

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

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
NAME OF PROVIDER OR SUPPLIER GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		
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F 000	INITIAL COMMENTS Complaint #: NJ168504, NJ175432, NJ176408 Survey Date: 1/2/25 to 1/09/25 Census: 131 Sample: 26 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584			1/27/25

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

TITLE

(X6) DATE

Electronically Signed

01/27/2025

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 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to maintain the residents' environment and living areas in a sanitary and homelike manner. This deficient practice was identified for 2 of 6 residents (Resident #90 and Resident #125) having lunch in the [REDACTED] Unit [REDACTED] Room in wheelchairs or recliners and 1 of 2 residents (Resident #124) utilizing overbed tables.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 1/02/25 at 11:10 AM, the surveyor observed Resident #90 out of bed, in a recliner in the [REDACTED] Room. A bead maze activity center was noted on an overbed table in front of the resident. The resident was noted with closed eyes. No distress was noted.</p>	F 584	<p>Element 1 It is the practice of the facility to ensure that all residents reside in a safe, clean, homelike environment. The deficiency was corrected by performing a facility wide sanitization audit of all resident care areas, including overbed tables, wheelchair and Geri chairs; all areas that were identified to be dirty were immediately cleaned.</p> <p>Element 2 All residents are potentially affected by this deficiency.</p> <p>Element 3 The systemic changes that were implemented to prevent this deficiency from occurring again include: increasing sanitization rounds on resident care areas and wheelchairs as part of the facilities Guardian Angel Program. The Guardian</p>		

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F 584	<p>Continued From page 2</p> <p>On 1/06/25 at 12:07 PM, the surveyor observed facility staff sitting next to Resident #90 in the [REDACTED] Room providing verbal cues/assisting as needed with lunch. The surveyor observed Resident #90's recliner with dried brown substances on sides of recliner.</p> <p>A review of the admission record reflected that Resident #90 had diagnoses included but not limited to; NJ Exec Order 26.4b1.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1, indicated that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 indicating NJ Exec Order 26.4b1.</p> <p>On 1/07/25 at 12:05 PM, the surveyor observed Resident #90 in the NJ Exec Order 26.4b1 Room. The resident's recliner was observed with dried brown substances on the sides of recliner. When the U.S. FOIA (b)(6) was asked about it, she stated that's a NJ Exec Order 26.4b1 chair and another staff member present in the room at that time stated, "the resident NJ Exec Order 26.4b1".</p> <p>2. On 1/06/25 at 12:08 PM, the surveyor observed Resident #125 in the NJ Exec Order 26.4b1 Room. The resident was being assisted with lunch by a staff member. The surveyor observed Resident #125's wheelchair with dried brownish, white substances on the resident's left wheel of the wheelchair.</p> <p>A review of the admission record reflected that Resident #125 had diagnoses that included but not limited to NJ Exec Order 26.4b1.</p>	F 584	<p>Angel program is a comprehensive auditing tool used to identify issues throughout the facility. This program was expanded to include all resident care areas, with special attention to wheelchairs, Geri chairs, and overbed tables, in order to remain in compliance with F584. Additionally, the Housekeeping Director and Administrator make daily rounds to ensure identified issues are corrected in a timely manner.</p> <p>Element 4</p> <p>To maintain and monitor ongoing compliance, the Guardian Angel/Homelike Environment Audit is being conducted by all Department Heads once a week for two months, then once every other week for two months, and then monthly for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for nine months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 584	<p>Continued From page 3</p> <p>A review of the most recent quarterly MDS, dated [NJ Exec Order 26.4b1], reflected that the resident had a BIMS score of [NJ Exec Order 26.4b1], indicating [NJ Exec Order 26.4b1].</p> <p>On 1/07/25 at 12:05 PM, the surveyor observed Resident #15 in the [NJ Exec Order 26.4b1] Room. The surveyor observed the wheelchair with [NJ Exec Order 26.4b1] white substances all over the left wheel of the wheelchair. The surveyor showed the wheelchair to the [U.S. FOIA (b)(6)], who stated she would text housekeeping and they'll come do it right after lunch.</p> <p>3. On 1/02/25 at 11:13 AM, the surveyor observed Resident #124 in a wheelchair in the [NJ Exec Order 26.4b1] Room. The resident was doing a [NJ Exec Order 26.4b1].</p> <p>A review of the admission record reflected that Resident #124 had diagnoses that included but not limited to: [NJ Exec Order 26.4b1].</p> <p>A review of the most recent quarterly MDS, dated [NJ Exec Order 26.4b1], indicated that the resident had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] indicating [NJ Exec Order 26.4b1].</p> <p>On 01/07/25 at 12:12 PM, the surveyor interviewed the [U.S. FOIA (b)(6)], who stated there was a schedule for wheelchair and recliner cleaning. She also stated housekeeping usually does them and that they were just cleaned in the last 2 weeks. She further stated that if the chairs were dirty, we tell them (housekeeping) and they clean them as soon as possible.</p> <p>On 1/08/25 at 8:18 AM, during observation of [NJ Exec Order 26.4b1] administration, the surveyor</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>observed Resident #124's bottom of their overbed table with multiple dried brownish spots. The U.S. FOIA (b)(6) stated that housekeeping was in charge of cleaning overbed tables. The U.S. FOIA acknowledged that the overbed table bottom was not clean.</p> <p>On 1/08/25 at 9:06 AM, the surveyor interviewed a housekeeper, who stated she cleans the bathroom first, then the room, including the overbed table. The U.S. FOIA (b)(6) joined the interview and stated they generally clean five wheelchairs and recliners a week. He explained in the nice weather they are taken outside and cleaned with the power washer. He went on to explain that now (winter) it's harder, and they are taken into the shower room to clean.</p> <p>On 1/08/25 at 10:12 AM, the surveyor conducted rounds with the U.S. FOIA. The U.S. FOIA acknowledged Resident # 90's recliner with the brownish substances on the side and stated, "that's a rental chair." When asked if they clean rental chairs, he stated they do. The U.S. FOIA acknowledged Resident #125's wheelchair with the brownish substances on the left wheel. The U.S. FOIA acknowledged Resident #124's overbed table with brownish substances on the bottom and stated, "I'll have them scrape that."</p> <p>A review of facility provided policy "Wheelchair and U.S. FOIA Chair Cleaning", undated, included:</p> <p>Policy: The policy for this facility and the Environmental Services Director is to ensure the scheduling of each chair for cleaning at least once a month.</p>	F 584			

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F 584	Continued From page 5 Schedule: Weekly wheelchair schedule is as follows: Monday, NO EXERCISE Wing, Rooms 100 through 131 A review of facility provided cleaning calendar for January 2025 showed one room for each wing on each day ex. Jan 1 has rooms 102, 202, and 302. On 1/09/25 at 9:53 AM, the surveyor interviewed the U.S. FOIA (b)(6) [REDACTED] who stated that regarding wheelchair cleaning they typically follow the policy on the schedule and adjusted it on a as needed basis. He also stated that they listen to the residents and pay attention to details, to make sure everyone is in a safe and comfortable environment. He further stated that if they observe a chair that needs cleaning, they follow policy, but sometimes the needs of the building override. The chairs are cleaned on an as needed basis.	F 584			
F 607 SS=D	N.J.A.C. 8:39-31.4(a)(c)(f) Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95,	F 607			1/27/25

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F 607	<p>Continued From page 6</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and review of pertinent facility documents, it was determined that the facility failed to report and initiate an investigation for an NJ Ex Order 26.4(b)(1) in accordance with their NJ Ex Order 26 and NJ Ex Order 26.4b policy until surveyor inquiry. This deficient practice was identified for one (1) of one (1) resident reviewed for NJ Ex Order 26 (Resident #47), and was evidenced by the following:</p> <p>On 1/2/25 at 10:44 AM, the surveyor observed Resident #47 in bed. The resident had a NJ Exec with a NJ Exec Order 26.4b1</p> <p>The surveyor attempted to interview the resident but the resident was not responding to the surveyor.</p> <p>On 1/3/25 at 9:00 AM, the NJ Exec provided the surveyor with two</p>	F 607	<p>Element 1</p> <p>Upon discovering the NJ Exec Order 26.4b1 on resident #47 NJ Exec Order immediate steps were taken to assess the injury, ensure the residents' safety, and provide appropriate care (cleaning, applying any necessary treatment). The resident was closely monitored for any further changes in condition. The NJ Exec Order was promptly documented on NJ Exec Order 26 in the resident's medical chart. On the same day an incident report was created to ensure a complete record of the event. On NJ Exec Order an in-service was completed by the Assistant Director of Nursing for all nursing staff regarding notifying the nurse immediately of any skin alterations, as well as Abuse and Neglect policy and reporting.</p> <p>Element 2</p>		

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F 607	<p>Continued From page 7</p> <p>investigations for Resident #47 from [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b)] verified that there were two investigations in the past six (6) months and no other investigations.</p> <p>A review of the two investigations for Resident #47 revealed that there was no investigation regarding a [NJ Exec Order 26.4b] on the resident's [NJ Exec Order].</p> <p>On 1/3/25 at 12:54 PM, the surveyor interviewed the Certified Nursing Assistant (CNA#1), who stated that she had worked at the facility for less than two months and was familiar with Resident #47. CNA#1 stated that she had cared for the resident yesterday but that another CNA (CNA#2) had fed the resident that day. CNA#1 added that she had seen a [NJ Exec Order] on the resident's [NJ Exec Order] and thought it was always there. CNA#1 also stated that she had not told anyone regarding the [NJ Ex Order] on the resident's [NJ Exec Order].</p> <p>On 1/3/25 at 12:59 PM, the surveyor interviewed CNA#2, who stated that she had started working at the facility yesterday and had cared for Resident #47 that morning. CNA#2 stated that she had seen [NJ Ex Order 26.4(b)] on the resident's [NJ Exec Order] but thought the staff already knew about it and had not told anyone.</p> <p>On 1/3/25 at 1:01 PM, the surveyor interviewed the acting [NJ Exec Order 26.4b1] [redacted], who stated that she was unaware of a [NJ Ex Order] on Resident #47's [NJ Exec Order].</p> <p>At that time, the surveyor with the [U.S. FOIA (b)(6)], observed Resident #47 in their room in bed. The [U.S. FOIA (b)(6)] acknowledged that there was a [NJ Exec Order 26.4b] on the resident's [NJ Exec Order] that looked like a</p>	F 607	<p>The standard was not met for resident #47. All residents that are at risk for skin alterations have the potential to be affected by this deficient practice.</p> <p>Element 3 All nursing staff were re-educated on the facility's Abuse and Neglect policies and procedures for reporting injuries and incidents. In addition, they were re-educated on the facilities abuse reporting and prevention policy. Emphasis will be placed on the importance of documenting every skin alteration.</p> <p>Element 4 Incident audits have been conducted weekly for the first 2 months, every other week for the next 2 months, and then monthly for the following 2 months to review compliance and to ensure all injuries are documented and reported appropriately. Identified issues will be corrected as they are discovered, results will be reported to the Director of Nursing and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 607	<p>Continued From page 8</p> <p>NJ Exec Order 26. The U.S. FOIA (b)(6) was able to interview the resident in the presence of the surveyor. The resident shook their head yes when asked if there was a NJ Exec Order 26.4b1 on their NJ Exec Order 26. The U.S. FOIA (b)(6) asked the resident how the NJ Exec Order 26 occurred, and the resident stated, "I was trying to NJ Ex Order 26.4(b)(1)." The U.S. FOIA (b)(6) stated that a risk management report would have to be completed. The U.S. FOIA (b)(6) added that the U.S. FOIA (b)(6) were to report any NJ Ex Order 26 issues to the nurses and thought maybe the medication nurse was aware. The U.S. FOIA (b)(6) could not speak to why the U.S. FOIA (b)(6) or nurse had not reported to her the NJ Exec Order 26.4b1 on Resident #47's NJ Exec Order 26.</p> <p>The surveyor reviewed the medical record for Resident #47.</p> <p>A review of the Admission Record revealed diagnoses of but not limited to; NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>A review of the most recent quarterly comprehensive Minimum Data Set, an assessment tool used to facilitate the management of care dated NJ Exec Order 26.4b1, reflected the resident had a brief interview for mental status score of NJ Exec Order 26.4b1, indicating that the resident had a NJ Exec Order 26.4b1.</p> <p>A review of the resident's individualized plan of care (IDPC) revealed a focus area "Resident #47 has an ADL (activities of daily living) deficit related to: [They] requires NJ Ex Order 26.4(b)(1) with ADL's in NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). With an initiated date of NJ Ex Order 26.4(b)(1) and revised date</p>	F 607			

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F 607	<p>Continued From page 9</p> <p>of [REDACTED] NJ Ex Order 26.4(b)(1). Another focus area "Resident #47 has an NJ Exec Order 26.4b1 and requires NJ Exec Order 26.4b1 and glove use during high contact procedures) 1. [REDACTED] NJ Ex Order 26.4(b)(1), 2. [REDACTED] NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b1 with an initiated date of [REDACTED] NJ Ex Order 26.4(b)(1) and revision date [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's [REDACTED] Check assessments dated NJ Exec Order 26.4b1 [REDACTED] for NJ Ex Order 26.4(b)(1) revealed that there were no new identified areas that were previously identified.</p> <p>On 1/6/25 at 12:45 PM, the [REDACTED] U.S. FOIA (b) provided the surveyor with an investigation titled "NJ Exec Order 26.4b1 report for the unwitnessed [REDACTED] NJ Ex Order 26.4b1 Resident #47's [REDACTED] NJ Ex Order 26.4b1 that was completed on [REDACTED] NJ Ex Order 26.4b1 at 1:17 PM by a Registered Nurse (RN#1). The report included an unwitnessed incident description of "Alerted by CNA that resident has a [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1. Resident stated to this writer "NJ Ex Order 26.4b1 [REDACTED] NJ Ex Order 26.4b1." In addition, the report included employee statements from [REDACTED] NJ Ex Order 26.4b1. The employee statements indicated that they had not seen a [REDACTED] NJ Ex Order 26.4b1 on the resident's [REDACTED] NJ Ex Order 26.4b1 except for the statements of CNA#1 and CNA#2 that included that they had seen a [REDACTED] NJ Ex Order 26.4b1.</p> <p>On 1/6/25 at 12:47 PM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who stated that she was familiar with Resident #47. LPN#1 also stated that the resident [REDACTED] NJ Ex Order 26.4b1 and sometimes does not respond to [REDACTED] NJ Ex Order 26.4b1 LPN#1 introduced Resident #47 to the surveyor and left the room.</p> <p>On 1/6/25 at 12:57 PM, the surveyor interviewed</p>	F 607			

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F 607	<p>Continued From page 10</p> <p>Resident #47, who stated that they had [NJ Exec Order 26.4b1] their [NJ Exec Order] and that the nurse put medicine on it. The resident was unable to speak to when they had [U.S. FOIA (b)(6)] but felt that their [NJ Exec Order] were short enough and felt safe in the facility.</p> <p>On 1/7/25 at 9:15 AM, the surveyor interviewed the [NJ Exec Order 26.4b1] who stated that CNA#2 was training with CNA#1 on 1/3/25.</p> <p>On 1/7/25 at 10:17 AM, the [U.S. FOIA (b)(6)] provided the staff education that was completed for CNA#1 and CNA#2.</p> <p>A review of the staff education for CNA#1 revealed a "Zero Tolerance for [NJ Ex Order 26] and [NJ Ex Order 26.4(b)] undated form describing "What is [NJ Ex Order 26.4(b)] signed by the CNA#1. In addition, a "Resident [NJ Ex Order 26.4] quiz dated 12/10/24 completed by CNA#1 with a question "All injuries or conditions below can suggest [NJ Ex Order 26.4(b)(1)] except: A. Bruises, B. A runny nose, C. A broken bone, D. Burns" and the CNA#1 correctly answered, "B. A runny nose."</p> <p>A review of the staff education for CNA#2 revealed a "Zero Tolerance for [NJ Ex Order 26] and [NJ Ex Order 26.4(b)] undated form describing "What is [NJ Ex Order 26.4(b)] signed by the CNA#2. In addition, a "Resident [NJ Ex Order 26.4] quiz dated 1/2/25 completed by CNA#2 with a question "All injuries or conditions below can suggest [NJ Ex Order 26.4(b)(1)] except: A. Bruises, B. A runny nose, C. A broken bone, D. Burns" and the CNA#2 correctly answered, "B. A runny nose."</p> <p>On 1/8/25 at 9:38 AM, the surveyor interviewed the [U.S. FOIA (b)(6)] who stated that she reviewed [NJ Ex Order 26] training with all new employees and explains to</p>	F 607			

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F 607	<p>Continued From page 11</p> <p>report any NJ Ex Order 26.4(b)(1) to the nurse immediately. The U.S. FOIA (b)(6) also stated that usually a new orientee CNA will work alongside a seasoned CNA. The U.S. FOIA (b)(6) could not speak to why CNA#1 who had worked at the facility approximately less than two months was training CNA#2. The U.S. FOIA (b)(6) added that she thought CNA#1 and CNA#2 had worked as CNAs prior to coming to the facility.</p> <p>On 1/8/25 at 9:56 AM, the surveyor interviewed RN#1, who verified that she was the medication nurse and had completed the NJ Exec Order 26.4b1 report for Resident #47 on NJ Ex Order 26 and wrote the description "Alerted by CNA that resident has a NJ Exec Order 26.4b1". Resident stated to this writer "My NJ Exec Order 26.4b1 RN#1 stated that she was told by CNA#2 about the NJ Exec Order 26 on the resident's NJ Exec Order 26 after surveyor inquiry. RN#1 added that she had not seen the NJ Exec Order 26 prior to CNA#2 making her aware. RN#1 acknowledged that she had spoken to the resident after the U.S. FOIA (b)(6) was in the resident's room with the surveyor.</p> <p>Further review of the resident's medical record revealed that there was no NJ Ex Order "Check" assessment completed from NJ Ex Order 26.4(b)(1) until after surveyor inquiry.</p> <p>On 1/8/25 at 12:09 PM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that NJ Ex Order checks were performed on shower days and Resident #47 had a shower schedule of Tuesday and Friday. The U.S. FOIA (b)(6) stated that on U.S. FOIA (b)(6) the resident had a NJ Ex Order 26.4(b)(1) completed and could not speak to why there was no NJ Ex Order "Check" form completed. The U.S. FOIA (b)(6) stated that a NJ Ex Order check was to be performed on shower days whether the resident received a NJ Ex Order 26.4(b)(1) or even</p>	F 607			

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F 607	Continued From page 12 refused to be bathed. The U.S. FOIA (b)(6) added that on U.S. FOIA (b)(6) the resident was seen by a physician for a U.S. FOIA (b)(6) consult. On 1/8/25 at 2:37 PM, the survey team met with the facility administrative team. The U.S. FOIA (b)(6) stated that staff were to report to a nurse immediately any time there was a new NJ Ex Order 26.4(b)(1) on a resident. The U.S. FOIA (b)(6) added that an investigation was completed, and the CNAs were educated to report immediately any NJ Ex Order issues. A review of the facility policy dated 3/18/2024 "Prohibition of Resident Abuse & Neglect" provided by the Licensed Nursing Home Administrator revealed "Any witness, alleged, or suspected violations involving mistreatment, neglect or abuse. Including injuries of an unknown source and misappropriation of resident property, MUST BE REPORTED IMMEDIATELY TO THE EMPLOYEE'S SUPERVISOR."	F 607			
F 658 SS=D	NJAC 8:39-4.1(a)(5), 13.4(c)(ii), 27.1(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: REFER to F759 Based on observation, interview, and record review, it was determined that the facility failed to	F 658	Element 1 Upon identification of the error to resident #122 U.S. FOIA (b)(6) , immediate corrective actions were implemented. The		1/27/25

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F 658	<p>Continued From page 13</p> <p>follow acceptable professional standards of clinical practice by borrowing a medication NJ Exec Order 26.4b1) from another resident's supply. The deficient practice was identified for one (1) of three (3) nurses observed during medication administration for one (1) of six (6) residents, (Resident #122). The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 1/3/25 at 8:59 AM, during the morning medication administration pass, the surveyor observed Registered Nurse (RN#1) at the door of</p>	F 658	<p>residents condition was assessed for any adverse effects resulting from the NJ Exec Order 26.4b1 administration. The physician was notified and consulted to determine if any additional medical intervention was required. The physician initially provided a one-time order for the NJ Exec Order 26.4b1 that was applied. Additionally, the order was permanently revised to NJ Exec. The nurse who administered the incorrect NJ Ex Order 2 was counseled and re-educated on the proper administration procedures for NJ Exec Order 26.4b, including verifying the correct strength per the physicians order. A medication error form was completed right away, and she was successfully re med passed by the Assistant Director of Nursing. All nurses were educated on the following: not to borrow any medications, NJ Exec Order 26.4b1 are over the counter and NJ Exec is a prescription, and the right of medication pass (right patient, right drug, right dose, right dosage form, right route, right time). A follow-up monitoring plan was implemented to ensure the residents comfort and safety were maintained and effective with the new order for NJ Exec. A review of all residents receiving NJ Ex Order 26.4(b)(1) treatments, including NJ Exec Order 26.4b1 was conducted. An audit was completed ensuring all residents' NJ Ex Order 26.4(b) were in stock and had the appropriate dose in place.</p> <p>Element 2 All residents receiving topical analgesic treatments, including lidocaine patches, are at risk.</p>		

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F 658	<p>Continued From page 14</p> <p>Resident #122's room with the medication cart. RN#1 stated that she was about to administer the resident's [redacted] and [redacted] RN#1 showed the surveyor the container of [redacted] and two [redacted] NJ Exec Order 26.4b1 [redacted]) that was on the resident's overbed table. The RN#1 stated that the resident had physician's orders (PO) for the [redacted] to be applied to two (2) different sites, the [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>Upon returning to the medication cart, RN#1 showed the surveyor the electronic medication administration record (EMAR) which revealed a PO dated [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted] Apply to [redacted] NJ Exec Order 26.4b1 [redacted] topically one time a day for [redacted] NJ Exec Order 26.4b1 [redacted] per schedule." In addition, another PO dated [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted]) Apply to [redacted] topically one time a day for [redacted] NJ Exec Order 26.4b1 [redacted] per schedule."</p> <p>After RN#1 acknowledged that she had administered the [redacted] NJ Exec Order 26.4b1 [redacted] of [redacted] NJ Exec Order 26.4b1 [redacted] she stated that Resident #122 had no [redacted] NJ Exec Order 26.4b1 [redacted] patches in the medication cart and she had to borrow both [redacted] from another resident. RN#1 then showed the surveyor a box of [redacted] NJ Exec Order 26.4b1 [redacted] labeled by the provider pharmacy for an unsampled resident that she had removed the two [redacted] NJ Exec Order 26.4b1 [redacted] to use for Resident #122.</p> <p>The surveyor reviewed the Order Summary Report for the unsampled resident and verified that there were active physician's orders (PO) with a start date of [redacted] NJ Exec Order 26.4b1 [redacted]</p>	F 658	<p>Element 3</p> <p>All nurses were educated on the proper procedure of medication administration by the Assistant Director of Nursing. RN#1 was med passed from the facilities pharmacy consultant with a 0% medication error rate on 1/24/25. A medication error form was completed right away for RN#1, and she was successfully re med passed by Assistant Director of Nursing. The Pharmacy consultant will continue to do their monthly unit inspections and medication passes.</p> <p>Element 4</p> <p>Patch spot check audits will be conducted weekly for the first 2 months, every other week for the next 2 months, and then monthly for the following 2 months to review compliance for residents who are receiving patches to ensure the right dosage was applied and available. Identified issues will be corrected as they are discovered, results will be reported to the Director of Nursing and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 658	<p>Continued From page 15</p> <p>NJ Exec Order 26.4b1) Apply to NJ Exec Order 26.4b1 in the morning for NJ Exec Order 26.4b1 per schedule" and NJ Exec Order 26.4b1 Apply to NJ Exec Order 26.4b1 in the morning for NJ Exec Order 26.4b1 per schedule."</p> <p>On 1/3/25 at 10:47 AM, the surveyor interviewed the NJ Exec Order 26.4b1, who stated that she was responsible for nursing staff education. The NJ Exec Order 26.4b1 stated that nurses were not allowed to borrow any medications from another resident. The NJ Exec Order 26.4b1 stated that NJ Exec Order 26.4b1 were provided by the provider pharmacy and if the NJ Exec Order 26.4b1 was not available then the nurse would have to call the provider pharmacy to see why the medication was not available and the nurse would also have to call the physician for a follow up order as to what she should do. The U.S. FOIA (b)(6) also stated that the facility had NJ Exec Order 26.4b1 as a house stock over the counter medication meaning that the facility had stock available for any resident that had a PO. The U.S. FOIA (b)(6) added that some residents do get the NJ Exec Order 26.4b1 from the pharmacy if the insurance paid for them. The U.S. FOIA (b)(6) stated that she would have to look into why the NJ Exec Order 26.4b1 was not available.</p> <p>On 1/3/25 at 1:27 PM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that she was unsure why the U.S. FOIA (b)(6) were not available for Resident #122, but the nurse should not have borrowed NJ Exec Order 26.4b1 from another resident.</p> <p>On 1/6/25 at 12:12 PM, the surveyor, with the U.S. FOIA (b)(6) reviewed the EMAR for Resident #122. The U.S. FOIA (b)(6) explained that the RN#1 had not signed that she administered the</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>U.S. FOIA (b)(6) to the NJ Exec Order 26.4b1 because RN#1 had realized she had applied the NJ Exec Order 26.4b1 and had obtained a one-time PO for the NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) added that there should be documentation indicating what RN#1 had done. The U.S. FOIA (b)(6) stated that the nurses were not to borrow medications but was unsure if there was a policy.</p> <p>A review of the resident's nursing progress notes dated NJ Ex Order 26 at 11:36 AM completed by RN#1 revealed "Notified MD for NJ Exec Order 26.4b1. New ordered received and carried out."</p> <p>On 1/6/25 at 12:45 PM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that there was no policy regarding borrowing of medications.</p> <p>On 1/6/25 at 2:16 PM, the surveyor interviewed the U.S. FOIA (b)(6), via the telephone, who stated that she had been the U.S. FOIA (b)(6) for a while. The U.S. FOIA (b)(6) stated that the nurses cannot borrow any medications from another resident. The U.S. FOIA (b)(6) added that if the NJ Exec Order 26.4b1 NJ Ex Order 26 was not available then the nurse should have called the physician for a follow-up order as to what to do. The U.S. FOIA (b)(6) added that she tells the nurses during her inservices and medication passes that they cannot borrow medications and that can lead to a medication error.</p>	F 658			
F 692 SS=G	<p>NJAC 8:39-11.2(b), 29.2(a)(d), 29.3(5)(6)</p> <p>Nutrition/Hydration Status Maintenance</p> <p>CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and</p>	F 692		1/27/25	

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F 692	<p>Continued From page 17</p> <p>percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and review of facility documents, it was determined that the facility failed to prevent NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) in one year from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) and significant NJ Ex Order 26.4(b)(1) to include a NJ Ex Order 26.4(b)(1) in 6 months from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) a NJ Ex Order 26.4(b)(1) in 6 months from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1); a NJ Ex Order 26.4(b)(1) in 1 month from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) and an additional NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1); which was also a NJ Ex Order 26.4(b)(1) in 6 months from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1). The facility failed to prevent and address these NJ Ex Order 26.4(b)(1) in a timely manner, which included the failure to a.) ascertain (to find out) NJ Ex Order 26.4(b)(1) preferences, b.) implement NJ Ex Order 26.4(b)(1), c.) provide NJ Ex Order 26.4(b)(1) appropriate</p>	F 692	<p>Element 1 Resident #67s diet was liberalized to regular, NJ Exec Order 26.4b1 was increased from three times a day to four times a day, the physician added an NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and provided NJ Ex Order 26.4(b)(1) that the resident enjoys based on their NJ Ex Order 26.4(b)(1) preferences and enjoyment of a NJ Ex Order 26.4(b)(1).</p> <p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 The facility has hired an experienced Dietician with extensive knowledge in the management of residents with weight loss. Additionally, a Weight Loss audit is being conducted to review newly identified significant weight losses (5% weight loss</p>		

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F 692	<p>Continued From page 18</p> <p>alternate ^{NJ Ex Order 26.4(b)(1)} options d.) implement and monitor weekly ^{NJ Ex Order 26.4(b)(1)} and e.) consistently monitor ^{NJ Ex Order 26.4(b)(1)} and record ^{NJ Ex Order 26.4(b)(1)} of a physician prescribed supplement. In addition, the facility relied on ^{NJ Ex Order 26.4(b)(1)} brought in by family when they visited approximately once a month as a ^{NJ Ex Order 26.4(b)(1)} intervention. This deficient practice was identified for 1 of 5 residents (Resident #67) reviewed for ^{NJ Ex Order 26.4(b)(1)}.</p> <p>The evidence was as follows:</p> <p>A review of an undated facility policy "Weight Management and Intervention Procedure," reflected that the interdisciplinary team would strive to prevent, monitor and intervene when a resident experienced an undesirable weight loss. It also included that a 5% weight loss in a one-month time frame was considered significant and a 10% loss within six months was considered significant and a weight loss greater than 10% in six months was considered "severe." In addition, it reflected that the registered dietitian (RD) would review residents' weights by the 15th of each month and the team would discuss and analyze negative trends and interventions at the monthly weight meetings.</p> <p>A review of an undated facility policy "Nutritional Procedure," reflected that all residents should receive appropriate nutrition "tailored" to their individual health needs and food preferences for overall health and quality of life. Nutritional assessments should include a resident's dietary habits, preferred foods, favorite meals and traditional foods from their cultural background. It also reflected that staff should report any changes in eating habits and weights to the RD promptly. In addition, it included to maintain</p>	F 692	<p>in 30 days, or 10% weight loss in 180 days, in order to remain in compliance with F692. This audit began on 1/27/2025 and is reviewing all residents in the facility. The results of the audit indicated one newly identified weight loss in the month of January.</p> <p>Element 4</p> <p>To maintain and monitor ongoing compliance, the Weight Loss audit is being conducted by the Dietician or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 692	<p>Continued From page 19</p> <p>accurate and current records of all assessments, care plans, and residents' food preferences.</p> <p>A review of an undated facility policy "Interdisciplinary Care Planning Protocol," reflected that dietary should include an overview of their assessments of the residents needs and problems, which should be specific and individualized.</p> <p>On 1/03/25 at 12:46 PM, the surveyor observed Resident #67 in their room. There was an untouched [NJ Ex Order 26.4(b)(1)] on the overbed table.</p> <p>On 1/06/25 at 12:20 PM, the surveyor observed the resident lying in their bed. Upon inquiry, the Certified Nurse Aide (CNA #1) stated that the resident [NJ Ex Order 26.4(b)(1)] and that an alternate was usually offered; however, there were no [NJ Ex Order 26.4(b)(1)] appropriate alternate [NJ Ex Order 26.4(b)(1)] available.</p> <p>On 1/07/25 at 12:21 PM, the surveyor observed the resident lying in their bed and there was no lunch tray in the room. Upon inquiry, the Licensed Practical Nurse (LPN #1) stated that the resident no longer [NJ Ex Order 26.4(b)(1)] and the physician recently increased a [NJ Ex Order 26.4(b)(1)] from three to four times a day, and also prescribed a medication to [NJ Ex Order 26.4(b)(1)].</p> <p>On 1/08/25 at 12:15 PM, two surveyors observed the resident lying in their bed. At that time, the surveyor interviewed the [U.S. FOIA (b)(6)], who stated that the resident's [NJ Ex Order 26.4(b)(1)] visited the resident every three to four weeks and brought in [NJ Ex Order 26.4(b)(1)] foods. In addition, she stated that the [NJ Ex Order 26.4(b)(1)] visited on Saturday and the resident [NJ Ex Order 26.4(b)(1)] but did [NJ Ex Order 26.4(b)(1)] the [NJ Ex Order 26.4(b)(1)] brought by the [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b)(6)] stated</p>	F 692			

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F 692	<p>Continued From page 20</p> <p>that ever since the resident had [REDACTED], the resident [REDACTED] and therefore [REDACTED]. She also added that she knew the resident liked [REDACTED] and did not like [REDACTED]. In addition, she added that the resident enjoyed their [REDACTED] and liked [REDACTED]. The U.S. FOIA (b)(6) entered the resident's room as well and [REDACTED] in the resident's [REDACTED]. Resident #67 confirmed that they enjoyed and completed [REDACTED] when brought by the [REDACTED] and enjoyed [REDACTED]. The resident stated that they preferred [REDACTED] and not [REDACTED] due to [REDACTED].</p> <p>The surveyor reviewed the medical record for Resident #67.</p> <p>A review of the resident's Admission Record (an admission summary) included diagnoses not limited to; [REDACTED]</p> <p>A review of the quarterly Minimum Data Set, an assessment tool used to facilitate the management of care dated [REDACTED] reflected a Brief Interview for Mental Status score of [REDACTED] which indicated [REDACTED]. It also reflected the resident had a significant [REDACTED] "not on physician-prescribed [REDACTED]."</p> <p>A review of the resident's comprehensive care plan reflected a [REDACTED] care plan initiated [REDACTED]. The focus reflected that the resident had [REDACTED] related to [REDACTED], [REDACTED] and [REDACTED]. It also included that in [REDACTED] and [REDACTED] they had [REDACTED], in [REDACTED], the resident had [REDACTED] and a significant [REDACTED] over six months, in</p>	F 692			

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F 692	<p>Continued From page 21</p> <p>NJ Ex Order 26.4(b), the resident had a significant NJ Ex Order 26.4(b)(1), over a one- and six-month period of time, and in NJ Ex Order 26.4(b)(1), the resident had a significant over three and six months. The goals initiated on NJ Ex Order 26.4(b)(1), included that the resident would maintain their NJ Ex Order 26.4(b)(1) with no significant NJ Ex Order 26.4(b)(1) and would consume at least NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Interventions included to "Encourage family to bring NJ Ex Order 26.4(b)(1)," which was initiated on NJ Ex Order 26.4(b)(1), by the facility U.S. PO and provide NJ Exec Order 26.4b1 four times a day, this intervention was revised on NJ Ex Order 26.4(b)(1), by the facility U.S. PO.</p> <p>A review of the Order Summary Report (OSR) reflected the following physician orders (PO):</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 (mls) twice a day;</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 three times a day and record amount;</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 three times a day;</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 three times a day;</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 four times a day "for NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1);"</p> <p>and</p> <p>A PO dated NJ Exec Order 26.4b1 for a Regular NJ Ex Order 26.4b1</p> <p>A PO dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1 four times a day.</p> <p>A review of the Medication Administration Record (MAR) reflected the above PO dated NJ Ex Order 26.4b1. Further review of the MAR for the dates NJ Ex Order 26.4b1 through NJ Ex Order 26.4b1, reflected the NJ Exec Order 26.4b1 was administered three times a day (09:00 AM, 2:00 PM, 09:00 PM) with a check mark; however, there was an X marked for the "amt" (amount</p>	F 692			

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F 692	<p>Continued From page 22</p> <p>NJ Ex Order 26.4(b)(1) row, which did not quantify the amount of NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the NJ Ex Order 26 record in the electronic medical record (EMR) which did not include weekly NJ Ex Order 26 monitoring. NJ Ex Order 26.4(b) documented were as follows:</p> <p>NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>The U.S. FOIA (b)(6) provided the surveyor with documentation that Resident #67 was discussed at a monthly NJ Ex Order 26 meeting on NJ Ex Order 26.4, for a NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) over six months. Interventions/Notes reflected the NJ Ex Order 26 was expected due to use NJ Ex Order 26.4(b)(1), the NJ Ex Order of the resident and that the resident preferred NJ Ex Order from the family. In addition, the resident's NJ Ex Order 26.4(b) were discussed at a NJ Ex Order 26 meeting dated NJ Ex Order 26.4(b)(1) for a NJ Exec Order 26.4b1 NJ Ex Order over one month and a NJ Exec Order 26.4b1 NJ Ex Order over six months. Interventions/Notes reflected the NJ Ex Order was undesired, but that the resident was on a NJ Exec Order 26 with improved NJ Exec Order 26.4b1); had poor NJ Ex Order 26.4(b)(1) but good NJ Ex Order 26 of</p>	F 692			

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F 692	<p>Continued From page 23</p> <p>NJ Ex Order 26.4(b)(1) At that time, there was a recommendation to increase the NJ Ex Order 26.4(b)(1) from three to four times a day.</p> <p>Further review of the residents OSR, reflected a PO for the NJ Exec Order 26.4b1 (mg) one tablet once a day with a start date NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1). There was also no PO for a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's meal tickets dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) included NJ Ex Order 26.4(b)(1) not NJ Ex Order 26.4(b)(1) no NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). It also included NJ Ex Order 26.4(b)(1) (not NJ Ex Order 26.4(b)(1)) and a NJ Ex Order 26.4(b)(1) (not a NJ Ex Order 26.4(b)(1))."</p> <p>A review of the resident's progress notes from NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) reflected the following documentation:</p> <p>-Physician Progress Note Narratives reflected the resident had 'NJ Ex Order 26.4(b)(1)' NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) at 4:23 PM and NJ Ex Order 26.4(b)(1) at 12:27 PM.</p> <p>-Physician Progress Note Narratives reflected the resident had 'NJ Exec Order 26.4b1' on NJ Ex Order 26.4(b)(1) at 10:29 AM and on NJ Ex Order 26.4(b)(1) at 1:50 PM.</p> <p>-"CRNP" [Nurse Practitioner] Progress Note Narratives reflected the resident had NJ Ex Order 26.4(b)(1) on the following dates and times: NJ Ex Order 26.4(b)(1) at 1:54 PM, NJ Ex Order 26.4(b)(1) at 1:35 PM, NJ Ex Order 26.4(b)(1) at 10:52 AM, NJ Ex Order 26.4(b)(1) at 11:46 AM, NJ Ex Order 26.4(b)(1) at 11:22 AM, NJ Ex Order 26.4(b)(1) at 11:48 AM, NJ Ex Order 26.4(b)(1) at 1:35 PM, NJ Ex Order 26.4(b)(1) at 2:00 PM, NJ Ex Order 26.4(b)(1) at 11:21 AM, NJ Ex Order 26.4(b)(1) at 1:36 PM, NJ Ex Order 26.4(b)(1) at 4:42 PM, NJ Ex Order 26.4(b)(1) at 11:21 AM, and NJ Ex Order 26.4(b)(1) at 11:46 AM.</p>	F 692			

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F 692	<p>Continued From page 24</p> <p>-Nursing Progress Note's reflected the resident had NJ Exec Order 26.4b1 on NJ Ex Order 26.4b1 at 1:11 PM and NJ Ex Order 26.4b1 at 7:43 PM.</p> <p>A review of multiple progress notes from the U.S. FOIA (b)(6) reflected no documented evidence that the resident had more than NJ Exec Order 26.4b1.</p> <p>A NJ Ex Order 26.4b1 progress note dated NJ Ex Order 26.4b1 at 11:54 AM, reflected the resident's NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1 which was a gradual NJ Ex Order 26.4(b)(1). It further reflected the resident was not a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b1. In addition, the U.S. FOIA (b)(6) noted that nursing informed her that the resident had good NJ Ex Order 26.4(b)(1) brought by the family, had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) and took 100% of the NJ Exec Order 26.4b1 a day. The U.S. FOIA (b)(6) would recommend increasing the NJ Ex Order 26.4b1 to three times a day.</p> <p>A quarterly NJ Ex Order 26.4(b)(1) Assessment dated NJ Ex Order 26.4b1 at 8:55 AM, reflected the resident's NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1 which was a gradual NJ Ex Order 26.4(b)(1). It also included the residents usual NJ Ex Order 26.4b1 at NJ Ex Order 26.4b1 and that the resident's NJ Ex Order 26.4(b)(1) met NJ Ex Order 26.4(b)(1) of their estimated NJ Ex Order 26.4(b)(1). It further reflected that the resident had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4b1 meals, but had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 brought by the family when they visited.</p> <p>A quarterly NJ Ex Order 26.4(b)(1) Assessment dated NJ Ex Order 26.4b1 at 11:13 AM, reflected the resident's NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1 which was a gradual NJ Ex Order 26.4(b)(1) and now their usual NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4b1. It reflected the resident's NJ Ex Order 26.4b1 met NJ Ex Order 26.4b1 of the resident's estimated</p>	F 692			

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F 692	<p>Continued From page 25</p> <p>NJ Ex Order 26.4(b)(1). It further reflected that the resident had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) but had NJ Ex Order 26.4(b)(1) of NJ Ex Order brought by the family. The U.S. FO notes the resident had NJ Ex Order 26.4(b)(1) and that she would continue to monitor the residents NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A NJ Ex Order 26.4(b)(1) progress note dated NJ Ex Order 26.4(b)(1) at 11:05 AM, reflected the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) which was a gradual NJ Ex Order 26.4(b)(1). The NJ Ex Order further documented that the resident had NJ Ex Order brought by the daughter per NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) and preferred to NJ Ex Order them at medication pass times. The U.S. FO indicated she would continue to monitor the resident's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>An annual NJ Ex Order 26.4(b)(1) note dated NJ Ex Order 26.4(b)(1) at 8:50 AM, reflected the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1). The NJ Ex Order reflected the resident received NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) (but not a complete NJ Ex Order 26.4(b)(1)). The U.S. FO further documented that the resident had NJ Ex Order of NJ Ex Order brought by the daughter "about once a month" per NJ Ex Order 26.4(b)(1) and had NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) as per staff. The U.S. FO indicated she would continue to monitor the resident's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A Dietary progress note dated NJ Ex Order 26.4(b)(1) at 3:18 PM, reflected the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) which was a gradual NJ Ex Order 26.4(b)(1) over one month and a significant NJ Ex Order 26.4(b)(1) over six months (NJ Ex Order 26.4(b)(1)). The U.S. FO documented that NJ Ex Order loss was "expected" due to an improvement of NJ Ex Order as per a progress note dated NJ Ex Order 26.4(b)(1). In addition, it reflected that the resident had NJ Ex Order</p>	F 692			

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F 692	<p>Continued From page 26</p> <p>NJ Ex Order 26.4(b)(1) of facility NJ Ex Order 26.4(b)(1) since the resident enjoyed brought by the daughter and was NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) three times a day.</p> <p>A quarterly NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) at 12:42 PM, reflected the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) which was a gradual NJ Ex Order 26.4(b)(1) over one month and a significant NJ Ex Order 26.4(b)(1) over six months (NJ Ex Order 26.4b1). The assessment now indicated that the resident's usual NJ Ex Order 26.4(b)(1) "fluctuates." The U.S. FO documented that the NJ Ex Order 26.4(b)(1) was "expected" due to an improvement of NJ Ex Order 26.4(b)(1) as per a progress note dated NJ Ex Order 26.4(b)(1). It reflected the resident's NJ Ex Order 26.4(b)(1) met NJ Ex Order 26.4(b)(1) of the resident's estimated NJ Ex Order 26.4(b)(1). It further reflected that the resident had NJ Ex Order 26.4(b)(1) of facility NJ Ex Order 26.4(b)(1) since the resident NJ Ex Order 26.4(b)(1) foods brought by the daughter. In addition, it reflected the resident had NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) three times a day.</p> <p>A Physician Progress Note Narrative dated NJ Ex Order 26.4(b)(1) at 3:03 PM, reflected the resident had NJ Ex Order 26.4b1," check TSH (NJ Ex Order 26.4(b)(1) , monitor NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) to follow up.</p> <p>A Nursing Progress Note dated NJ Ex Order 26.4b1 , reflected the resident had a NJ Ex Order 26.4(b)(1) and the resident's physician and NJ Ex Order 26.4b1 were notified.</p> <p>A Nursing Progress Note dated NJ Ex Order 26.4b1 , reflected the resident NJ Ex Order 26.4(b)(1) but NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1).</p>	F 692			

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F 692	<p>Continued From page 27</p> <p>A Nursing Progress Note dated [redacted] at 11:29 AM, reflected the [redacted] and U.S. FOIA (b)(6) were notified of the resident's [redacted].</p> <p>A [redacted] note dated [redacted] reflected that the resident's [redacted] was [redacted] which was an undesired significant [redacted] of [redacted] over [redacted] month and [redacted] 10% over six months. It reflected that [redacted] improved and that as per the staff the resident's [redacted] was [redacted] than [redacted] and sometimes [redacted] but [redacted] of the [redacted]. The [redacted] indicated that she would increase the [redacted] from three to four times per day and continue to monitor [redacted] and [redacted] and [redacted].</p> <p>A [redacted] note dated [redacted] at 9:54 AM, reflected the resident continued to have [redacted] of facility [redacted] and enjoyed [redacted] brought by family when they visited. Also, per nursing, the resident was taking the [redacted] well which was increased to four times a day on [redacted] (which was not evidenced in the OSR or MAR). The [redacted] also documented that the resident did not have a history of [redacted] and therefore requested the [redacted] be liberalized to a regular not a [redacted] and the same for the [redacted].</p> <p>A [redacted] note dated [redacted] at 11:47 AM, reflected the resident's [redacted] was [redacted] which reflected a gradual [redacted] over [redacted] month, a significant [redacted] of [redacted] over [redacted] months and a [redacted] significant [redacted] over [redacted] months, all of which were undesired. The [redacted] included that on [redacted], the [redacted] was liberalized to regular, and the [redacted] was changed to a regular [redacted]. She</p>	F 692			

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F 692	<p>Continued From page 28</p> <p>included that the resident had variable [NJ Ex Order 26.4(b)(1)] of facility [NJ Ex Order 26.4(b)(1)] and enjoyed [NJ Ex Order 26.4(b)(1)] brought by the family. [NJ Ex Order 26.4(b)(1)] was [NJ Ex Order 26.4(b)(1)] and that nursing requested the physician order a medication to [NJ Ex Order 26.4(b)(1)]. In addition, it reflected the [U.S. FO] would continue to monitor the resident's [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)].</p> <p>There was no documented evidence that the [U.S. FO] implemented interventions related to the residents insidious and significant [NJ Ex Order 26.4(b)(1)] changes since the [NJ Ex Order 26.4(b)(1)] progress note until [NJ Ex Order 26.4(b)(1)] (10 months later).</p> <p>A Nursing Progress Note dated [NJ Exec Order 26.4b1] reflected the resident did not [NJ Ex Order 26.4(b)(1)] or [NJ Ex Order 26.4(b)(1)] and only [NJ Ex Order 26.4(b)(1)] the [NJ Exec Order 26.4b1] in the morning and at [NJ Ex Order 26.4(b)(1)]. In addition, the resident's daughter and physician were notified.</p> <p>A Nursing Progress Note dated [NJ Exec Order 26.4b1] reflected the resident had a [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] of their [NJ Ex Order 26.4(b)(1)].</p> <p>A Nursing Progress Note dated [NJ Exec Order 26.4b1] reflected the physician ordered a medication to [NJ Ex Order 26.4(b)(1)] for Resident #67.</p> <p>A Nursing Progress Note dated [NJ Exec Order 26.4b1] reflected the resident refused [NJ Ex Order 26.4(b)(1)] despite two attempts. The resident did consume [NJ Ex Order 26.4(b)(1)] of the [NJ Exec Order 26.4b1] and the resident's daughter and physician were notified.</p> <p>On 1/07/25 at 1:07 PM, the surveyor interviewed the [U.S. FO] in presence of survey team. She stated that she was aware that the resident had [NJ Exec Order 26.4(b)(1)] but was "not sure of the details." She stated</p>	F 692			

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F 692	<p>Continued From page 29</p> <p>that there were no alternate [redacted] NJ Exec Order 26.4(b)(1); there was available if a resident refused [redacted] NJ Ex Order 26.4(b)(1); there was only [redacted] NJ Ex Order 26.4(b)(1) items available. The [redacted] U.S. FOIA (b)(6) stated that if a resident was [redacted] NJ Ex Order 26.4(b)(1), she would order [redacted] NJ Ex Order 26.4(b)(1). She stated a "NJ Exec Order 26.4b1" was either [redacted] NJ Exec Order 26.4b1. The [redacted] U.S. FOIA (b)(6) acknowledged that she should have tried [redacted] NJ Ex Order 26.4(b)(1) first. The [redacted] U.S. FOIA (b)(6) stated that when she obtained [redacted] NJ Ex Order 26.4(b)(1) preferences, she relayed that information to the [redacted] NJ Ex Order 26.4(b)(1) and ensured the resident received them via [redacted] NJ Ex Order 26.4(b)(1) rounds. The [redacted] U.S. FOIA (b)(6) stated that the family brought in [redacted] NJ Ex Order 26.4(b)(1) however, she could not speak to how often or what [redacted] NJ Ex Order 26.4(b)(1). In addition, she stated that the facility had [redacted] NJ Ex Order 26.4(b)(1) which were [redacted] NJ Ex Order 26.4(b)(1) and served as a [redacted] NJ Ex Order 26.4(b)(1) intervention to abate and/or reverse unplanned [redacted] NJ Ex Order 26.4(b)(1). She could not answer why [redacted] NJ Ex Order 26.4(b)(1) were not tried for Resident #67; such as [redacted] NJ Exec Order 26.4b1 as that was a [redacted] NJ Ex Order 26.4(b)(1) that could have replaced the [redacted] NJ Ex Order 26.4(b)(1) the resident received each morning. In addition, the [redacted] U.S. FOIA (b)(6) could not answer why she did not try a [redacted] NJ Ex Order 26.4(b)(1) to replace the resident's [redacted] NJ Ex Order 26.4(b)(1) which the resident enjoyed. Furthermore, she could not answer why the resident was not ordered a [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) since their [redacted] NJ Ex Order 26.4(b)(1) was inadequate. The [redacted] U.S. FOIA (b)(6) stated she would have to get back to the surveyor regarding what interventions she put into place for the resident's [redacted] NJ Exec Order 26.4b1 which was now significant. She could not answer why the resident was not placed on weekly [redacted] NJ Ex Order 26.4(b)(1) for closer monitoring.</p> <p>On 1/09/25 at 9:52 AM, the survey team met with the [redacted] U.S. FOIA (b)(6) [redacted] and the [redacted] U.S. FOIA (b)(6). The [redacted] U.S. FOIA (b)(6) stated the [redacted] U.S. FOIA (b)(6) would</p>	F 692			

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F 692	Continued From page 30 not be available for a follow up interview since she had an emergency. The NJ Exec Order 26.4b1 acknowledged that residents and families were made aware that the always available NJ Ex Order substitute items were from the NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 and acknowledged that residents on the unit received NJ Ex Order 26.4b1 NJ Ex Order 26.4(b)(1) The NJ Exec Order 26.4b1 stated that the residents NJ Ex Order 26.4(b)(1) was changed from NJ Ex Order 26.4b1 to NJ Exec Order 26.4b1 The U.S. FOIA (b)(6) stated that his expectation was that the U.S. FOIA would have identified NJ Ex Order 26.4(b)(1) and the causation, update NJ Ex Order preferences, reassess, implement interventions and follow up. The U.S. FOIA (b)(6) stated she could not answer whether the U.S. FOIA did this for Resident #67. She provided the surveyor with documentation that the resident was discussed at the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) monthly NJ Ex Order 26.4(b)(1) meetings. She also stated that the resident should have been on NJ Ex Order 26.4(b)(1) for closer monitoring. The U.S. FOIA (b)(6) stated that when he spoke to the U.S. FOIA she stated that she had interviewed the resident, but did not document the conversations. In addition, he stated that the U.S. FOIA indicated that the family provided cueing at NJ Ex Order 26.4(b)(1) which increased the resident's NJ Ex Order 26.4(b)(1). Furthermore, he acknowledged that if the resident's family was visiting every three to four weeks, the facility could not rely on NJ Ex Order brought from home or the family member cueing as NJ Ex Order 26.4(b)(1) interventions. The U.S. FOIA (b)(6) stated that the physician was aware of the NJ Ex Order 26.4(b)(1) and ordered an NJ Ex Order 26.4(b)(1) medication on NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) stated that the resident's NJ Ex Order 26.4(b)(1) should have been addressed by the U.S. FOIA (b)(6), and that he was ultimately responsible to ensure the U.S. FOIA had addressed the NJ Ex Order 26.4b1 appropriately.	F 692			

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F 692	Continued From page 31 A review of the [redacted] units four-week [redacted] cycle reflected that one [redacted] choice was available for [redacted] NJ Ex Order 26.4(b)(1). A review of a [redacted] for the [redacted] "Super [redacted] reflected that a [redacted] of this [redacted] would have provided [redacted] and [redacted] A review of an unsigned and undated job description for [redacted] U.S. FOIA (b)(6), reflected that job responsibilities included but were not limited to; provide substitute [redacted] of similar [redacted] to resident's who refuse [redacted] served, interview residents or family members as necessary to obtain [redacted] NJ Ex Order 26.4(b)(1), participate in maintaining records of the residents [redacted] likes and dislikes, visit residents periodically to evaluate the quality of [redacted] served, likes and dislikes, etc., involve the resident's/family in planning [redacted] objectives and goals for the resident, and assist in developing [redacted] plans for individual residents.	F 692			
F 759 SS=D	NJAC 8:39-11.2(e)(2), 17.1(c), 17.4(a)(1), 27.1(a) Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: REFER to F658 Based on observation, interview, and record review, it was determined that the facility failed to	F 759	Element 1 Upon identifying the error with the [redacted] applied to Resident #122s [redacted] NJ Exec Order 26.4b1, immediate corrective	1/27/25	

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F 759	<p>Continued From page 32</p> <p>ensure that all medications were administered without error of 5% or more. During the morning medication administration observation on 1/3/25, the surveyor observed three (3) nurses administer medications to six (6) residents. There were 27 opportunities, and two (2) errors were observed which calculated to a medication administration error rate of 7.4%. The deficient practices were identified for one (1) of six (6) residents, (Resident #122), that were administered medications by one (1) of three (3) nurses that were observed.</p> <p>The deficient practices were evidenced by the following:</p> <p>On 1/3/25 at 8:59 AM, during the morning medication administration pass, the surveyor observed Registered Nurse (RN#1) at the door of Resident #122's room with the medication cart. RN#1 stated that she was about to administer the resident's NJ Exec Order 26.4b1. RN#1 showed the surveyor the container of NJ Exec Order 26.4b1, and two (2) packages labeled NJ Exec Order 26.4b1 () that were on the resident's overbed table. RN#1 stated that the resident had physician's orders (PO) for the NJ Exec Order 26.4b1 to be applied to two (2) different sites, the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1.</p> <p>At that time, the surveyor observed RN#1 open each NJ Exec Order 26.4b1 package and wrote the date on the NJ Exec Order 26.4b1 and then applied one patch to the NJ Exec Order 26.4b1 and one NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1. The surveyor obtained one of the empty NJ Exec Order 26.4b1 packages for review. RN#1 then spoke to Resident #122 in the resident's</p>	F 759	<p>actions were taken. The residents condition was assessed to determine if any adverse effects occurred due to the incorrect patch. The physician was promptly notified and consulted to evaluate whether any further medical intervention was necessary. The physician initially issued a one-time order for the NJ Exec Order 26.4b1, which was applied. Following this, the order was permanently revised to the NJ Exec Order 26.4b1. The nurse who administered the incorrect patch was counseled and retrained on the proper procedures for administering lidocaine patches, including verifying the correct strength based on the physicians order. A medication error form was completed immediately, and the nurse was successfully re-med passed.</p> <p>Element 2 All residents receiving topical analgesic treatments, such as lidocaine patches, may be at risk.</p> <p>Element 3 Additionally, all nursing staff were educated on key points, including: not borrowing medications, the distinction between OTC 4% lidocaine patches and prescription 5% patches, and the rights of medication administration (right patient, right drug, right dose, right dosage form, right route, and right time) by the Assistant Director of Nursing. A follow-up monitoring plan was also implemented to ensure the residents comfort and safety with the newly revised order for the 4% lidocaine patch. A comprehensive review of all residents receiving topical analgesic treatments, including lidocaine patches,</p>		

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F 759	<p>Continued From page 33</p> <p>[NJ Ex Order 26.4(b)(1)] The surveyor observed the resident smiling and [NJ Exec Order 26.4b1] halfway up in the air and then back down. RN#1 [NJ Ex Order 26.4(b)(1)] for the surveyor and stated that the resident had said that they felt that the [NJ Exec Order 26.4b1].</p> <p>Upon returning to the medication cart, RN#1 showed the surveyor the electronic medication administration record (EMAR) which revealed a PO dated [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1]. Apply to [NJ Exec Order 26.4b1] topically one time a day for [NJ Exec Order 26.4b1] per schedule." In addition, another PO dated [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1]) Apply to [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] one time a day for [NJ Exec Order 26.4b1] per schedule." The surveyor then showed RN#1 the empty package of the [NJ Exec Order 26.4b1] which revealed the strength of [NJ Exec Order 26.4b1]. RN#1 acknowledged that the [NJ Exec Order 26.4b1] that she had applied to each site was not the [NJ Exec Order 26.4b1] that was ordered. The RN#1 stated, "I gave the [NJ Exec Order 26.4b1]." (ERROR #1 and ERROR #2)</p> <p>The surveyor reviewed the medical record for Resident #122.</p> <p>A review of the Admission Record revealed diagnoses that included, but not limited to, [NJ Exec Order 26.4b1].</p> <p>A review of a comprehensive quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date of [NJ Ex Order 26.4(b)(1)], reflected the resident had a brief interview for mental status (BIMS) score of [NJ Exec Order 26.4b1] indicating that the resident had a [NJ Exec Order 26.4b1].</p>	F 759	<p>was conducted. An audit was completed to ensure that all patches in stock were properly dosed and matched the physicians orders. Topical analgesic treatments, including lidocaine patches was conducted. An audit was completed ensuring all residents patches were in stock and had the appropriate dose in place.</p> <p>Element 4 Patch spot check audits will be conducted weekly for the first 2 months, every other week for the next 2 months, and then monthly for the following 2 months to review compliance that all medications are administered according to physician orders. all residents receiving patches, to verify the correct dosage was applied and is available. Identified issues will be corrected as they are discovered, results will be reported to the Director of Nursing and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for nine months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 759	<p>Continued From page 34</p> <p>A review of the Order Summary Report revealed two active PO's with a start date of [REDACTED] for [REDACTED] NJ Exec Order 26.4b1 [REDACTED] Apply to [REDACTED] NJ Exec Order 26.4b1 [REDACTED] one time a day for [REDACTED] and remove per schedule" and [REDACTED] NJ Exec Order 26.4b1 [REDACTED] Apply to [REDACTED] NJ Exec Order 26.4b1 [REDACTED] one time a day for [REDACTED] per schedule."</p> <p>On 1/3/25 at 10:47 AM, the surveyor interviewed the [REDACTED] NJ Exec Order 26.4b1 [REDACTED], who stated that she was responsible for nursing staff education. The [REDACTED] stated that [REDACTED] NJ Exec Order 26.4b1 [REDACTED] were provided by the provider pharmacy and if the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] was not available then the nurse would have to call the provider pharmacy to see why the medication was not available and the nurse would also have to call the physician for a follow up order as to what she should do. The [REDACTED] NJ Exec Order 26.4b1 [REDACTED] stated that the [REDACTED] U.S. FOIA (b)(6) [REDACTED] had provided information on "Med Pass" and would provide a med pass that was completed for RN#1.</p> <p>On 1/3/25 at 12:11 PM, the [REDACTED] U.S. FOIA (b)(6) [REDACTED] provided the surveyor with a completed medication pass for RN#1 and an inservice on Medication Pass that had been completed for the nurses. The [REDACTED] U.S. FOIA (b)(6) [REDACTED] stated that she was aware RN#1 did not have [REDACTED] NJ Exec Order 26.4b1 [REDACTED] for Resident #122 and thought RN#1 had called the physician.</p> <p>A review of a "Medication Pass Observation" dated [REDACTED] U.S. FOIA (b)(6) [REDACTED] for RN#1 completed by the CP revealed that there were no errors observed and that the correct drug, correct amount, correct dosage form was administered during that medication pass observation.</p>	F 759			

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F 759	<p>Continued From page 35</p> <p>A review of the Inservice Log dated [REDACTED] for "Med Pass" completed by the CP revealed that RN#1 was in attendance.</p> <p>On 1/3/25 at 1:27 PM, the surveyor interviewed the [REDACTED], who acknowledged that she spoke with RN#1, and she had administered the wrong dose of [REDACTED] to each site. The [REDACTED] added that the physician was called and allowed the [REDACTED]. The [REDACTED] added that there may have been a problem with insurance and was unsure why the [REDACTED] were not available.</p> <p>On 1/6/25 at 12:12 PM, the surveyor, with the [REDACTED], who stated that she was unaware that the surveyor had shown the RN#1 the strength of the [REDACTED] that had been applied on the resident's [REDACTED] was not [REDACTED] as ordered. The [REDACTED] verified that there was a medication error report being completed.</p> <p>On 1/6/25 at 2:16 PM, the surveyor interviewed the [REDACTED] via the telephone who stated that she had been the [REDACTED] for a while. The [REDACTED] stated that the nurse cannot interchange [REDACTED] for the [REDACTED] and that the nurses must follow the PO for the correct strength. The [REDACTED] added that if the [REDACTED] was not available then the nurse should have called the physician for a follow-up order as to what to do. The [REDACTED] also stated that she had completed medication observations with some of the nurses and reviewed the instructions with them. In addition, the [REDACTED] stated that she had also provided the facility with a handout that she used for the inservices.</p>	F 759			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
NAME OF PROVIDER OR SUPPLIER GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		
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F 759	Continued From page 36 A review of the "Medication Pass" handout that was reviewed during the "Med Pass" inservice by the [redacted] on [redacted] revealed that for accuracy the rights of med pass included ensuring the right dose. In addition, the handout indicated "Medication checked against the MAR/eMAR before administering." On 1/8/25 at 2:37 PM, the survey team met with the administrative team. The [redacted] questioned that the error that occurred for the strength of [redacted] be considered one error due to being the same medication. The [redacted] acknowledged that the [redacted] had POs for applications to two different sites and was considered two opportunities for the medication nurse to follow the correct medication pass procedures for assuring that the right dose was administered. A review of the facility undated policy for "Medication Administration" provided by the [redacted] had not reflected procedures for ensuring the administration of the correct dosage.	F 759			
F 803 SS=F	NJAC 8:39-11.2(b), 29.2(d) Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance;	F 803			1/27/25

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F 803	<p>Continued From page 37</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure a.) the facility's NJ Exec Order 26.4b1 reviewed and approved the menus (NJ Exec Order 26.4b1) for NJ Exec Order 26.4(b)(1) adequacy and in accordance with nationally accredited standards, and b.) residents received care planned and physician ordered NJ Exec Order 26.4b1 for 3 of 3 residents (Resident's #41, 71 and 118) reviewed for NJ Exec Order. The deficient practice was evidenced by the following:</p> <p>1. On 1/2/25 at 9:46 AM, two surveyors toured the kitchen with the NJ Exec Order 26.4b1, the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6). At that time, the U.S. FOIA stated that the facility followed a three-week cycle menu (a menu prepared in advance which was repeated after three weeks).</p>	F 803	<p>Element 1 This deficiency was corrected by having the NJ Exec Order 26.4(b)(1) and NJ Exec Order 26.4b1 Menus reviewed and approved by a Licensed Dietitian. Additionally, a Food Preference audit was performed to ensure that all resident food preferences were included in the facilities meal ticket system, and that the residents received meals based on their food preferences.</p> <p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 A Food Preference audit was performed on 1/27/2025 to ensure all residents food preferences were included in the facilities meal ticket system, and that the residents received meals based on their food</p>		

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F 803	<p>Continued From page 38</p> <p>On 1/2/25 at 10:38 AM, the surveyor met with the facility U.S. FOIA (b)(6)) and the U.S. FOIA (b)(6)). At that time, the U.S. FOIA (b)(6) informed the surveyor that their NJ Ex Order 26.4 Wing was the unit where their NJ Ex Order 26.4 population resided.</p> <p>On 1/2/25, the U.S. FOIA provided the surveyor with a copy of the NJ Ex Order 26.4(b)(1) three-week cycle NJ Ex Order 26.4 dated NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4. In addition, he provided the surveyor with a copy of NJ Ex Order 26.4 extensions (listed NJ Ex Order 26.4(b)(1) and substitutions based on physician prescribed NJ Ex Order 26.4 for week three dated NJ Ex Order 26.4(b)(1) and week one dated NJ Ex Order 26.4. These extensions indicated that residents should be served a NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4 and NJ Ex Order 26.4. Furthermore, the U.S. FOIA provided the surveyor with copy of the undated NJ Ex Order 26.4 four-week cycle NJ Ex Order 26.4 which did not include NJ Ex Order 26.4(b)(1) or the NJ Ex Order 26.4(b)(1). None of the seven NJ Ex Order 26.4 provided were signed and dated by the U.S. FOIA to ensure they were reviewed for adequacy.</p> <p>On 1/3/25 at 11:06 AM, the surveyor met with six residents for the resident council meeting. Six of six residents stated that sometimes they received NJ Ex Order 26.4 items on their NJ Ex Order 26.4 that did not match the NJ Ex Order 26.4 ticket (with listed NJ Ex Order 26.4 items and preferences).</p> <p>On 1/7/25 at 1:07 PM, the surveyor interviewed the NJ Ex Order 26.4, in the presence of the survey team. The U.S. FOIA stated that the Food Service Department developed the NJ Ex Order 26.4(b)(1) and she looked at them for NJ Ex Order 26.4(b)(1) adequacy by ensuring there was a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The U.S. FOIA stated that she "chose to be more clinical" and</p>	F 803	<p>preferences. During the audits, seven residents expressed additional food preferences, which were immediately added to the meal ticket system. Additionally, the food preference audit will continue to ensure that the facility remains in compliance with F803.</p> <p>Element 4</p> <p>To maintain and monitor ongoing compliance, a Food Preference audit is being conducted by the dietitian or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 803	<p>Continued From page 39</p> <p>"did not really get involved with the [redacted] extensions." At this same time, the [redacted] stated that she was unaware of who developed the [redacted] nor did she know who reviewed and approved them to ensure they were [redacted] adequate.</p> <p>On 1/7/25 at 2:14 PM, the surveyor interviewed the [redacted], who stated the [redacted] reviewed the [redacted] for adequacy and signed them; however, "no one" reviewed the [redacted] for [redacted] adequacy.</p> <p>On 1/8/25 at 9:26 AM, the surveyor interviewed the [redacted], in the presence of a second surveyor. The [redacted] provided the surveyor a [redacted] Manual (the 7th Edition), dated 2018 for review. The [redacted] Manual of the [redacted] in Health Care Communities of New Jersey (Compiled by a Committee of RD's) included the purpose of the Regular [redacted] was to provide a variety of [redacted] to meet [redacted] of individuals. The [redacted] Manual further reflected that "This [redacted] is [redacted] adequate in all [redacted] when planned according to [redacted] Reference Intakes, established by the [redacted] and [redacted] Board; Institute of Medicine, USDA [redacted] Guidelines for Americans 2015-2020." These are consistent with the USDA [redacted] Guidelines for Americans 2020-2025. It included that an [redacted] portion of [redacted] should be served at [redacted] and [redacted]</p> <p>On 1/8/25 at 12:33 PM, the surveyor observed the [redacted] on both the [redacted] and the [redacted] wing [redacted]. The surveyor observed the trays on both wing with [redacted] which was reflected on the [redacted]</p> <p>On 1/9/25 at 9:52 AM, the survey team met with</p>	F 803			

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F 803	<p>Continued From page 40</p> <p>the U.S. FOIA (b)(6) [REDACTED]. The U.S. FOIA (b)(6) stated that the U.S. FOIA (b)(6) should have been reviewed by the U.S. FOIA (b)(6) or the U.S. FOIA (b)(6) for U.S. FOIA (b)(6) adequacy. He further acknowledged that the U.S. FOIA (b)(6) were not reviewed by an U.S. FOIA (b)(6) for this building. The U.S. FOIA (b)(6) stated he was ultimately responsible.</p> <p>2. On 01/02/25 at 11:31 AM, the surveyor observed Resident #41 in bed, U.S. FOIA (b)(6). The resident offered no concerns or complaints.</p> <p>On 1/08/25 at 11:04 AM, the surveyor interviewed the resident in their room. The resident stated that they U.S. FOIA (b)(6) but enjoyed U.S. FOIA (b)(6) and did not like U.S. FOIA (b)(6).</p> <p>A review of the Admission Record (an admission summary) reflected Resident #41 had diagnoses that included but were not limited to; U.S. FOIA (b)(6).</p> <p>U.S. FOIA (b)(6)</p> <p>A review of the quarterly MDS (Minimum Data Set), a tool to facilitate the management of care dated U.S. FOIA (b)(6), reflected a Brief Interview of Mental Status (BIMS) score of U.S. FOIA (b)(6), which indicated an U.S. FOIA (b)(6).</p> <p>A review of the comprehensive care plan included a Nutrition care plan initiated on U.S. FOIA (b)(6) which included to honor the resident's U.S. FOIA (b)(6) preferences as needed and to provide U.S. FOIA (b)(6) U.S. FOIA (b)(6) twice a day.</p> <p>A review of the Medication Review Report</p>	F 803			

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F 803	<p>Continued From page 41</p> <p>reflected a physician's order (PO) dated [REDACTED], for a [REDACTED] NJ Ex Order 26.4(b)(1) twice a day.</p> <p>A review of the [REDACTED] NJ Ex Order 26.4(b)(1) Assessment dated [REDACTED] NJ Ex Order 26.4(b)(1), reflected the resident disliked [REDACTED] NJ Ex Order 26.4(b)(1) including [REDACTED] NJ Ex Order 26.4(b)(1) but liked [REDACTED] NJ Ex Order 26.4(b)(1). In addition, the [REDACTED] NJ Ex Order 26.4(b)(1) noted she recommended [REDACTED] NJ Ex Order 26.4(b)(1) twice a day to prevent [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the list of labeled [REDACTED] NJ Ex Order 26.4(b)(1) the [REDACTED] NJ Ex Order 26.4(b)(1) provided to the surveyor on 1/2/25, did not include [REDACTED] NJ Ex Order 26.4(b)(1) for the resident. A review of the resident's [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) dated [REDACTED] NJ Ex Order 26.4(b)(1) did not include [REDACTED] NJ Ex Order 26.4(b)(1) twice a day or the [REDACTED] NJ Ex Order 26.4(b)(1) preferences of disliking [REDACTED] NJ Ex Order 26.4(b)(1) but liked [REDACTED] NJ Ex Order 26.4(b)(1) and did not like [REDACTED] NJ Ex Order 26.4(b)(1) other than [REDACTED] NJ Ex Order 26.4(b)(1) which the resident verbalized to the surveyor on 1/8/25.</p> <p>A review of the resident's [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) dated [REDACTED] NJ Ex Order 26.4(b)(1) did not include [REDACTED] NJ Ex Order 26.4(b)(1) twice a day. A review of the resident's [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) included [REDACTED] NJ Ex Order 26.4(b)(1) twice a day after multiple surveyor inquiries.</p> <p>3. On 01/02/25 at 11:38 AM, the surveyor observed Resident #71 in their room sitting in a chair, [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1). The resident offered no concerns or complaints.</p> <p>A review of the Admission Record reflected Resident #71 had diagnoses that included but were not limited to: [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>A review of the quarterly MDS dated [REDACTED] NJ Ex Order 26.4(b)(1) reflected a BIMS score of [REDACTED] NJ Ex Order 26.4(b)(1), which</p>	F 803			

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F 803	<p>Continued From page 42</p> <p>indicated a NJ Exec Order 26.4b1.</p> <p>A review of the comprehensive care plan included a NJ Ex Order 26.4(b) care plan initiated on NJ Ex Order 26.4b which reflected to provide NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4b and NJ Ex Order 26.4b - preferred NJ Ex Order 26.4b.</p> <p>A review of the Medication Review Report reflected a (PO) dated NJ Ex Order 26.4b, for a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b twice a day preferred NJ Ex Order 26.4b as available.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Assessment (quarterly) dated NJ Ex Order 26.4b, reflected the resident received NJ Ex Order 26.4(b)(1) twice a day.</p> <p>A review of the list of labeled NJ Ex Order 26.4b the NJ Ex Order 26.4b provided to the surveyor on NJ Ex Order 26.4b, did not include NJ Ex Order 26.4(b)(1) for the resident. And a review of the resident's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4b dated NJ Ex Order 26.4b, did not include NJ Ex Order 26.4b twice a day.</p> <p>A review of the resident's NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b and NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4b did not include NJ Ex Order 26.4(b)(1) twice a day. A review of the resident's NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4b, included NJ Ex Order 26.4(b)(1) twice a day at NJ Ex Order 26.4b and NJ Ex Order 26.4b after multiple surveyor inquiries. Furthermore, it did not reflect the resident's preference for NJ Ex Order 26.4b.</p> <p>4. On 1/2/25 at 11:13 AM, the surveyor observed Resident #118 sitting in a wheelchair in the day room with their eyes closed.</p> <p>On 1/3/24 at approximately 12:40 PM, the surveyor observed the resident NJ Ex Order 26.4(b)(1) in the dayroom. The NJ Ex Order 26.4(b)(1) was</p>	F 803			

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F 803	<p>Continued From page 43</p> <p>approximately [REDACTED] completed and when the surveyor inquired if the resident was [REDACTED] or had [REDACTED], the resident shook their head "no."</p> <p>A review of the Admission Record reflected they had diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [REDACTED].</p> <p>A review of a significant change MDS dated [REDACTED] reflected the resident had a [REDACTED] and NJ Ex Order 26.4(b)(1) [REDACTED] with [REDACTED] of cognitive skills for [REDACTED].</p> <p>A review of the comprehensive care plan included a [REDACTED] care plan initiated on [REDACTED], which reflected to honor the resident's [REDACTED] preferences which included [REDACTED] disliked [REDACTED] but liked [REDACTED] and [REDACTED].</p> <p>A review of the Order Summary Report reflected a PO dated [REDACTED] for a [REDACTED] at [REDACTED] and [REDACTED] two times a day.</p> <p>A review of the [REDACTED] progress note dated [REDACTED] reflected the resident was [REDACTED] and would be provided [REDACTED] per the resident's preference.</p> <p>A review of the [REDACTED] progress note dated [REDACTED], NJ Exec Order 26.4b1 [REDACTED] reflected the resident received [REDACTED] at [REDACTED] and [REDACTED].</p> <p>A review of the list of the resident's [REDACTED] and [REDACTED] dated [REDACTED], did not include [REDACTED] for [REDACTED] and [REDACTED].</p>	F 803			

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F 803	<p>Continued From page 44</p> <p>NJ Ex Order 26.4(b)(1) or the noted preferences.</p> <p>A review of the resident's NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) did not include NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of the resident's NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) included NJ Ex Order 26.4(b)(1) after multiple surveyor inquiries. Furthermore, it did not reflect the residents' preferences for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) disliked NJ Ex Order 26.4(b)(1) but liked NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>On 1/7/25 at 1:07 PM, the surveyor interviewed the U.S. PO in the presence of the survey team. The U.S. PO stated when she recommended a resident to receive NJ Ex Order 26.4(b)(1), she would give that request in writing to the nurse via a NJ Ex Order 26.4(b)(1) slip and nursing then contacted the physician for a PO. Then nursing sent a NJ Ex Order 26.4(b)(1) slip to the U.S. PO. She then stated the Electronic Medical Record (EMR) was linked to the Food Service software program which automatically populated the information to the resident's NJ Ex Order 26.4(b)(1). The U.S. PO also stated that when she updated residents' NJ Ex Order 26.4(b)(1) preferences, she provided that information to the U.S. PO via a NJ Ex Order 26.4(b)(1) slip and when she conducted meal rounds, she ensured the residents received the accurate items.</p> <p>During this same interview, the surveyor reviewed the NJ Ex Order 26.4(b)(1) and labeled NJ Ex Order 26.4(b)(1) for Resident #41, #71 and #118. She could not speak to why Resident #41's NJ Ex Order 26.4(b)(1) preferences related to NJ Ex Order 26.4(b)(1) nor the PO for NJ Ex Order 26.4(b)(1) twice a day was not provided. She acknowledged the same for Resident #71. Furthermore, she stated she "had just mentioned this yesterday to the NJ Ex Order 26.4(b)(1) She stated when she was in the NJ Ex Order 26.4(b)(1) during the</p>	F 803			

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F 803	<p>Continued From page 45</p> <p>tray line process (items are placed on the trays in accordance with the resident's ^{NJ Ex Order 26.4(b)(1)} order, ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} preferences and POs for ^{NJ Ex Order 26.4(b)(1)}), she observed that the ^{NJ Ex Order 26.4(b)(1)} was not listed on Resident #71's ^{NJ Ex Order 26.4(b)(1)}. In addition, the ^{U.S. FOIA (b)(6)} stated "I just told them to add it," however, she could not speak to who "them" was and why she did not follow up. The ^{U.S. FOIA (b)(6)} also acknowledged that Resident #118's ^{NJ Ex Order 26.4(b)(1)} preferences and PO for ^{NJ Ex Order 26.4(b)(1)} for ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} were not listed on the tickets. The ^{U.S. FOIA (b)(6)} stated that in relation to these discrepancies, she would "get on that right away."</p> <p>The ^{U.S. FOIA (b)(6)} stated that she had no "formal way" to ensure recommendations she made for a ^{NJ Ex Order 26.4(b)(1)} PO and/or updated ^{NJ Ex Order 26.4(b)(1)} preferences for residents were carried out and accepted.</p> <p>On 1/7/25 at 2:14 PM, the surveyor interviewed the ^{U.S. FOIA (b)(6)}. He stated that the facility's EMR was linked to the FS software program and when there was a new or readmitted resident or a change in ^{NJ Ex Order 26.4(b)(1)} or supplements, it automatically populated to the ^{NJ Ex Order 26.4(b)(1)} software program. In addition, he stated that he also received a ^{NJ Ex Order 26.4(b)(1)} (written communication) from the ^{U.S. FOIA (b)(6)} or nursing, when the resident had a change in ^{NJ Ex Order 26.4(b)(1)} preferences and that would be added or changed manually in the FS software system.</p> <p>On 1/9/25 at 9:52 AM, the ^{U.S. FOIA (b)(6)} stated to the survey team that the ^{U.S. FOIA (b)(6)} had an emergency and would be unavailable for any follow up interviews. In addition, he acknowledged that he would have expected the ^{U.S. FOIA (b)(6)} to follow up on her recommendations and to have an audit and follow up system in place.</p>	F 803			

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F 803	<p>Continued From page 46</p> <p>A review of an undated facility Job Description for the "Dietitian" included the following responsibilities:</p> <ul style="list-style-type: none"> -Ensure that menus are maintained and filed in accordance with established policies and procedures. -Visit residents periodically to evaluate the quality of meals served, likes and dislikes, etc. -Assist in planning regular and special diet menus as prescribed by the attending physician. -Review therapeutic and regular diet plans and menus to assure they are in compliance with the physician's orders. -Develop, implement, and maintain an ongoing quality assurance program for the Dietary Department. <p>A review of an undated facility policy "Nutritional Procedure," reflected that all residents should receive appropriate nutrition "tailored" to their individual health needs and food preferences for overall health and quality of life. In addition, it included to maintain accurate and current records of all assessments, care plans, and residents' food preferences.</p> <p>A review of an undated facility policy "Interdisciplinary Care Planning Protocol," reflected that dietary should include an overview of their assessments of the residents needs and problems, which should be specific and individualized.</p> <p>NJAC 8:39-17.1 (b), 17.2 (a), 17.4 (a) (1) (3) (e)</p>	F 803			

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F 836 F 836 SS=C	Continued From page 47 License/Comply w/ Fed/State/Local Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined	F 836 F 836	Element 1 This deficiency was corrected by revising		1/27/25

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F 836	<p>Continued From page 48</p> <p>that the facility failed to notify CMS (Centers for Medicare & Medicaid Services) and receive authorization for a change in the facility's name in accordance with 42 CFR (Code of Federal Regulations) 424.516.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to 42 CFR 424.516 Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare Program:</p> <p>"(a) Certifying compliance. CMS enrolls and maintains an active enrollment status for a provider or supplier when that provider or supplier certifies that it meets, and continues to meet, and CMS verifies that it meets, and continues to meet, all of the following requirements:</p> <p>(1) Compliance with title XVIII of the Act and applicable Medicare regulations.</p> <p>(2) Compliance with Federal and State licensure, certification, and regulatory requirements, as required, based on the type of services, or supplies the provider or supplier type will furnish and bill Medicare.</p> <p>(3) Not employing or contracting with individuals or entities that meet either of the following conditions:</p> <p>(i) Excluded from participation in any Federal health care programs, for the provision of items and services covered under the programs, in violation of section 1128 A(a)(6) of the Act.</p> <p>(ii) Debarred by the General Services Administration (GSA) from any other Executive Branch procurement or nonprocurement programs or activities, in accordance with the Federal Acquisition and Streamlining Act of 1994,</p>	F 836	<p>the name listed on facility documents back to Gateway Care Center.</p> <p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 Facility understands that in order to operate under a different name, the Department of Health Division of Certificate of Need must be notified, and the form 855B to CMS must be completed.</p> <p>Element 4 To maintain and monitor ongoing compliance, the Administrator will conduct a Facility Name audit to ensure documents are listed as Gateway Care Center. The Facility Name audit will be conducted by the Administrator or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 836	<p>Continued From page 49 and with the HHS Common Rule at 45 CFR part 76.....</p> <p>(d) Reporting requirements for physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations. Physicians, nonphysician practitioners, and physician and nonphysician practitioner organizations must report the following reportable events to their Medicare contractor within the specified timeframes:</p> <p>(1) Within 30 days -</p> <p>(i) A change of ownership;</p> <p>(ii) Any adverse legal action; or</p> <p>(iii) A change in practice location.</p> <p>(2) All other changes in enrollment must be reported within 90 days."</p> <p>Prior to the survey, the surveyor accessed the facility's website which listed the facility's name as "Shore Point Care Center" at the address listed for the registered name "Gateway Care Center."</p> <p>On 1/2/2025 at 9:10AM, upon arrival to the facility, the surveyor observed a facility sign and the name on the building written into the stone overhang in the front of the build that read, "Shore Point Care Center." That name did not correspond with the CMS licensed, approved name and provider registered name "Gateway Care Center."</p> <p>On 1/2/2025 at 10:38 AM, the surveyor met with the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) for entrance conference. The U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) provided the surveyor with their business cards with the name of "Shore Pointe Care Center" on each card. The U.S. FOIA (b)(6) stated the facility has been working as "Shore</p>	F 836			

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F 836	<p>Continued From page 50</p> <p>Points Care Center" for "just under 3 years." He further stated that licensing (state department) was aware of this. The surveyor requested a copy of the facility's license.</p> <p>A review of the facility provided license revealed the New Jersey Department of Health Division of Certificate of Need & Licensing issued a license to "Gateway Care Center LLC (Limited Liability Company)" was licensed to operate "Gate Care Center," effective 11/1/2024, Expires 10/31/2025, issued: 9/23/2024.</p> <p>On 1/2/2025 at 02:07 PM, the surveyor requested the NJ approved license and the application for the name change to CMS from the [U.S. FOIA (b)(6)].</p> <p>On 1/3/2025 at 9:05 AM, the [U.S. FOIA (b)(6)] informed the surveyor that he had requested the name change information from his corporate office.</p> <p>On 1/6/2025 at 11:00 AM, the [U.S. FOIA (b)(6)] provided a copy of "the alternate name" documentation to the surveyor. A review of the document revealed a document from the NJ Department of the Treasury.</p> <p>On 1/6/2025 at 12:24 PM, the surveyor met with the [U.S. FOIA (b)(6)] and requested documentation that the New Jersey Department of Health Division of Certificate of Need was notified and the form 855B to CMS was completed. At that time, the [U.S. FOIA (b)(6)] stated "it wasn't done."</p> <p>On 1/6/2025 at 12:57 PM, the surveyor met with the [U.S. FOIA (b)(6)], who stated we do not have form 855 B, it (the name change) was intended for marketing purpose. He stated the facility will start</p>	F 836			

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F 836	Continued From page 51 operating under "Gateway Care Center." On 1/6/25 at 1:24 PM, the surveyor met with the U.S. FOIA (b)(6) , who stated he spoke with corporate and "we are going to function under Gateway Care Center; the sign will be changed back to Gateway."	F 836			
F 880 SS=D	NJAC 8:39-5.1 (a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880			1/27/25

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F 880	<p>Continued From page 52</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 53</p> <p>Based on observations, interviews, and record review it was determined that the facility failed to ensure that staff wear the appropriate personal protective equipment (PPE) for residents on NJ Ex Order 26.4(b)(1) to address the risk for NJ Ex Order 26.4(b)(1) transmission, in accordance with the facility policy and acceptable standards of NJ Ex Order 26.4(b)(1) control practice. This was observed for 2 of 3 unsampled residents (Resident #99 and #Resident #106) reviewed for EBP on 2 of 2 units (North Unit and East Unit) and was evidenced by the following:</p> <p>1. On 1/03/25 at 07:58 AM, during NJ Exec Order 26.4b1 rounds with the U.S. FOIA (b)(6) on the NJ Exec Order 26.4b1 Unit, the surveyor observed the U.S. FOIA (b)(6) approach unsampled Resident #99 who was lying in bed. The U.S. FOIA (b)(6) donned gloves, asked permission to check the resident's NJ Exec Order 26.4b1 the resident granted permission. The U.S. FOIA (b)(6) Resident #99's NJ Exec Order 26.4b1, and allowed the surveyor to NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1. After the surveyor's observation, the U.S. FOIA (b)(6) then NJ Exec Order 26.4b1. The U.S. FOIA (b)(6) then removed her gloves and performed hand hygiene. On the way out of the room, the surveyor observed an NJ Exec Order 26.4b1 sign which indicated gloves and a gown were required for High-Contact Resident Care Activities. Examples of High-Contact Resident Care Activities listed on the sign included NJ Exec Order 26.4b1. The surveyor questioned the U.S. FOIA (b)(6) about the sign, and she stated that the resident was on NJ Exec Order 26.4b1</p>	F 880	<p>Element 1 Upon discovering the breach in NJ Ex Order 26.4(b)(1) the employees involved were immediately removed from direct care duties and counseled on the proper use of personal protective equipment (PPE) required for residents on NJ Ex Order 26.4(b)(1). On 1/3/25 all staff were retrained by the Assistant Director of Nursing on the facility's protocols regarding the appropriate use of PPE, including gloves, and gowns when entering rooms of residents on enhanced barrier precautions.</p> <p>Element 2 All residents on Enhanced Barrier Precautions have the potential to be affected.</p> <p>Element 3 All staff underwent immediate re-education on the facilities enhanced barrier precaution protocols, emphasizing the importance of wearing gowns, and gloves when caring for residents on enhanced barrier precautions. Staff were also re-educated on how to identify which residents need these precautions; all re-education was conducted by the Assistant Director of Nursing.</p> <p>Element 4 Enhanced Barrier Precaution spot check audits are being conducted weekly for the first 2 months, every other week for the next 2 months, and then monthly for the following 2 months to review compliance with PPE protocols for residents on enhanced barrier precautions. Identified issues will be corrected as they are discovered, results will be reported to the</p>		

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F 880	<p>Continued From page 54</p> <p>so therefore on [REDACTED] When asked about wearing a protective gown, the [REDACTED] stated that she should've had a gown on.</p> <p>On 1/03/25 at 08:46 AM, the [REDACTED] approached the surveyor to clarify that she had not [REDACTED] because she was just checking the [REDACTED] she was [REDACTED] the resident. She further stated that if the resident had [REDACTED], she would have then donned the required PPE for [REDACTED]</p> <p>A review of the admission record reflected that Resident #99 had diagnoses that include but not limited to; [REDACTED].</p> <p>A review of the interdisciplinary care plan revealed an intervention dated 4/1/24 for "Enhanced Barrier Precautions for Infection Prevention: Perform hand hygiene, don gloves and gowns during high contact resident care."</p> <p>2. On 1/03/25 at 08:12 AM, during incontinence rounds with the [REDACTED] wing [REDACTED], the surveyor and [REDACTED] entered the room of unsampled Resident #106 to find a [REDACTED] performing care on the resident. The [REDACTED] was [REDACTED] and the [REDACTED] stated she had already [REDACTED] the [REDACTED]. The [REDACTED] noted to be wearing gloves and no protective gown. [REDACTED] sign was noted on the wall over the bed. When asked at that time, the [REDACTED] stated the [REDACTED] should have been wearing a gown for care.</p> <p>On 1/03/25 at 12:05 PM, the [REDACTED] stated to the surveyor that this morning she was done with providing care and had to step out of the to get a [REDACTED] so that's why she did not had a gown on</p>	F 880	<p>Director of Nursing and will be reviewed at quarterly Quality Assurance Performance Improvement meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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F 880	<p>Continued From page 55</p> <p>when observed earlier. When the surveyor asked her what she did with that [REDACTED] that she went out of the room for, the [REDACTED] stated she then put the clean [REDACTED] on the resident and did not need a gown at that time.</p> <p>On 1/03/25 at 12:11 PM, the surveyor observed the garbage can in Resident #106's room. There was noted garbage present in the can, no blue gown was noted in garbage.</p> <p>A review of the admission record reflected that Resident #106 had diagnosis that include but not limited to; [REDACTED].</p> <p>A review of the physician orders included an order dated [REDACTED] for [REDACTED] related to a [REDACTED].</p> <p>A review of the interdisciplinary care plan revealed an intervention dated [REDACTED] for [REDACTED] 'NJ Ex Order 26.4(b)(1)' related to [REDACTED]: Staff to perform hand hygiene, don gown and gloves before performing high-contact resident care."</p> <p>On 1/08/25 at 03:02 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6), who stated that the [REDACTED] was only checking the [REDACTED] of Resident #99, she had no intention of performing any [REDACTED] with the resident. She just opened the [REDACTED], she did not provide care.</p> <p>On 1/08/25 at 03:02 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b)(6), who stated the [REDACTED] should have been [REDACTED] NJ Ex Order 26.4b1 to put a [REDACTED] on Resident #106.</p> <p>Review of facility provided policy "Enhanced</p>	F 880			

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

PRINTED: 03/07/2025
FORM APPROVED
OMB NO. 0938-0391

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F 880	Continued From page 56 Barrier Precautions" included: Policy Statement: Gateway Care Center is committed to ensuring the safety of patients, visitors and healthcare personnel (HCP) by implementing effective measures to prevent the transmission of Multi Drug Resistant Organisms (MDROs) within our facility. This policy outlines the procedures for identifying, managing, and controlling MDRO infections and colonization, including the implementation of Contact Precautions, with targeted gown and glove use during high contact resident care activities. Scope: EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Procedures: For residents for who EBP are indicated, EBP is employed when performing the following high-contact resident care activities: o bathing/showering o transferring o providing hygiene o changing linens o changing briefs or assisting with toileting o dressing o device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator o wound care: any skin opening requiring a dressing	F 880			
F 882 SS=F	NJAC 8:39-19.4(a)(2)(c) Infection Preventionist Qualifications/Role	F 882			1/27/25

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F 882	<p>Continued From page 57 CFR(s): 483.80(b)(1)-(4)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on the interview and review of pertinent facility documents, it was determined that the facility failed to ensure the designated [U.S. FOIA (b)(6)] was dedicated solely to the [NJ Ex Order 26.4(b)] prevention and control program [NJ Ex Order 26.4] from 8/9/24 and ongoing. This deficient practice was evidenced by the following:</p> <p>Reference:</p> <p>State of New Jersey Department of Health Executive Directive No 20-026-1 dated October 20, 2020, revealed the following:</p> <p>ii. Required Core Practices for Infection Prevention and Control:</p>	F 882	<p>Element 1 Upon identification of the issue regarding the employee covering Infection Prevention (IP) and Unit Manager duties, the employee's role and responsibilities were reviewed. A formal assessment was completed to ensure the employee was properly supported in these dual roles and was provided with the necessary training and resources. The facility transitioned a current staff nurse to the dedicated Unit Manager position effective 1/27/2025, and the employee covering these roles was transitioned back to their original full-time duties as the dedicated Infection Preventionist with no other responsibilities.</p>		

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F 882	<p>Continued From page 58</p> <p>Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full-time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by:</p> <p>a. An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or</p> <p>b. A Physician who has completed an infectious disease fellowship; or</p> <p>c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of Infection Control experience.</p> <p>iv. Facilities with 100 or more beds or on-site hemodialysis services must:</p> <p>1. Hire a full-time employee in the infection prevention role, with no other responsibilities and must attest to the hiring no later than August 10, 2021.</p> <p>On 1/07/25 at 11:07 AM, the surveyor interviewed the U.S. FOIA (b)(6), who indicated that she was also the acting U.S. FOIA (b)(6) on the NU EXRC CTR wing since August 2024. When asked how she splits her time, she stated that she usually "spends an hour to an hour and half each day on her U.S. FOIA (b)(6) duties and the majority of her days is spent on her U.S. FOIA (b)(6) duties." She also stated that she felt it was enough time.</p> <p>Review of facility provided job description for U.S. FOIA (b)(6), revised 5/10</p>	F 882	<p>Element 2 All residents have the potential to be affected.</p> <p>Element 3 The facility has established a more structured planning protocol to ensure continuity of care and leadership in all key roles, including Infection Preventionist and Unit Manager. A permanent, qualified Infection Preventionist and Unit Manager have been appointed immediately to ensure clear leadership and responsibility in these areas.</p> <p>Element 4 The facilities leadership (Administrator and Director of Nursing) will meet with the Infection Preventionist and Unit Manager monthly for continued support in their roles and will be reassessed to ensure they are meeting the requirements of their positions.</p>		

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F 882	<p>Continued From page 59</p> <p>included: Position Summary: The U.S. FOIA (b)(6) takes the management lead over infection Prevention of the facility by directing and supervising and coordination of all services and assist the U.S. FOIA (b)(6) with the managerial and clinical activities of units assigned.</p> <p>Position Action Form, provided by the facility, dated 8/9/24, reflected that previous U.S. FOIA (b)(6) last day of work was NJ Exec Order 26.</p> <p>On 1/08/25 at 03:06 PM, the surveyor interviewed the U.S. FOIA (b)(6), who stated that the U.S. FOIA (b)(6) is a part time position, and that the acting U.S. FOIA (b)(6) position was temporary. She also stated that the U.S. FOIA (b)(6) was up to date on everything, both her U.S. FOIA (b)(6) and her U.S. FOIA (b)(6) duties. She has a desk nurse to assist her with the U.S. FOIA (b)(6) work. When asked if eight hours was enough for IP? The U.S. FOIA (b)(6) stated she was not sure why the U.S. FOIA (b)(6) said that as it is a 20 hour position and she is well aware of that.</p> <p>On 1/09/25 at 09:53 AM, the surveyor interviewed the U.S. FOIA (b)(6), who stated the U.S. FOIA (b)(6) was up to date with infection control and the building was not affected negatively.</p> <p>NJAC 8:39-19.1(b)</p>	F 882			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GATEWAY CARE CENTER

**139 GRANT AVE
EATONTOWN, NJ 07724**

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaints: NJ00168504, NJ00175432 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to a) maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 20 of 28 day shifts reviewed, 1 of 28 evening shifts reviewed, and 3 of 28 overnight shifts reviewed and b) ensure that employees who have not received the influenza vaccine due to a medical exemption wear a surgical or procedural mask when in direct contact with patients and in common areas as mandated by the state of New Jersey. This deficient practice was evidenced by the	S 560	Element 1 It is the practice of the facility to ensure that the minimum direct care staff-to-shift ratios are in compliance with the mandate from the State of New Jersey. The deficiency is being corrected by offering bonuses and overtime to staff to cover openings/callouts in the schedule, offering openings/callouts to staffing agencies, utilizing job search engines (Apploi) to expand the view of job postings, and meeting with Certified Nursing Assistant schools to speak with newly graduating individuals. Additionally, all staff members who are Medically Exempt from received the Flu Vaccine were immediately	1/27/25

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

TITLE

(X6) DATE

Electronically Signed

01/27/25

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>following:</p> <p>a) Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of Complaint staffing from 10/15/2023 to 10/21/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>-10/15/23 had 10 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-10/15/23 had 13 total staff for 144 residents on the evening shift, required at least 14 total staff.</p> <p>-10/15/23 had 8 total staff for 144 residents on</p>	S 560	<p>informed they must wear a surgical mask while within the facility, and given masks to wear.</p> <p>Element 2 All residents are affected by this deficiency.</p> <p>Element 3 The deficiency is being corrected by offering bonuses and overtime, utilizing staffing agencies, utilizing job search engines (Apploi) and meeting with Certified Nursing Assistant schools to speak with newly graduating individuals. Additionally, a Staffing Audit is being conducted by the Staffing Coordinator to ensure the facility remains in compliance with S560. Staff were also educated that they must wear a mask while in the facility if they are Medically Exempt from receiving the Flu Vaccine; a Mask Audit is being conducted by the Infection Preventionist to ensure the facility remains in compliance.</p> <p>Element 4 To maintain and monitor ongoing compliance, the Staffing Audit is being monitored by the Administrator or designee once a week for two months, then once every other week for two months, and then once a month for two months. Additionally, the Mask Audit is being monitored by the Director of Nursing or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance</p>	

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S 560	<p>Continued From page 2</p> <p>the overnight shift, required at least 10 total staff. -10/16/23 had 10 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/16/23 had 9 total staff for 144 residents on the overnight shift, required at least 10 total staff. -10/17/23 had 9 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/18/23 had 11 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/19/23 had 10 CNAs for 144 residents on the day shift, required at least 18 CNAs. -10/20/23 had 10 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/21/23 had 10 CNAs for 145 residents on the day shift, required at least 18 CNAs. -10/21/23 had 8 total staff for 145 residents on the overnight shift, required at least 10 total staff.</p> <p>2. For the week of Complaint staffing from 06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-06/30/24 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/01/24 had 12 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/02/24 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/03/24 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/04/24 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/05/24 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs. -07/06/24 had 11 CNAs for 148 residents on the day shift, required at least 18 CNAs</p> <p>3. For the 2 weeks of staffing prior to survey from 12/15/2024 to 12/28/2024, the facility was</p>	S 560	Performance Improvement team for review and action as necessary.		

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S 560	<p>Continued From page 3</p> <p>deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/15/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs. -12/19/24 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -12/21/24 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs. -12/22/24 had 11 CNAs for 130 residents on the day shift, required at least 16 CNAs. -12/25/24 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs. -12/27/24 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs. <p>On 1/07/25 at 10:05 AM the surveyor interviewed the Human Resources (HR) director, who also does the scheduling. She stated the staffing ratios and that she tries to meet them and has been since she started the scheduling in September.</p> <p>On 1/9/25, the surveyor interviewed the Director of Nursing (DON) who stated the facility did not have a policy on staffing, but they followed the NJ staffing memo. She also stated that they make every attempt to meet the ratios, they offer bonuses and use agency and are in compliance the vast majority of the time.</p> <p>b) On January 13, 2020, Governor Murphy signed P.L. 2019 c. 330 (codified at N.J.S.A. 26:2H-18.79 and referred to hereafter as "the Statute"). The Statute requires certain healthcare facilities to establish and implement an annual influenza vaccination program. The New Jersey Department of Health (Department) is required by the Statute to promulgate rules and designate a medical exemption form to be distributed to the</p>	S 560			

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S 560	<p>Continued From page 4</p> <p>covered healthcare facilities. This memo and the attached form are intended to assist general or special hospitals, nursing homes (long-term care facilities licensed pursuant to N.J.A.C. 8:39), and home health care agencies, collectively referred to as "facility" or "facilities," in understanding and meeting their obligations under the Statute, until the rules and the medical exemption form can be adopted through rulemaking.</p> <p>All facility employees are required to be vaccinated, including employees who are not responsible for direct patient care. Per diem and contract employees are to be considered facility employees and are required to be vaccinated.</p> <p>Facilities are required to review and confirm each medical exemption to ensure the exemption is consistent with standards enumerated by the Advisory Committee on Immunization Practices, which can be found at: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html.</p> <p>Facilities must maintain a record or attestation, as applicable, of influenza vaccinations and medical exemptions for each employee. The Department will address through rulemaking proper procedures for submitting data to the Department.</p> <p>The facility must require any employee who does not receive an influenza vaccination to wear a surgical or procedural mask when in direct contact with patients and in common areas, as specified in facility policy, or to be removed from direct patient care responsibilities during influenza season.</p> <p>On 1/7/25 at 11:07 AM, the surveyor interviewed</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>the Infection Preventionist (IP), who stated that employees who did not receive the influenza vaccine due to medical exemption were encouraged to wear a mask if they were not feeling well.</p> <p>On 1/8/25, the surveyor received a list of five employees who did not receive the influenza vaccine due to medical exemption from the Assistant Director of Nursing (ADON). A review of the facility's staffing list revealed that 2 of the 5 employees were currently working, a dietary employee (DE) and an activity employee (AE).</p> <p>On 1/8/25 at 11:17 AM, the surveyor observed the DE was not wearing a surgical mask. At that time, the surveyor interviewed the DE, who stated that he would put a mask on if he saw other people wearing one.</p> <p>On 1/6/25 at 11:10 AM, the surveyor observed that the AE was not wearing a surgical mask.</p> <p>On 1/7/25 at 10:03 AM, the surveyor observed the AE was not wearing a surgical mask.</p> <p>On 1/8/25 at 11:17 AM, the surveyor observed the AE was not wearing a surgical mask. At that time, the surveyor interviewed the AE who stated that she was instructed to wear a mask if she had respiratory signs and symptoms, and that was for everyone, not just because she had not received the influenza vaccine and had been observed working.</p> <p>The surveyor reviewed the facility provided policy "Influenza Vaccine", revised 10/20/24 which included:</p> <p>7. If an employee refuses the vaccine for reasons</p>	S 560		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
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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) COMPLETE DATE
S 560	Continued From page 6 other than medical contraindication, the employee may not work at the facility. Use of masks in employees with medical exemptions, not addressed. On 1/9/25, the surveyor interviewed the DON who stated that she had not been aware that employees who did not receive the influenza vaccine due to medical exemption should wear masks and those employees will be masking going forward.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315177	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/13/2025	Y3
NAME OF FACILITY GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		

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 F0584	Correction	ID Prefix F0607	Correction	ID Prefix F0658	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	01/27/2025	LSC	01/27/2025	LSC	01/27/2025
ID Prefix F0692	Correction	ID Prefix F0759	Correction	ID Prefix F0803	Correction
Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. # 483.60(c)(1)-(7)	Completed
LSC	01/27/2025	LSC	01/27/2025	LSC	01/27/2025
ID Prefix F0836	Correction	ID Prefix F0880	Correction	ID Prefix F0882	Correction
Reg. # 483.70(a)-(c)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.80(b)(1)-(4)	Completed
LSC	01/27/2025	LSC	01/27/2025	LSC	01/27/2025
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 1/9/2025		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061305	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/13/2025
NAME OF FACILITY GATEWAY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/27/2025	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	
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 1/9/2025		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061305	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/13/2025
NAME OF FACILITY GATEWAY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/27/2025	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	
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 1/9/2025		<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			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315177	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		
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E 000	Initial Comments	E 000			
	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health and Senior Services on 01/07/25. The facility was found to be in compliance with 42 CFR 483.73.				
K 000	INITIAL COMMENTS	K 000			
	A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/07/25 and the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.				
K 271	Discharge from Exits	K 271			1/27/25
SS=F	CFR(s): NFPA 101				
	Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.				

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

TITLE

(X6) DATE

Electronically Signed

01/29/2025

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 271	<p>Continued From page 1 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain means of egress free of all obstructions as required by NFPA 101 Life Safety Code (2012 Edition), Section 7.1. This deficient practice had the potential to affect all 131 residents.</p> <p>Findings Include:</p> <p>An observation on 01/07/25 at 8:30 AM of the designated exit discharge, located by the employee entrance and 200 Hall, revealed ice and snow buildup on the pathway from the building to the public way.</p> <p>During an interview 01/07/25 at 8:30 AM, the U.S. FOIA (b)(6) confirmed the finding and stated they were aware that the snow and ice on the sidewalks needed to be removed.</p> <p>An observation on 01/07/25 at 9:30 AM of the designated exit discharge, located by Kitchen, revealed ice and snow buildup on the pathway from the building to the public way.</p> <p>During an interview 01/07/25 at 9:30 AM, the U.S. FOIA (b)(6) confirmed the finding and stated they were aware that the snow and ice on the sidewalks needed to be removed.</p> <p>An observation on 01/07/25 at 9:40 AM of the designated exit discharge, located by Room 105, revealed ice and snow buildup on the pathway from the building to the public way.</p> <p>During an interview on 01/07/25 at 9:40 AM, the</p>	K 271	<p>Element 1 This deficiency was corrected by shoveling the snow and salting all exit discharge pathways from the building to the public way.</p> <p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 A Snow/Ice audit is being conducted by the Maintenance Director or designee to ensure that the facility remains in compliance with K271. This audit will be completed by making rounds around the facility.</p> <p>Element 4 The Snow/Ice audit is being monitored by the Administrator or designee weekly for four weeks, then every other week for four weeks, and then monthly for one month. If the facility experiences any snow or icy conditions, the audit will be performed on that day, as well as the following day to ensure safe conditions. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for three months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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K 271	Continued From page 2 U.S. FOIA (b)(6) confirmed the finding and stated they were aware that the snow and ice on the sidewalks needed to be removed.	K 271			
K 353 SS=F	NJAC 8:39-31.2(e) Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to maintain the sprinkler system in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition). This deficient practice had the potential to affect all 131 residents at the facility.	K 353			1/28/25
			Element 1 This deficiency was corrected by removing the ice build up on the sprinkler head deflector located inside the walk-in freezer, replacing the escutcheon plate on the sprinkler head located in the dishwashing room closet, and performed weekly inspections of the gauges for the dry sprinkler system.		

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K 353	<p>Continued From page 3</p> <p>Findings include:</p> <p>An observation on 01/07/25 at 8:58 AM of the sprinkler head, located inside the walk-in freezer, revealed ice buildup on the deflector.</p> <p>During an interview 01/07/25 at 8:58 AM, the U.S. FOIA (b)(6) confirmed the finding and stated the facility was aware the ice buildup on the sprinkler deflector was missing prior to the survey.</p> <p>An observation on 01/07/25 at 9:00 AM of the sprinkler in the dishwashing room closet revealed the escutcheon plate was missing.</p> <p>During an interview 01/07/25 at 9:00 AM, the U.S. FOIA (b)(6) confirmed the finding and stated the facility was aware the escutcheon plate was missing prior to the survey.</p> <p>A review on 01/07/25 at 2:00 PM of the facility's sprinkler system records provided by the facility revealed the facility failed to document weekly inspections of the gauges for the dry sprinkler system.</p> <p>During an interview on 01/07/25 at 3:14 PM, the U.S. FOIA (b)(6) confirmed the finding and stated the facility was unable to provide documentation of the weekly inspections of the sprinkler gauges during the survey.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25</p>	K 353	<p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 A Sprinkler Head audit and Dry Sprinkler System Gauge audit are being conducted by the Maintenance Director or designee to ensure that the facility remains in compliance with K353. This audit is being completed by making rounds within the facility to ensure they are being completed.</p> <p>Element 4 The Sprinkler Head audit is being monitored by the Administrator or designee once a week for two months, then once every other week for two months, and then once a month for two months. The Dry Sprinkler System Gauge audit will be performed weekly on a continuous basis. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		
K 372 SS=F	<p>Subdivision of Building Spaces - Smoke Barrie</p> <p>CFR(s): NFPA 101</p>	K 372		1/28/25	

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K 372	<p>Continued From page 4</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING</p> <p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by: REPEAT DEFICIENCY</p> <p>Based on observation and interview, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 8.5. This deficient practice had the potential to affect all 131 residents.</p> <p>Findings include:</p> <p>Observations on 01/07/25 at 10:43 AM of the smoke barrier, located in the corridor by the Dining Room, revealed a two-inch unsealed overcut around two conduit penetrations above the ceiling.</p> <p>An observation on 01/07/25 at 10:50 AM of the smoke barrier, located in the corridor by Room 210, revealed a two-inch unsealed overcut around blue wire penetrations above the ceiling.</p>	K 372	<p>Element 1 This deficiency was corrected by sealing all openings within the smoke barriers including: the two inch overcut around two conduit penetrations above the ceiling located in the corridor by the dining room, the two inch overcut around the blue wire penetrations above the ceiling located in the corridor by room 210, the six inch gap at the top of the wall above the ceiling located inside the Korean Office, the two inch gap at the top of the wall above the ceiling located inside the break room, and the four inch gap in the wall above the ceiling located in the corridor by the Beauty Salon.</p> <p>Element 2 All residents have the potential to be affected by this deficiency.</p> <p>Element 3 A Smoke Barrier audit is being conducted by the Maintenance Director to ensure that the facility remains in compliance with</p>		

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K 372	Continued From page 5 Observation on 01/07/25 at 10:56 AM of the smoke barrier, located inside the Korean Office, revealed a six-inch unsealed gap at the top of the wall above the ceiling. This deficiency was also cited during the 09/29/23 Life Safety Code Survey. An observation on 01/07/25 at 11:28 AM of the smoke barrier, located inside the Break Room, revealed a two-inch unsealed gap at the top of the wall above the ceiling. An observation on 01/07/25 at 11:31 AM of the smoke barrier, located in the corridor by the Beauty Salon, revealed a four-inch unsealed gap in the wall above the ceiling. During an interview on 01/07/25 at 11:31 AM, the U.S. FOIA (b)(6) confirmed the findings and revealed the facility was unaware of the unsealed gaps and penetrations in the smoke barriers.	K 372	K372. This audit will be completed by making rounds within the facility to view the smoke barriers. Element 4 The Smoke Barrier audit is being monitored by the Administrator or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.		
K 374 SS=F	NJAC 8:39-31.1(c), 31.2(e) Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of	K 374		1/27/25	

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K 374	<p>Continued From page 6</p> <p>egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain smoke barrier doors to resist the passage of smoke in accordance with NFPA 101 (Life Safety Code) 2012 Edition, Section 8.5. The deficient practice had the potential to affect 42 residents.</p> <p>Findings include:</p> <p>An observation on 01/07/25 at 9:41 AM of the smoke barrier door, located in the Corridor by Room 104, revealed the door failed to close smoke tight when released from the magnetic hold open device and stopped about halfway between the open and closed position.</p> <p>During an interview on 01/07/25 at 9:41 AM, the U.S. FOIA (b)(6) confirmed the finding and stated the facility was unaware the door was rubbing the floor prior to the survey.</p> <p>An observation on 01/07/25 at 10:45 AM of the smoke door, located in the bathroom between Rooms 210 and 211, revealed a self-closing device was not installed on the door.</p> <p>During an interview 01/07/25 at 10:45 AM, the U.S. FOIA (b)(6) confirmed the finding and stated the facility was unaware that a self-closing device was not installed on the smoke door.</p> <p>NJAC 8:39-31.2(e)</p>	K 374	<p>Element 1 This deficiency was corrected by preventing the door from rubbing against the floor in the corridor near room 104, allowing the smoke barrier door to fully close and latch. Additionally, a self-closing device was installed on the bathroom door between rooms 210 and 211.</p> <p>Element 2 This deficiency has the potential to affect forty-two residents on the East Wing.</p> <p>Element 3 A Smoke Barrier Door audit is being conducted by the Maintenance Director or designee to ensure the facility remains in compliance with K374. This audit will be completed by making rounds within the facility.</p> <p>Element 4 The Smoke Barrier Door audit is being monitored by the Administrator or designee once a week for two months, then once every other week for two months, and then once a month for two months. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315177	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		
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K 761 K 761 SS=F	<p>Continued From page 7</p> <p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of the annual tests and inspections of the fire door assemblies as required by NFPA 80, Section 5.2. The deficient practice had the potential to affect all 131 residents.</p> <p>Findings include:</p> <p>A record review on 01/07/25 at 3:30 PM of the facility's Life Safety Code Survey Binder, revealed documentation of the annual test and inspection of the fire doors was missing. The surveyor requested this documentation at the entrance conference, during record review, and at the exit conference.</p> <p>During an interview on 01/07/25 at 3:30 PM, the U.S. FOIA (b)(6) confirmed the finding and</p>	K 761 K 761	<p>Element 1 This deficiency was corrected by performing tests and inspections of the fire door assemblies.</p> <p>Element 2 All residents had the potential to be affected by this deficiency.</p> <p>Element 3 A Fire Door Assembly audit is being conducted by the Maintenance Director to ensure that the facility remains in compliance with K761. This audit is being completed by making rounds within the facility.</p> <p>Element 4 The Fire Door Assembly audit is being monitored by the Administrator or designee once a month for six months and then performed annually on a</p>	1/27/25	

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K 761	Continued From page 8 stated the facility was unable to locate the missing documentation during the survey. NJAC 8:39-31.1(c), 31.2(e)	K 761	continuous basis. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for six months to the Quality Assurance Performance Improvement team for review and action as necessary.	1/27/25	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of testing and performance data for receptacles at patient bed locations in accordance with NFPA 99 (2012),	K 914			

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K 914	Continued From page 9 Section 6.3.4. The deficient practice had the potential to affect all 131 residents. Findings include: A review on 01/07/25 at 3:10 PM of the facility's Life Safety Code Survey documentation binder revealed that documentation of tests and performance data for the facility's receptacles at patient bed locations was not provided. This documentation was requested by the surveyor at the entrance conference, during document review, and at the exit conference. The facility has a mixture of hospital grade receptacles and non-hospital grade receptacles in resident rooms. Interview with the U.S. FOIA (b)(6) on 01/07/25 at 3:10 PM confirmed the finding and revealed the facility was unable to locate the missing documentation. NJAC 8:39-31.2(e) NFPA 99	K 914	Element 2 This deficiency has the potential to affect all residents. Element 3 A Receptacle audit was conducted by the Maintenance Director or designee to ensure the facility remains in compliance with K914. This audit is being completed by making rounds within the facility. Element 4 The Receptacle audit is being monitored by the Administrator or designee once a month for six months and then performed annually on a continuous basis. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for nine months to the Quality Assurance Performance Improvement team for review and action as necessary.		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	K 918		1/29/25	

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K 918	<p>Continued From page 10</p> <p>under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain the generator in accordance with NFPA 110 Emergency Power and Standby Power Systems (2010 Edition), Section 8.3.8. This deficient practice had the potential to affect all 131 residents.</p> <p>Findings include:</p> <p>A record review on 01/07/25 at 3:05 PM of the facility's Generator Inspection & Testing Records, revealed that documentation of the annual fuel quality test of the diesel generator was not provided. This documentation was requested at the entrance conference, during record review,</p>	K 918	<p>Element 1 This deficiency was corrected by performing the fuel quality test of the diesel generator.</p> <p>Element 2 This deficiency has the potential to affect all residents.</p> <p>Element 3 A Generator audit is being conducted by the Maintenance Director to ensure the facility remains in compliance with K918. This audit is being completed by reviewing the inspection book.</p> <p>Element 4 The Generator audit is being monitored by</p>		

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K 918	Continued From page 11 and before the exit conference. During an interview on 01/07/25 at 5:45 PM, the U.S. FOIA (b)(6) confirmed the finding and revealed the facility could not locate the missing documentation. NJAC 8:39-31.2(e), 31.2(g) NFPA 110	K 918	the Administrator or designee every three months for the next twelve months to ensure that this test is being performed annually. Identified issues will be corrected as they are discovered, results will be reported to the Administrator and will be reviewed at quarterly QAPI meetings for twelve months to the Quality Assurance Performance Improvement team for review and action as necessary.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315177	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/13/2025	Y3
NAME OF FACILITY GATEWAY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 139 GRANT AVE EATONTOWN, NJ 07724		

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 _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # NFPA 101	Completed _____	Reg. # NFPA 101	Completed _____
LSC K0271	01/27/2025	LSC K0353	01/28/2025	LSC K0372	01/28/2025
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # NFPA 101	Completed _____	Reg. # NFPA 101	Completed _____
LSC K0374	01/27/2025	LSC K0761	01/27/2025	LSC K0914	01/27/2025
ID Prefix _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0918	01/29/2025	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 1/9/2025		<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			