

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01a003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2025
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NAME OF PROVIDER OR SUPPLIER SPRING HOME AT GALLOWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 42 WEST JIMMIE LEEDS GALLOWAY TOWNSHIP, NJ 08205
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: CENSUS: 44</p> <p>SAMPLE SIZE: 6</p> <p>TYPE OF SURVEY: Standard Survey of 52 residential units</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> <p>A Life Safety Code Survey was conducted by the State Agency on 11/18/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

01/05/26

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A 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure staff performed hand hygiene between meal service for 3 of 44 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>The "2022 Food Code" published by the United States Food and Drug Administration dated 01/18/2023, indicated, "2-301.14 When to Wash. Food employees shall clean their hands and exposed portions of their arms as specified under § [section sign] 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals as specified in [paragraph mark] 2-403.11 (B); (D) Except as specified in 2-2-4.11 (B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco products, eating, or drinking; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw food and</p>	A 891		

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A 891	<p>Continued From page 2</p> <p>working with ready-to-eat food; (H) Before donning gloves to initiate a task that involves working with food; and (I) After engaging in other activities that contaminate the hands."</p> <p>During a meal observation on 11/10/2025 at 12:11 PM, Home Health Aide (HHA) #3 wore gloves to serve residents their lunch meal in the dining room. HHA #3 removed the lid covers from five plates on a multilevel tray cart, then placed the lids inside each other and walked over to set them opened side up on a dishwashing pallet stacked in the corner. HHA #3 returned to the meal tray cart and passed a plate to a resident. HHA #3 then took the resident's used soup bowl from the first course and placed it on the second level of the food cart. Without changing gloves, HHA #3 then took a lunch meal tray from the top level of the food cart and passed it to a different resident. HHA #3 took the second resident's used soup bowl and placed it on the second level of the tray cart. HHA #3 repeated these steps one more time with a third resident.</p> <p>During an interview on 11/10/2025 at 12:27 PM, HHA #3 stated when staff served meals, they were required to wash their hands before meal service and put on gloves. According to HHA #3, during meal service, the only time staff were required to change their gloves was if the gloves became visibly soiled. HHA #3 stated that when staff switched between collecting used dishes and serving plates, staff did not change their gloves or wash their hands, as long as the gloves did not become soiled.</p> <p>During an interview on 11/10/2025 at 4:10 PM, HHA #4staff must rewash their hands and change their gloves when they completed a task, switched between assisting residents, or when</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>they touched dirty dishes.</p> <p>During an interview on 11/10/2025 at 4:34 PM, the Charge Nurse stated staff would need to wash their hands with each meal service to a resident. The Change Nurse stated HHA #3 should have washed their hands and changed gloves because the gloves were not considered clean.</p> <p>During an interview on 11/10/2025 at 4:58 PM, the Executive Director stated he expected staff to adhere to their training and wash their hands between service each resident and other tasks such as the collection of dishes.</p> <p>During an interview on 11/10/2025 at 6:04 PM, the Wellness Nurse stated she expected staff to follow infection control guidelines during meal service. The Wellness Nurse stated if a staff fed or served a resident their meal tray and then switched to another resident, they would need to remove their gloves, wash their hands, and apply a new pair of gloves. Per the Wellness Nurse, if staff removed dirty dishware and then served a resident, they would need to remove their gloves, perform hand hygiene and apply a new pair of gloves.</p>	A 891		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to</p>	A1249		

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A1249	<p>Continued From page 4</p> <p>resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide and maintain a level, hard packed all-weather travel surface extending to the public way at 6 (Wings A, B, C, D, E, and F) of 8 exit discharges. Failure to provide and maintain exit discharges to the public way had the potential to impede occupants' ability to safely exit the building to the public way during an emergency evacuation.</p> <p>Findings included:</p> <p>During a concurrent observation and interview on 11/18/2025 at 12:10 PM, the exit discharge from Wing A was observed to have a 4 feet (ft.) by (x) 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 50 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed all-weather maintainable surfaces.</p> <p>During a concurrent observation interview on 11/18/2025 at 12:18 PM, the exit discharge from Wing B was observed to have a 4 ft. x 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 75 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed</p>	A1249		

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A1249	<p>Continued From page 5</p> <p>all-weather maintainable surfaces.</p> <p>During a concurrent observation and interview on 11/18/2025 at 12:30 PM, revealed the exit discharge from Wing C was observed to have a 4 ft. x 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 30 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed all-weather maintainable surfaces.</p> <p>During a concurrent observation and interview on 11/18/2025 at 1:23 PM, the exit discharge from Wing F was observed to have a 4 ft. x 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 32 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed all-weather maintainable surfaces.</p> <p>During a concurrent observation and interview on 11/18/2025 at 1:33 PM, the exit discharge from Wing E was observed to have a 4 ft. x 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 125 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed all-weather maintainable surfaces.</p> <p>During a concurrent observation and interview on 11/18/2025 at 1:47 PM, the exit discharge from Wing D was observed to have a 4 ft. x 4 ft. concrete pad immediately at the discharge, then an unlevel grass surface for approximately 32 ft. to the public way. The Executive Director and Maintenance Director confirmed the exit discharges were not level, hard packed</p>	A1249		

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A1249	Continued From page 6 all-weather maintainable surfaces.	A1249		

POC #3 received 1/16/26
Accepted 1/20/26



springhome
AT GALLOWAY

Statement of Deficiencies and Plan of Correction

42 West Jimmie Leeds Road

Galloway, NJ 08205

Facility License Number 01a003

ID PREFIX TAG A891: Dining Services

1. On 11/10/2025 the Resident Care Director performed an employee in-service for all Care Managers on proper hand hygiene.
2. All residents had the potential of being affected by the staff failing to perform proper hand hygiene between meal service.
3. A log was created on 11/19/2025 for the Resident Care Director or designated staff member to conduct weekly checks during rotating meal service to ensure proper hand hygiene is being performed.
4. The Executive Director will use the Tuesday morning staff meeting to discuss the outcome of the weekly checks to determine if additional in-services or additional training is needed.

The completion date of this deficient practice is 11/19/2025.



approved
1/20/26

ID PREFIX TAG A1249: Housekeeping-Sanitation-Safety-Maintenance

1. On 12/31/2025 a contractor was hired to install a hard packed all-weather travel surface to a public way from Wings A, B, C, D, E and F. The installation will be completed on 01/30/2026.
2. All residents could have been affected by the deficiency.
3. On 12/19/2025 the Maintenance Director was in-serviced by the Executive Director on all the travel surfaces from all exits of the building. On 12/19/2025 a full house audit was conducted to ensure that all exits of the facility have a hard packed all-weather surface to a public way. No other issues were identified.
4. The Maintenance Director or designated staff will monitor the newly installed hard packed all-weather travel surface for any signs of distress monthly and log any issues for follow-up for a period of three months. The Executive Director will use the Tuesday staff meeting to discuss the status of any existing follow-ups and any potential new problems.

The completion date of this deficient practice is 01/30/2026.



approved
1/20/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 01a003 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/20/2026 Y3
NAME OF FACILITY SPRING HOME AT GALLOWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 42 WEST JIMMIE LEEDS GALLOWAY TOWNSHIP, NJ 08205	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0891	Correction	ID Prefix A1249	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-17.7	Completed	Reg. #	Completed
LSC	11/19/2025	LSC	01/30/2026	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 11/18/2025		<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		