STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
GATEWAY REHABILITATION AND HEALTHCARE

GATEWAY REHABILITATION AND HEALTHCARE

STREET ADDRESS, CITY, STATE, ZIP CODE
2030 HARPER AVENUE NW
LENOIR, NC 28645

DATE SURVEY COMPLETED
06/09/2016

ID PREFIX TAG PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345329

ID PREFIX TAG PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

F 490 6/24/16

F 490

F 490 - Administration

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by state and federal law.

1. A North Carolina licensed Administrator was hired 05-25-16 and is responsible for the overall administration of the facility. The facility will maintain a North Carolina Licensed Administrator in place to administer the facility in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psycho-social well-being of each resident. Notification of this change was sent to DHHS.

2. No residents were affected by this practice. The facility will continue to maintain an active licensed Administrator for the facility.

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

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

Electronically Signed

06/22/2016

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.
F 490 Continued From page 1

take over as administrator of this facility. She provided documentation that she became the interim Administrator of the facility on 05/25/16 through the present day. Observations revealed her license was posted in the facility.

Interview with the DON on 06/09/16 at 5:46 PM revealed he was not licensed as an administrator but did oversee the operations of the facility in conjunction with Adm #1’s consultation until she returned as official administrator of the facility on 05/25/16. He stated that the facility operated per usual with the regular morning meetings and Adm #1 was consulted on any issue that he would normally consult with an administrator. In addition the Regional Vice President came to the facility during that 7 day period and the corporate nurse consultant was available per usual. DON stated the facility operated no differently than when the administrator went on a vacation.

F 490

3. On 06/23/2016, the North Carolina Licensed Administrator was re-educated by the Regional Vice President of Operations (RVPO) on long-term care Administrator licensure requirement and ensuring the facility is administered in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psycho-social well-being of each resident.

Newly hired Administrators will be educated by the RVPO upon hire and active, good-standing licensure verified in the state of North Carolina.

4. The RVPO or licensed regional team member designee will monitor facility to ensure Administrator continues to have an active license in good -standing and he/she administers facility in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psycho-social well-being of each resident.

The RVPO or licensed regional team member designee will report findings monthly to the Quality Assurance Performance Committee (QAPI) committee for 6 months or until substantial compliance is obtained. The QAPI committee will evaluate the effectiveness of the monitoring/observation tools for maintaining substantial compliance, and
## Statement of Deficiencies and Plan of Correction

### (X1) Provider/Supplier/CLIA Identification Number:

345329

### (X2) Multiple Construction

A. Building _____________________________

B. Wing _____________________________

### (X3) Date Survey Completed

06/09/2016

### Name of Provider or Supplier

GATEWAY REHABILITATION AND HEALTHCARE

### Street Address, City, State, Zip Code

2030 HARPER AVENUE NW

LENOIR, NC  28645

### Event ID:

UJY511

### Facility ID:

923160

### Form CMS-2567(02-99) Previous Versions Obsolete

### If continuation sheet Page 3 of 3

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**Summary Statement of Deficiencies**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 490 Continued From page 2</td>
<td>F 490 make changes to the corrective action as necessary.</td>
</tr>
</tbody>
</table>

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**Note:**

The table above represents a summary of deficiencies and the provider's plan of correction for Gateway Rehabilitation and Healthcare. Each deficiency is numbered (F 490) and followed by a cross-reference to the provider's plan of correction. The provider is encouraged to make necessary changes to their corrective action plans as indicated.

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**Additional Information:**

- The facility identification number is 345329.
- The survey was completed on 06/09/2016.
- The provider's plan of correction is to make changes as necessary, as indicated in the table.

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**Contact Information:**

- **Name:** GATEWAY REHABILITATION AND HEALTHCARE
- **Address:** 2030 HARPER AVENUE NW, LENOIR, NC  28645
- **Event ID:** UJY511
- **Facility ID:** 923160

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**DOMHS/CMMS Event:**

- Event ID: UJY511
- Facility ID: 923160

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**Date:** 06/09/2016