

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 11/25/2025
NAME OF PROVIDER OR SUPPLIER Health Center at Galloway, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview, review of medical records and other pertinent facility documents on 9/26/25, it was determined that the facility failed to maintain an accurately documented and complete an investigation in accordance with acceptable standards and practice. This deficient practice was identified for 1 of 3 residents (Resident #3) reviewed and was evidenced by the following: The surveyor reviewed a Facility Reported Event (FRE) that was submitted to the New Jersey Department of Health (NJDOH) on 9/16/25. The FRE was submitted by the Licensed Nursing Home Administrator (LNHA) and revealed that Resident #3 alleged that, someone raped me. The resident then went on to describe the person as, a short black male wearing tan, that was standing outside of the window. The FRE also included that the allegation was not substantiated as the resident's visitor's log was reviewed and a review of the staff schedule was conducted, and both did not reveal anyone that matched the description. Additionally, Resident #3's room was located on the second floor and the window did not allow for a body to fit through. The FRE further indicated that the resident had a Brief Interview for Mental Status (BIMS) score of 5, meaning that the resident's cognition was severely impaired. A review of the admission Record revealed that Resident #3 was admitted to the facility with diagnoses that included but were not limited to: cerebral infarction (the death of brain tissue due to a lack of blood flow, typically caused by a blood clot), hemiplegia (the paralysis of one side of the body), and hemiparesis (muscle weakness on one side of the body). During an interview with the Director of Nursing (DON) on 9/26/25 at 12:10 PM, she stated that she was onsite at the facility when she received a call from a nurse reporting that the resident was making statements of wanting to harm/kill themselves, and then immediately said that they took it back and requested for staff to not call a family member. The DON then stated that as she was on her way to the unit, accompanied by the LNHA, she received another call from the nurse who stated that the resident was now saying that someone had climbed on top of them. The DON said that she told her they were on their way and ended the conversation. The DON stated that a body check was performed, 911 was contacted for further assessment, and an investigation was initiated by the LNHA. The surveyor then requested for all documentation related to the event. After reviewing the documentation, the surveyor noted that no witness statements were included as a part of the investigation. During an interview with the DON, the Assistant DON (ADON), and the Assistant LNHA (ALNHA) on 9/26/25 at 3:56 PM, the ALNHA stated that if abuse was alleged the floor staff were expected to immediately ensure the resident's safety and report the allegation to a supervisor. The ALNHA further stated that upon notification, an investigation was to be initiated which included obtaining witness statements. The surveyor asked what the importance of obtaining witness statements was, and the ALNHA stated that they were firsthand accounts that contained the most accurate information, and that they were an important part of the investigation. The surveyor then explained that all documentation related to the FRE was requested and no statements were received. The ALNHA stated that it was possible that they had them</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and that they would keep searching as the statements were a part of the investigation. No additional documentation was received by the surveyor prior to exiting the facility. After surveyor exit, on 9/26/25, the surveyor received two witness statements electronically that were submitted by the ALNHA at 5:23 PM. A review of a facility training titled Abuse and Neglect, dated 6/29/23, included a page on Abuse & Reporting Topics, that indicated that witness statements were to be completed. N.J.A.C. 8:39-27.1(a)		