rounds on an ongoing basis to assure the physical plant complies with regulatory requirements. The audit includes checking doors for proper closure and ensuring there are no gaps.</p> <p>Element Four The Maintenance Director will conduct monthly audits on an ongoing basis of all doors for proper closure and to ensure there are no gaps. The Maintenance Director will aggregate findings from these rounds monthly and review the findings with the Administrator. Quarterly on an ongoing basis the Maintenance Director will provide a report of his findings to the QAPI committee for action as appropriate. Completion date 12/11/2019</p>		

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K 223	Continued From page 2 (approximately 1-inch wide) tapering from the center of the door to the door edge along the door stop.  In an interview, at the time, the DM stated the door was sagging and he would adjust it.	K 223			
K 351 SS=D	NJAC 8:39-31.1(c), 31.2(e) Sprinkler System - Installation CFR(s): NFPA 101  Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observations and interview conducted on 12/10/19 in the presence of facility management, it was determined that the facility failed to provide automatic fire sprinkler protection to all areas in accordance with NFPA 13.	K 351	K351 Element One The combustible supplies were immediately removed from the storage room across room [REDACTED]. A sprinkler was installed in this storage room as required.	12/18/19	

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K 351	<p>Continued From page 3</p> <p>This deficient practice was evidenced by the following:</p> <p>At 11:30 AM, the surveyor along with the facility's Director of Maintenance (DM) and Administrator (LNHA) observed that there was no fire sprinkler protection in the small storage room (old shower room) within the storage room across from resident room [REDACTED]. There was wire rack shelving with a small amount of combustible supplies in the room.</p> <p>In an interview, at the time, the DM stated that he would have a sprinkler head added to the room.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13</p>	K 351	<p>Element Two The maintenance director performed a thorough check of all rooms in the facility. All rooms that require sprinkler heads in the building currently have sprinkler heads installed.</p> <p>Element Three Sprinkler coverage was installed in the storage room across from room [REDACTED]. Maintenance staff were re-educated regarding the requirements for automatic sprinkler system coverage throughout the facility.</p> <p>The facility has a contract for sprinkler maintenance that also includes inspection of all sprinkler heads quarterly to ensure that they are in proper working condition in addition to the facility maintenance inspections.</p> <p>Element Four The Maintenance director/designee conducts environmental inspections that include routine checking of sprinkler heads. An additional audit specific to the facility sprinkler system will be conducted monthly for 3 months. Results will be provided at the quarterly QA meeting by the Maintenance Director for review and action as appropriate.</p> <p>Date of completion: 12/18/2019</p>		