

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORRISTOWN POST ACUTE REHAB AND NUF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 MADISON AVENUE MORRISTOWN, NJ 07960</b>
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(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) COMPLETE DATE
S 000	Initial Comments  THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.  Be It Enacted by the Senate and General	S 560	S560 <input type="checkbox"/> Mandatory Access to Care  Corrective action No residents were identified. Identification of at-risk residents All residents have the potential to be affected by this deficient practice. Systemic change " The facility has contracted with a digital recruitment agency that helps recruit frontline staff using cutting-edge digital methods. " The facility has raised the rates for the CNA's.	9/20/21

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

TITLE

(X6) DATE

Electronically Signed

08/27/21

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S 560	<p>Continued From page 1</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in</p>	S 560	<p>" The facility has contracted with an additional staffing agency.</p> <p>" The facility has created a committee that will focus on recruitment and retention. The committee will meet bi-weekly.</p> <p>" Staffing coordinator will review the staffing schedule 24 hours prior to ensure sufficient nursing staff. Staffing coordinator will consult with Admissions/Administrator/DON regarding current census.</p> <p>Quality assurance A review of one weeks staffing ratios will be reviewed monthly for 6 months to ensure staffing requirements are being met. This audit will be done by Administrator/Designee. Any issues will be immediately addressed, and results of the audit will be reviewed with the Administrator quarterly at the QA meeting for 6 months.</p>	

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S 560	<p>Continued From page 2</p> <p>subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>On 07/27/21, 07/28/21, 07/29/21, 07/30/21, 08/02/21, 08/03/21, 08/04/21, 08/05/21, and 08/06/21 the surveyors observed 17 to 21 Certified Nursing Aides (CNA)s who provided care to the residents and worked on the second, third, fourth, and fifth floors of the facility.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Ratios of Direct Care Staff to Residents" for the week of July 11, 2021 revealed that the facility was not in compliance on Sunday, 07/11/21 during the 7:00 AM - 3:00 PM shift and on Saturday 07/17/21 during the 7:00 AM - 3:00 PM shift.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Ratios of Direct Care Staff to Residents"</p>	S 560		
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S 560	<p>Continued From page 3</p> <p>for the week of July 18, 2021 revealed that the facility was not in compliance on Sunday, 07/18/21 during the 7:00 AM - 3:00 PM shift, Monday 07/19/21 during the 7:00 AM - 3:00 PM shift, Tuesday 07/20/21 during the 7:00 AM - 3:00 PM shift, and on Saturday 07/25/21 during the 7:00 AM - 3:00 PM shift.</p> <p>The surveyors entered the facility to conduct a re-certification Survey on 07/27/21. The surveyor reviewed the facility CNA staffing from 07/27/21 through 08/06/21 which revealed the following:</p> <p>Tuesday, 07/27/21 the facility census was 159. 7:00 AM - 3:00 PM shift, 17 CNA's. <math>159/17 = 9.3</math> 3:00 PM - 11:00 PM shift, 17 CNA's. <math>159/17 = 9.3</math> 11:00 PM - 7:00 AM shift, 9 CNA's. <math>159/9 = 17.6</math></p> <p>Wednesday, 07/28/21 the facility census was 158 . 7:00 AM - 3:00 PM shift, 20 CNA's. <math>159/20 = 7.95</math> 3:00 PM - 11:00 PM shift, 17 CNA's. <math>159/17 = 9.3</math> 11:00 PM - 7:00 AM shift, 11 CNA's. <math>159/11 = 14.45</math></p> <p>Thursday, 07/29/21 the facility census was 160. 7:00 AM - 3:00 PM shift, 19 CNA's. <math>160/19 = 8.4</math> 3:00 PM - 11:00 PM shift, 17 CNA's. <math>160/17 = 9.4</math> 11:00 PM - 7:00 AM shift, 10 CNA's. <math>160/10 = 16</math></p> <p>Friday, 07/30/21 the facility census was 159. 7:00 AM - 3:00 PM shift, 20 CNA's. <math>159/20 = 7.95</math> 3:00 PM - 11:00 PM shift, 16 CNA's. <math>159/16 = 9.9</math> 11:00 PM - 7:00 AM shift, 10 CNA's. <math>159/10 = 15.9</math></p> <p>Saturday, 07/31/21 the facility census was 161. 7:00 AM - 3:00 PM shift, 21 CNA's. <math>161/21 = 7.6</math> 3:00 PM - 11:00 PM shift, 16 CNA's. <math>161/16 =</math></p>	S 560		
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S 560	<p>Continued From page 4</p> <p>10.0 11:00 PM - 7:00 AM shift, 11 CNA's. 161/11 = 14.6</p> <p>Sunday, 08/01/21 the facility census was 161 . 7:00 AM - 3:00 PM shift, 17 CNA's. 161/17 = 9.4 3:00 PM - 11:00 PM shift, 15 CNA's. 161/15 = 10.7 11:00 PM - 7:00 AM shift, 9 CNA's. 161/9 = 17.8</p> <p>Monday, 08/02/21 the facility census was 160. 7:00 AM - 3:00 PM shift, 20 CNA's. 160/20 = 8 3:00 PM - 11:00 PM shift, 16 CNA's. 160/16 = 10 11:00 PM - 7:00 AM shift, 9 CNA's. 160/9 = 17.7</p> <p>Tuesday, 08/03/21 the facility census was 159. 7:00 AM - 3:00 PM shift, 19 CNA's. 159/19 = 8.3 3:00 PM - 11:00 PM shift, 18 CNA's. 159/18 = 8.8 11:00 PM - 7:00 AM shift, 11 CNA's. 159/11 = 14.4</p> <p>Wednesday, 08/04/21 the facility census was 160. 7:00 AM - 3:00 PM shift, 21 CNA's. 160/21 = 7.6 3:00 PM - 11:00 PM shift, 17 CNA's. 160/17 = 9.4 11:00 PM - 7:00 AM shift, 12 CNA's. 160/12 = 13.3</p> <p>Thursday, 08/05/21 the facility census was 159. 7:00 AM - 3:00 PM shift, 21 CNA's. 159/21 = 7.5 3:00 PM - 11:00 PM shift, 18 CNA's. 159/18 = 8.8 11:00 PM - 7:00 AM shift, 12 CNA's. 159/12 = 13.25</p> <p>Friday, 08/06/21 the facility census was 161. 7:00 AM - 3:00 PM shift, 20 CNA's. 161/20 = 8.0 3:00 PM - 11:00 PM shift, 18 CNA's. 161/18 = 8.9 11:00 PM - 7:00 AM shift, 10 CNA's. 161/10 = 16.1</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>On 07/27/21 at 10:07 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manger (LPN/UM) on the second floor who stated that the census on the second floor was 48 and there were four CNAs on the 7:00 AM - 3:00 PM shift providing direct care to the residents on the unit. This indicated that there were 12 residents on the CNA's assignment on the second floor during the 7:00 AM - 3:00 PM shift on 07/27/21.</p> <p>On 07/29/21 at 11:58 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) on the second floor who stated that the census on the second floor consisted of 48 to 56 residents. The LPN further stated that the 7:00 - 3:00 PM CNAs had around 10 to 12 residents on their assignment, the 3:00 PM - 11:00 PM CNAs had approximately 10 to 12 residents on their care assignment, and the 11:00 PM - 7:00 AM shift usually had three CNA's working, so the CNA assignment was split evenly to provide care to the resident's during that shift.</p> <p>On 08/02/21 at 12:35 PM, the surveyor interviewed the CNA on the second floor who stated that she worked at the facility for 19 years and only worked the 7:00 AM - 3:00 PM shift. The CNA stated that she usually had eight to nine residents on her assignment. The CNA further stated that the amount of care and time she spent with the residents was dependent upon the amount of care that the resident needed. The CNA gave the example that she had residents on her assignment that were total care and could not do anything on their own, so they required more of her time and consideration.</p> <p>On 08/02/21 at 1:02 PM, the surveyor interviewed the Registered Nurse (RN) on the fourth floor who</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>stated that she worked the 7:00 AM - 3:00 PM shift and the ratio of residents on the CNA's assignment depended upon the census and the number of CNA's working. The RN stated that the unit was considered sub-acute so the census fluctuated and the CNAs could have anywhere from seven to 11 residents on their assignments.</p> <p>On 08/02/21 at 1:06 PM, the surveyor interviewed the Registered Nurse/Unit Manager on the fifth floor. The RN/UM stated that the unit was a sub-acute unit and had residents coming and going so the amount of residents on the CNA assignment depended upon the amount of CNA's working and the census. The RN/UM stated that on the 7:00 AM - 3:00 PM and the 3:00 PM -11:00 AM shifts there could be seven to 12 residents on a CNA's assignment. The RN/UM stated that there were usually 15 residents on the CNA's assignment on the 11:00 PM - 7:00 AM shift. The RN/UM further stated that when her unit received new admissions no one from admissions or staffing discussed with her the amount of CNA's working and what the staffing ratio was. The RN/UM stated, "That would be great if they did though."</p> <p>On 08/03/21 at 9:40 AM, the surveyor interviewed the Admissions Coordinator who stated that when the facility was receiving new or re-admissions she would be in communication with the Director of Nursing (DON) and the staffing coordinator so the facility could be adequately staffed to care for the residents.</p> <p>On 08/03/21 at 9:54 AM, the surveyor interviewed the Human Resource/Staffing Coordinator (HR/SC) who stated that the required staffing ratio of residents on CNA assignment was eight residents on one CNA assignment for the 7:00</p>	S 560		

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S 560	<p>Continued From page 7</p> <p>AM - 3:00 PM shift, 10 residents on one CNA assignment on the 3:00 PM - 11:00 PM shift, and 14 resident's one CNA's assignment on the 11:00 PM - 7:00 AM shift. The HR/SC stated that the facility utilized full-time employees, a staffing agency and was in communication with the admission department daily so she would know how to appropriately staff the building. The HR/SC further stated that if she identified that the facility was short staffed, she would ask staff to work overtime so there would be more coverage on the unit. The HR/SC stated that the facility had increased the pay rate during the Pandemic and the facility was in the process of increasing the pay rate to another dollar or two dollars more hourly. The HR/SC stated that she has been in contact with nursing schools and has attended job fairs to obtain more staff. The HR/SC stated, "I try my best to do everything I can to staff the building."</p> <p>On 08/04/21 at 10:42 AM, the surveyor interviewed the Administrator who stated that the facility was doing everything they could to obtain staff such as offering bonuses, increasing hourly rates, working with a staffing agency, working with a recruitment firm, and posting jobs on the Internet.</p> <p>Review of the Facility Assessment Tool dated 10/29/20 indicated that, "The facility provides adequate staffing to meet its residents' daily needs, preferences, and routines in order to help each resident attain or maintain the highest practicable physical, mental, and psychosocial wellbeing ... In no event does the overall number of qualified staff provided to meet each resident's needs fall below the minimum daily average required by State law for direct care and services per residents per day. The facility consistently</p>	S 560		

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S 560	Continued From page 8  reviews adequate staffing based on census, acuity, and diagnoses for out resident population to ensure staffing is sufficient with the appropriate skills and competencies to carry out the needs, care and services of our residents at any given time." The Facility Assessment Tool in regard to staffing further indicated, "Individual staffing assignments are reviewed by the Director of Nursing and Administrative team to ensure the coordination and continuity of care for residents within and across these staff assignments based upon census, acuity, and resident diagnoses."  NJAC 8:39-5.1(a)	S 560		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061417	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/24/2022
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 State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/20/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 8/6/2021		<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		