STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345329	A. BUILDING _____ B. WING _____	C 06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATEWAY REHABILITATION AND HEALTHCARE	**2030 HARPER AVENUE NW LENOIR, NC 28645**

(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 490 SS=C	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to have an Administrator responsible for the facility for 11 out of the last 121 days since the last recertification survey. The findings included: On 06/09/16 at 5:26 PM an interview with the interim Administrator (Adm #1) revealed she had been the Administrator from 01/29/16 until 04/06/16. On 04/04/16 a new Administrator (Adm #2) was assigned to the facility. Adm #1 provided evidence that Adm #2 had a temporary administrator's license which was valid from 04/04/16 through 05/13/16. Once the temporary license expired and was not renewed, the corporation assigned Adm #2 the responsibilities of assistant administrator. Per Adm #1, the Regional Vice President tried to find an interim Administrator but was unsuccessful until 05/25/16. Adm #1 stated she was the administrator for a sister facility and knew she could not be administrator over two facilities at once. She stated she was in contact as a consultant to the assistant administrator and the Director of Nursing (DON), who was appointed the overseer of the facility, until she was able to	F 490	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. F490- Administration 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.	6/24/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	

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F 490	Continued From page 2	F 490	make changes to the corrective action as necessary.	