

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

PRINTED: 09/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/31/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 GRANT AVE</b> <b>EATONTOWN, NJ 07724</b>		
(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	
F 000	INITIAL COMMENTS  Complaint #: 131540  Census: 109  Sample 3	F 000			
F 567 SS=D	Protection/Management of Personal Funds CFR(s): 483.10(f)(10)(i)(ii)  §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(10)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal	F 567		9/24/20	

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

TITLE

(X6) DATE

Electronically Signed

09/24/2020

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 567	<p>Continued From page 1</p> <p>funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed \$50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, it was determined that the facility failed to maintain receipts on personal needs account (PNA) for items purchased on behalf of Resident #2. This deficient practice was identified for 1 of 3 residents reviewed for PNA accounting (Resident #2), and was evidenced by the following:</p> <p>The surveyor reviewed the Gateway Care Center PNA Quarterly Statement (GCCPNAQS) dated 7/1/2012 thru 12/31/2020. Review of the GCCPNAQS revealed the following:</p> <table border="1"> <thead> <tr> <th>Service Date</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>9/24/18</td> <td>PNA Check #4424</td> <td>\$41.19</td> </tr> <tr> <td>9/7/18</td> <td>Clothing Check #4427</td> <td>\$79.75</td> </tr> <tr> <td>9/7/18</td> <td>Clothing Check #4427</td> <td>\$191.70</td> </tr> <tr> <td>4/1/19</td> <td>Check #4472 Clothing</td> <td>\$832.00</td> </tr> </tbody> </table> <p>On 8/31/2020 at 11:05 AM, the Surveyor interviewed the Supervisor of the Gateway Building For Medicaid and Income who stated the Quarterly Statement shows what was purchased and the facility office manager would keep a receipt.</p> <p>The facility was unable to provide documentation</p>	Service Date	Description		9/24/18	PNA Check #4424	\$41.19	9/7/18	Clothing Check #4427	\$79.75	9/7/18	Clothing Check #4427	\$191.70	4/1/19	Check #4472 Clothing	\$832.00	F 567	<p>F567 09/24/2020 Element One Itemized clothing receipts for all purchases made from the PNA account of Resident #2 with checks 4424 dated 9/24/18 in the amount of \$41.19, check 4427 dated 9/7/18 in the amount of \$79.75 and 191.70 and check 4472 dated 4/1/19 in the amount of \$832.00 were immediately retrieved and emailed on 9/24/2020 to the NJDOH complaint surveyor along with emails to and from the responsible party authorizing the facility to purchase whatever Resident #2 needed.</p> <p>Element Two All residents who have personal funds in facility have the potential to be affected by this practice.</p> <p>Element Three The business office was immediately re-educated on the importance of having proper documentation onsite and available for all purchases made on behalf of any resident.</p>	
Service Date	Description																		
9/24/18	PNA Check #4424	\$41.19																	
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F 567	Continued From page 2 of what items were purchased on behalf of the resident.  NJAC 8:39-4.1 (a) 9	F 567	The system of attaching purchase receipts to copies of PNA checks along with authorizations for purchase was reviewed with business office staff.  Element Four The Business Office Manager or designee will conduct an audit to ensure the proper documentation for PNA purchases weekly for two months and then monthly for 3 months. The results of the audits will be forwarded to the facility QAPI committee and the Administrator quarterly for further review and recommendations.		
F 569 SS=D	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v)  §483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.  §483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the	F 569		9/24/20	

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F 569	<p>Continued From page 3</p> <p>individual or probate jurisdiction administering the resident's estate, in accordance with State law. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, it was determined that the facility failed to transfer expired resident (Resident #2's) personal needs account (PNA) funds back to the appropriate jurisdiction within 30 days of death. This deficient practice was identified for 1 of 3 residents reviewed for PNA accounting (Resident #2), and was evidenced by the following:</p> <p>The surveyor reviewed the Gateway Care Center PNA Quarterly Statement (GCCPNAQS) from 7/1/2012 thru 12/31/2020. The GCCPNAQS revealed that Resident #2 had a balance of \$1,419.69 being held in the facility's account after the resident was discharged from the facility on [REDACTED] and expired at the hospital on [REDACTED]</p> <p>On 8/31/2020 at 11:05 AM, the Surveyor interviewed the Supervisor of the Gateway Building For Medicaid and Income (SFMI) who stated Resident #2 was discharged from the facility on 6/29/19 and later passed away. The SFMI added that after a resident passes, the family would be notified of the balance in the PNA account.</p> <p>The facility was unable to provide documented evidence that the surviving family member(s) were provided a final accounting of the funds remaining in Resident #2's PNA account.</p> <p>NJAC 8:39-4.1 (a) 9</p>	F 569	<p>F569 09/24/2020 Element One The family of Resident #2 was immediately contacted and informed they needed to sign required legal documents so the remaining PNA funds could be released. A letter was sent to the family. Additional notification was made about the final account balance and the conveyance document required for the facility to release the funds and the facility is still awaiting the required document. The facility continues to request the signed conveyance as required by law in order to send a check for the remaining funds.</p> <p>Element Two All residents have the potential to be affected by the alleged practice.</p> <p>Element Three The Business Office Manager was re-educated by Administrator as to Notice and Conveyance of Personal Funds/Conveyance upon discharge, eviction, or death of a resident with personal funds deposited with the facility and that the facility must convey within 30 days the resident's fund and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p>		

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F 569	Continued From page 4	F 569	<p>Element Four The Business Office Manager/designee will conduct an audit on Notice and Conveyance of Personal Funds, Conveyance upon discharge, eviction, or death monthly x 4 quarters. The results of these audits will be brought to Administrator and reviewed. All audits results will be presented by the business office manager at the facility quarterly QAPI committee for 4 quarters.</p>		