

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		
(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	
E 000	Initial Comments	E 000			
K 000	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 01/09/2024. The facility was found to be in compliance with 42 CFR 483.73.	K 000			
K 351 SS=F	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/09/24 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Morristown Post Acute Rehab and Nursing Center is a five-story building with a basement that was built in 1971. The facility is composed of Type I protected construction. The facility is divided into 10 - smoke zones. The generator does approximately 50 % of the building per the Maintenance Director. The current occupied beds are 209 of 287.	K 351		2/5/24	
	Sprinkler System - Installation CFR(s): NFPA 101				
	Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.				

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

TITLE

(X6) DATE

Electronically Signed

02/01/2024

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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K 351	<p>Continued From page 1</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure sprinkler heads were installed on four balconies in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems (2010 Edition) section 8.15.7.1; and that the sidewall spray sprinkler escutcheons caps were not painted in the rehabilitation area in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems (2010 Edition) section 6.2.7.2. This deficient practice had the potential to affect all 209 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 01/09/24 at 11:22 AM revealed that no sprinkler heads were installed on the four balconies located adjacent to each resident sitting area.</p> <p>An observation on 01/09/24 at 12:00 PM revealed that seven out of 10 escutcheon caps on the side wall sprinkler heads were painted in the rehabilitation area.</p>	K 351	<ol style="list-style-type: none"> 1. Sidewall spray sprinkler escutcheons caps were immediately replaced with those not painted in the rehabilitation area. Quote obtained for installation of sprinkler heads on four balconies. 2. All residents are at risk to be affected by this deficient practice. 3. Maintenance director was inserviced by Administrator on 1/23/24 regarding ensuring sprinkler heads were installed on four balconies and that the sidewall spray sprinkler escutcheons caps were not painted in the rehabilitation area. 4. Administrator or designee will audit 2 escutcheons caps a month to ensure they are not painted, for 3 months, and findings brought to quarterly QAPI meeting. 		

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K 351	Continued From page 2 During an interview at the time of the observations, the Director of Maintenance confirmed the sprinkler heads were not installed on the balconies and that the escutcheon caps were painted.	K 351			
K 914 SS=F	NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25 Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to ensure electrical outlet testing was conducted annually on the electrical system in	K 914	1. Facility immediately ensured electrical outlet testing was conducted on the electrical system. Inspection report	1/23/24	

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K 914	<p>Continued From page 3</p> <p>accordance with NFPA 99 Health Care Facilities Code (2012 edition) Section 6.3.4.1.3. This deficient practice had the potential to affect all 209 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's "Fire Safety Folder for 2023," provided by the Maintenance Director, revealed the electrical outlet testing was not completed on the electrical outlets.</p> <p>During an interview on 01/09/24 at 1:30 PM, the Maintenance Director confirmed that the electrical outlet testing was completed on the electrical system but was not documented.</p> <p>NJAC 8:39-31.2(e) NFPA 99</p>	K 914	<p>provided.</p> <p>2. All residents are at risk of being affected by this deficient practice.</p> <p>3. Maintenance director was inserviced by Administrator on 1/23/24 regarding the requirement to have electrical outlet testing conducted on the electrical system annually.</p> <p>4. Administrator or designee will audit log for 2 outlets tested a month, for 3 months, and results brought to quarterly QAPI meeting.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315157	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/14/2024	Y3
NAME OF FACILITY MORRISTOWN POST ACUTE REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0351	Correction Completed 02/05/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0914	Correction Completed 01/23/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/9/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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