

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER HEALTH CENTER AT GALLOWAY, THE		STREET ADDRESS, CITY, STATE, ZIP 66 WEST JIMMIE LEEDS ROAD GALLOWAY TOWNSHIP, NJ 08205	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint #: NJ 821 Based on interview, record review and review of other facility documentation, it was determined that the facility failed to follow the care plan for a resident with a documented poor appetite as well as follow the facility's policy for weights. This deficient practice was identified for Resident #5, 1 of 2 residents reviewed for weight loss and was evidenced by the following: According to the admission record, Resident #5 was admitted to the facility with [DIAGNOSES REDACTED]. Review of a Weight Summary indicated Resident #5 had a weight of 183.4 pounds on 04/17/2020. There were no other documented weights for Resident #5. Resident #5 was discharged to the acute care hospital on [DATE]. Review of a Progress Note (PN), dated 04/29/2020 and signed by Dietary, revealed the resident had very poor PO (oral) intake. The note indicated to liberalize the diet and to add Glucerna 8 ounces twice a day (supplement). The PN further reflected added fortified hot cereal to his/her breakfast. Review of Resident #5's care plan (undated) revealed under Focus, I am at nutritional risk Under the Goal section, My weight will be free from significant change +/- 5% x 1 mos Under the Interventions/Task section Notify RD of changes in /critical lab values, PO intake, weight. During an interview with a Certified Nursing Assistant (CNA #1) on 08/27/2020 at 10:40 AM, the CNA said weights were done monthly and as needed. CNA #1 went on to say I don't know if residents are weighed weekly on admission. During an interview with the Registered Nurse Unit Manager (RN/UM) on 08/27/2020 at 11:32 AM, the RN/UM said that weights were being done during the COVID pandemic and monthly weights were done. The RN/UM went on to say that new admissions were weighed on the day they come in and then monthly. The RN/UM added that weekly weights for four week was part of the admission protocol. The dietician was no longer employed at the facility and unavailable for interview. During an interview with the current Director of Nursing (DON) and Administrator on 08/27/2020 at 3:30 PM, the DON said she had only been at the facility since 06/03/2020. The DON also said she was not able to find any further weights for Resident #5. The Administrator stated that based on the weight policy, there should have been more weights taken for the resident. Review of an undated facility policy titled, Weights, revealed under the Policy Interpretation and Implementation section New admissions and readmissions are to be weighed weekly for four (4) weeks. NJAC 8:39-27.1(a)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.