

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315210</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>HEALTH CENTER AT GALLOWAY THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS  Complaint #: 180396, 185474, 187914, 2567274, 2579597, 360621  Census: 93  Sample Size: 14  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.			F0000			09/08/2025
F0658 SS = D	<p>Services Provided Meet Professional Standards</p> <p>CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint 2579597</p> <p>Based on interviews, medical record review, and other pertinent facility documentation on 08/07/25, it was determined that the facility failed to obtain a physician's order (POs) for the resident's (Resident #7) <span style="background-color: black; color: white;">NJ Ex Order 2</span> in accordance to professional standards of practice.</p> <p>This deficient practice was identified for 1 of 14 residents and 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</p>			F0658	<p>What corrective actions will be accomplished for resident's found to be affected by the deficient practice?</p> <p>Resident #7 was discharged from the facility on <span style="background-color: black; color: white;">NJ Ex Order 2</span></p> <p>How will we identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p> <p>Residents who require oxygen have the potential to be affected by the deficient practice.</p> <p>A review of all resident's receiving oxygen was completed, appropriate orders and care plans confirmed.</p> <p>What measures will be put into place and what system changes will be made to ensure the deficient practice does not recur?</p> <p>Licensed staff re-educated by the ADON on ensuring physician orders and care plans are completed. Education to be completed by 9/2/25.</p> <p>How will corrective action be monitored to ensure that the deficient practice will not recur?</p>		09/08/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0658 SS = D	<p>Continued from page 1 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>A review of Resident #7's closed Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR) face sheet, Resident #7 was admitted to the facility with diagnoses which included but were not limited to <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, <b>NJ Ex Order 26.4(b)(1)</b>, and <b>NJ Ex Order 26.4(b)(1)</b>).</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated <b>NJ Ex Order 26.4(b)(1)</b>, Resident #7 had a Brief Interview of Mental Status (BIMS) score of <b>NJ Ex Order 26.4(b)(1)</b> 15, which indicated the resident was <b>NJ Ex Order 26.4(b)(1)</b>. The MDS also indicated that Resident #7 was admitted with <b>NJ Ex Order 26.4(b)(1)</b> on admission and while a resident at the facility.</p> <p>A review of Resident #7's Order Summary Report (OSR), included POs dated <b>NJ Ex Order 26.4(b)(1)</b> such as, <b>NJ Ex Order 26.4(b)(1)</b> weekly on Sundays, <b>NJ Ex Order 26.4(b)(1)</b> and an order to <b>NJ Ex Order 26.4(b)(1)</b>. The OSR did not include PO for the administration of <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A review of Resident #7's care plan (CP) initiated on <b>NJ Ex Order 26.4(b)(1)</b>, did not include the resident received <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>A review of Resident #7's Progress Note (PN) dated <b>NJ Ex Order 26.4(b)(1)</b> at 09:45 A.M, revealed "Resident was <b>NJ Ex Order 26.4(b)(1)</b> the facility and <b>NJ Ex Order 26.4(b)(1)</b> and never observed with <b>NJ Ex Order 26.4(b)(1)</b> as well as when visited in <b>NJ Ex Order 26.4(b)(1)</b> room, <b>NJ Ex Order 26.4(b)(1)</b> did not have <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p>During an interview on 08/07/25 at 11:30 A.M the surveyor interviewed the <b>U.S. FOIA (b) (6)</b>, who had discharged Resident #7, and she stated that she did remember Resident #7 and stated that the resident was</p>			F0658	<p>Continued from page 1</p> <p>DON/designee will review/audit all residents that use 02 and confirm orders and care plans are in place for 1 x a week for 4 weeks, then 2 x a month for one month, then monthly for an additional month</p> <p>Results of the audits will be reviewed weekly and will be reviewed at the Quarterly quality Assurance Performance meetings. Revisions will be made accordingly.</p>		

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F0658 SS = D	<p>Continued from page 2</p> <p>NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The U.S. FOIA also stated that Resident #7 NJ Ex Order 26.4(b)(1) one day and then no longer utilized it.</p> <p>During an interview on 08/07/25 at 12:53 P.M., the surveyor interviewed a US FOIA (b)(6) at the facility who stated, "If a resident has an order for NJ Ex Order 26.4(b)(1) I would make sure the resident was receiving it and receiving the correct amount." The US FOIA further stated that he remembered Resident #7, that Resident #7 did not NJ Ex Order 26.4(b)(1), and that the NJ Ex Order 26.4(b)(1) order for Resident #7 was an "as needed" order.</p> <p>During an interview on 08/07/25 at 01:04 P.M., the surveyor interviewed the U.S. FOIA (b)(6) of the NJ Ex Order 26.4(b)(1) floor, who stated that the expectation for her nursing staff regarding a resident with NJ Ex Order 26.4(b)(1) would to make sure that the resident had an order for NJ Ex Order 26.4(b)(1) and to notify the doctor if there wasn't and to ensure that NJ Ex Order 26.4(b)(1) was dated and changed weekly.</p> <p>During an interview on 08/07/25 at 01:22 P.M., the surveyor interviewed U.S. FOIA (b)(6) and U.S. FOIA (b)(6) together. The U.S. FOIA stated that residents who were NJ Ex Order 26.4(b)(1) should have an NJ Ex Order 26.4(b)(1) order and when they were no longer NJ Ex Order 26.4(b)(1), that order should be changed. The U.S. FOIA (b)(6) stated that Resident #7 was admitted on NJ Ex Order 26.4(b)(1) and that Resident #7 was not NJ Ex Order 26.4(b)(1) upon discharge. The U.S. FOIA (b)(6) stated that Resident #7 should have had the NJ Ex Order 26.4(b)(1) removed from their room if there was no order for NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 08/07/25 at 01:46 P.M., the surveyor interviewed the U.S. FOIA (b)(6), U.S. FOIA (b)(6), and U.S. FOIA (b)(6) together regarding Resident #7's NJ Ex Order 26.4(b)(1) needs. The U.S. FOIA (b)(6) confirmed that there was NJ Ex Order 26.4(b)(1) order for Resident #7, but that there should have been one while Resident #7 was using NJ Ex Order 26.4(b)(1). The U.S. FOIA (b)(6) confirmed there was NJ Ex Order 26.4(b)(1) for Resident #7 and that there should have been one.</p> <p>A review of the facility's policy "Oxygen Administration" dated revised 10/23, under "Preparation" revealed: 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the resident's care plan to assess for any special needs of the resident</p> <p>N.J.A.C.: 8:39-27.1(a)</p>			F0658			
F0880 SS = D	Infection Prevention & Control			F0880	What corrective actions will be accomplished for resident's found to be affected by the deficient		09/08/2025

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F0880 SS = D	<p>Continued from page 3 CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</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</p>			F0880	<p>Continued from page 3 practice?</p> <p>Resident #6 was discharged from the facility on <b>NJ Ex Order 26-4</b></p> <p>How will we identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?</p> <p>Residents that request pet visits have the potential to be affected by the deficient practice.</p> <p>A review of all residents that are presently engaging in a pet visit was completed by the Administrator. Vaccine information was on file. No other residents were affected by the deficient practice.</p> <p>What measures will be put into place and what system changes will be made to ensure the deficient practice does not recur?</p> <p>All Staff responsible for ensuring the appropriate documentation is received prior to pet visitation will be in serviced by the staff educator.</p> <p>An updated tracking sheet has been designed that includes name of residents being visited by pet, confirmation that vaccine copies have been provided, family/visitors acknowledgement of rules surrounding pet visits, and to ensure documentation and all appropriate signatures of acknowledgement are received prior to a pet visit</p> <p>How will corrective action be monitored to ensure that the deficient practice will not recur?</p> <p>Administrator/Designee will review tracking sheet to ensure compliance with vaccines received, acknowledgements signed: 1 x a week for four weeks, then 2 x a month for 1 month, then monthly for 1 month</p> <p>Results of the audits will be reviewed weekly and will be reviewed at the quarterly quality Assurance Performance meetings. Revisions will be made accordingly.</p>		

If continuation sheet Page 5 of 7

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F0880 SS = D	<p>Continued from page 5</p> <p>A review of Resident #6's Order Summary Report (OSR), did not include an order for Resident #6 to have [REDACTED] at bedside in the facility.</p> <p>A review of Resident #6's care plan (CP) initiated on [REDACTED] did not include a focus including [REDACTED] as [REDACTED] for Resident #6.</p> <p>A review of Resident #6's Progress Note (PN) dated [REDACTED] at 05:31 A.M., written by a Licensed Practical Nurse (LPN#1) revealed Resident #6 had [REDACTED] on the bed and lying on Resident #6. LPN #1 noted there were [REDACTED] and [REDACTED] on the bed and documented that the Power of Attorney (POA) for Resident #6 stated that the [REDACTED] were from [REDACTED]. A second PN from [REDACTED] at 11:31 A.M., by LPN #2, revealed that the [REDACTED] had [REDACTED].</p> <p>During an interview on 08/07/25 at 11:06 A.M., the surveyor interviewed a [REDACTED] US FOIA (b)(6) [REDACTED] who worked at the facility for [REDACTED]. The [REDACTED] stated that the facility did allow [REDACTED] but that the [REDACTED] paperwork and temperament must be reviewed and the paperwork for [REDACTED] needs to be brought to the front desk.</p> <p>During an interview on 08/07/25 at 11:06 A.M the surveyor interviewed LPN #3 who stated that she had never experienced personal [REDACTED] on her unit which was considered the [REDACTED] unit.</p> <p>During an interview on 08/07/25 at 11:50 A.M., the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) [REDACTED], who stated, "We do have a policy on [REDACTED] for the facility. The [REDACTED] U.S. FOIA (b) (6) [REDACTED] keeps a file of the [REDACTED] NJ Ex Order 26.4(b)(1). She handles all that. Residents are admitted and [REDACTED] visit but that is usually managed by the [REDACTED] U.S. FOIA (b) (6) [REDACTED] and activities has [REDACTED] NJ Ex Order 26.4(b)(1). We did have a complaint regarding [REDACTED] NJ Ex Order 26.4(b)(1). Resident was here short term and resident had [REDACTED] NJ Ex Order 26.4(b)(1) who had [REDACTED] NJ Ex Order 26.4(b)(1). The agreement was that [REDACTED] NJ Ex Order 26.4(b)(1) could stay with the resident in the room. We had to make sure [REDACTED] NJ Ex Order 26.4(b)(1) was staying [REDACTED] NJ Ex Order 26.4(b)(1). There was [REDACTED] NJ Ex Order 26.4(b)(1). A staff member did complain. Staff wanted me to tell her (the staff member) the issues with [REDACTED] NJ Ex Order 26.4(b)(1) being near the staff and what kind of issues they may have dealing with [REDACTED] NJ Ex Order 26.4(b)(1). I sent an email to all staff after [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>The surveyor requested a copy of this email along with [REDACTED] NJ Ex Order 26.4(b)(1) for this [REDACTED] NJ Ex Order 26.4(b)(1). No [REDACTED] NJ Ex Order 26.4(b)(1) were able to be retrieved. The Surveyor received an electronic medical record system communication dated [REDACTED] NJ Ex Order 26.4(b)(1), that stated, "The family of Resident #6 is aware that</p>	F0880		

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F0880 SS = D	<p>Continued from page 6</p> <p>██████ must be transported by ██████ and ██████ (NJ Ex Order 26.4(b)(1)) in the room. The patient can have ██████ (NJ Ex Order 26.4(b)(1)) on the bed with him while ██████ (NJ Ex Order 26.4(b)(1)) is not to come out of the room during visits". A secondary electronic medical record system communication was also received dated ██████ (NJ Ex Order 26.4(b)(1)), that stated, "No ██████ (NJ Ex Order 26.4(b)(1)) or ██████ (NJ Ex Order 26.4(b)(1)) can have contact with Resident #6's ██████ (NJ Ex Order 26.4(b)(1))."</p> <p>During an interview on 08/07/25 at 02:37 P.M., the surveyor interviewed the ██████ (U.S. FOIA (b)(7)(C)) and ██████ (U.S. FOIA (b)(7)(C)) together. The ██████ (U.S. FOIA (b)(7)(C)) stated that Resident #6's friend was responsible for bringing ██████ (NJ Ex Order 26.4(b)(1)) back and forth in ██████ (NJ Ex Order 26.4(b)(1)) into the facility since ██████ (NJ Ex Order 26.4(b)(1)). The ██████ (U.S. FOIA (b)(7)(C)) stated that she was not aware of the ██████ (NJ Ex Order 26.4(b)(1)) in the room and stated that once ██████ (NJ Ex Order 26.4(b)(1)) was brought but Resident #6 and the friend were instructed that this was not allowed.</p> <p>A review of the facility's policy "Pets, Animals, and Plants" revised 05/17 under "Policy Statement" revealed: Animals allowed in the facility will be monitored and managed in order to prevent the spread of microorganisms/infections resulting from contact with animals". Under the same policy, under "Personal Pet Visits" stated: 2c. The resident's physician and primary care nurse must approve the visit.</p> <p>A review of the facility's policy "Infection Prevention and Control Program" revised 06/23 under "6. Policies and Procedures" revealed, "a. Policies and procedures are utilized as the standards of the infection prevention and control program. b. Policies and procedures reflect the current infection prevention and control standards of practice."</p> <p>N.J.A.C.: 8:39-19.4</p>			F0880			



New Jersey State Department of Health

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S0000	Initial Comments  The facility was not in compliance with the standards in the New Jersey Administrative code, 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.		S0000			09/05/2025	
S0560	Mandatory Access to Care  CFR(s): 8:39-5.1(a)  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Complaint #: 180396, 185474, 187914, 2567274, 2579597, 360621  Based on review of facility documents on 8/07/2025, it was determined that the facility failed to ensure staffing ratios were met for 34 of 35-day shifts reviewed. This deficient practice had the potential to affect all residents.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:  One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that		S0560	What corrective actions will be accomplished for resident's found to be affected by the deficient practice?  The facility is unable to retroactively address the dates noted for CNA hours. Staffing coordinator immediately educated by LNHA to proactively alert DON and LNHA of any days we are at risk for not meeting minimum staffing requirements.  How will we identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?  All residents have the potential to be affected by this deficient practice.  What measures will be put into place and what system changes will be made to ensure the deficient practice does not recur?  The Health Center at Galloway has contracted staffing agencies for assistance with staffing. Flexible staffing schedules are offered, incentive bonuses and an increase in online recruitment postings. Interactions with local CNA schools for recruitment is also strong.		09/08/2025	

Office of Primary Care and Health Systems Management

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New Jersey State Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH CENTER AT GALLOWAY THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>66 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205</b>			
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S0560	<p>Continued from page 1</p> <p>no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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>For the 2 weeks of staffing from 03/16/2025 to 03/29/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-03/16/25 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-03/17/25 had 7 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/18/25 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/19/25 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/20/25 had 7 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/21/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-03/22/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-03/23/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-03/24/25 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-03/25/25 had 8 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-03/26/25 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-03/27/25 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-03/28/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-03/29/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p>			S0560	<p>Continued from page 1</p> <p>How will corrective action be monitored to ensure that the deficient practice will not recur?</p> <p>The DON and LNHA will proactively monitor projected staffing for upcoming days to assure staffing meets census and ratios for 14 days.</p>		

New Jersey State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>060102</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>HEALTH CENTER AT GALLOWAY THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 WEST JIMMIE LEEDS ROAD , GALLOWAY TOWNSHIP, New Jersey, 08205</b>			
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S0560	<p>Continued from page 2</p> <p>For the week of Complaint staffing from 06/29/2025 to 07/05/2025, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-06/29/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-06/30/25 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-07/01/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-07/02/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>-07/03/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-07/05/25 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>For the 2 weeks of staffing prior to survey from 07/20/2025 to 08/02/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-07/20/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-07/21/25 had 9 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-07/22/25 had 11 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-07/23/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-07/24/25 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>-07/25/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-07/26/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-07/27/25 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-07/28/25 had 9 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p>			S0560			

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>060102</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/07/2025</b>	
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S0560	<p>Continued from page 3</p> <p>-07/29/25 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-07/30/25 had 10 CNAs for 99 residents on the day shift, required at least 12 CNAs.</p> <p>-07/31/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-08/01/25 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-08/02/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p>			S0560			