

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

PRINTED: 06/23/2023
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS COMPLAINT#: NJ159600, NJ160892, NJ160895 CENSUS: 189 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 559 SS=D	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6) §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement. §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: Complaint #: NJ159600, NJ160892, NJ160895 Based on interviews, medical record review, and other pertinent facility documents on 1/31/2023, 2/1/2023, and 2/2/2023, it was determined that	F 559	Resident #2's room change and reason was immediately included in the medical record This deficient practice has the potential to affect all residents	3/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/03/2023
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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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F 559	<p>Continued From page 1</p> <p>the facility failed to provide documentation in the Resident's medical record that a resident (Resident #2), family member/representative was notified of a room change; and the reason the room change was required. This deficient practice was identified for 1 of 3 residents reviewed for a room change (Resident #2) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to EX. Order 26.(4) B1 [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident was EX. Order 26.(4) B1. The MDS also showed Resident #2 needed extensive assistance with one person's physical assist with most Activities of Daily Living (ADLs).</p> <p>During a unit tour of the second floor on 1/31/2023 at 11:55 a.m., the Surveyor interviewed Resident #2's family member, who was the Power of Attorney (POA), who stated Resident #2's room was changed with no agreement from me. The family member explained Resident #2 had been living on the [REDACTED] floor since his/her initial admission to the facility on [REDACTED] Resident</p>	F 559	<p>Assistant director of nursing or designee initiated inservice on 3/8/2023 for all nurses on the requirement of proper documentation in the medical record of room change.</p> <p>Director of nursing will audit 3 room changes a month, for 3 months, and bring all findings to quarterly QAPI meeting.</p>		

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F 559	<p>Continued From page 2</p> <p>#2 was sent to the hospital on EX Order 26.(4) B1, for EX Order 26.(4) B1 days. Upon return to the facility, Resident #2's room was changed. The POA stated, "I was notified about the room and floor change (EX Order 26.(4) B1 floor to the EX Order 26.(4) B1 floor) on the day of discharge from the hospital." Admission called me about the room change, and "I told Admission that I did not want a room change for my (father/ mother), but the girl [Admissions] told me she was following orders." When asked by the Surveyor for the name of the admission staff, the POA stated, "I don't remember the name. She did not give me a reason for the room change. I told her I didn't want a room change."</p> <p>During an interview on 1/31/2023 at 2:15 p.m., the Admission Director stated, "I am involved with the room change. The nurses let me know what beds are available; families are notified of a reason for the room change." She further stated, "I talked with the EX Order 26.(4) B1 of the Resident (Resident #2) prior to him/her coming back to the facility. EX Order 26.(4) B1 continued to say, I give EX Order 26.(4) B1 [POA] a reason, the Resident (Resident #2) was going to be in EX Order 26.(4) B1 care, so we needed to move him/her to a EX Order 26.(4) B1 floor." When asked by the Surveyor if there was any documentation referencing Resident #2's POA was agreeable to the room change, she responded, "No, I don't have any notes on this; it was a phone call."</p> <p>During an interview with the Licensed Nursing Home Administrator (LNHA) on 1/31/2023 at 2:28 p.m., he stated, "I was involved with the room change. Resident #2 went to the hospital when he/she returned. There were limited rooms on the EX Order 26.(4) B1 floor." The LNHA further stated the EX Order 26.(4) B1 floor had EX Order 26.(4) B1 infection, and on the other side was long-term, but it was full. Resident #2's previous</p>	F 559			

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F 559	Continued From page 3 room was on the infection side. He further stated, "I don't think I discussed the room change directly with Resident #2's [REDACTED] [REDACTED], not that I remembered [REDACTED] [REDACTED] asking me why the room was changed." During a second interview on 2/2/2023 at 11:25 a.m., the POA stated, "They [Admission] did not give me a reason for the room change when Resident #2's room was changed." When asked by the Surveyor if she would have preferred another room on the same floor [REDACTED] floor), the POA stated, "Yes, if they [Admission] had offered me another room on the [REDACTED] floor, I would have agreed to it." A review of Resident #2's progress notes revealed the Resident was sent to the hospital on [REDACTED] [REDACTED] returned to the facility on [REDACTED] [REDACTED] and placed on the [REDACTED] floor. There was no documented evidence in the medical record regarding the written notification of the room change or why the room change was required to the Resident's family member/representative. However, the facility provided an internal email where the Admission Director notified a staff that the family member was notified of the room change.	F 559			
F 564 SS=D	N.J.A.C. 8:39-4.1(a)(13) Inform Visitation Rights/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D) §483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident	F 564		3/10/23	

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F 564	<p>Continued From page 4</p> <p>representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.</p> <p>(B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.</p> <p>(C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.</p> <p>(D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 1/31/2023, 2/1/2023, and 2/2/2023, it was determined that the facility failed to allow Visitation to a EX. Order 26.(4) B1 resident's family member for 1 of 3 residents (Resident #2). The facility also failed to follow its policy titled "Visitation Policy." This deficient practice was evidenced by the following:</p> <p>During a tour, the Surveyor interviewed the family member and POA of Resident #2 on 1/31/2023 at</p>	F 564	<p>Resident #2 was immediately allowed visitation at all times.</p> <p>This deficient practice has the potential to affect all residents</p> <p>Assistant director of nursing or designee initiated inservice on 3/8/2023 for nursing supervisor on the right to visitation at all time.</p> <p>Administrator or designee will interview 3 residents confirming they are being allowed visitation at all times, for 3</p>		

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F 564	<p>Continued From page 5</p> <p>11:55 a.m., who informed the Surveyor she was denied access to enter the building by a nurse supervisor or [REDACTED] at approximately 8:45 p.m. She continued, "I was coming into the building like I always do to assist in getting my (father/mother) into bed. Upon arrival, the front entrance was locked." She explained that she rang the bell and proceeded to the back when there was no response. According to the family member, a staff came to the door, who was the Nursing Supervisor (NS), who would not let her inside. Instead, the NS yelled through the glass door and said visiting hours was over, and she was not allowed to open the door to let in the family member. She stated, "I thought she did not know who I was. I explained to her through the door, saying, I come every day to put my dad/mom [Resident #2] to bed every day. I come at least three times per day to assist my loved one with care, and everyone knows me. The Supervisor refused and told me it was after visiting hours, and she could not allow me in the building."</p> <p>A review of Resident #2's Electronic Medical Record was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to EX. Order 26.(4) B1</p> <p>[REDACTED]</p>	F 564	<p>months. Findings will be brought to quarterly QAPI meeting.</p>		

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F 564	<p>Continued From page 6</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #2 had a Brief Interview of Mental Status (BIMS) score [REDACTED], which indicated the Resident was [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with one person's physical assist with most Activities of Daily Living (ADLs).</p> <p>A review of Resident #2's Progress Notes (PNs) revealed a PN dated [REDACTED] at 10:08 p.m. written by the Licensed Practice Nurse (LPN), who was also the NS mentioned by the Resident's family member. According to the PN, at 9:00 p.m., a call was received from the Resident's [REDACTED] who stated, "I'm at the door; I need to come in to put my [mom/dad] in bed," when asked why she needs to come in for that, resident [REDACTED] stated "my mom/dad need[s] to go to bed". The Writer told the Resident's [REDACTED], "I'm going to check on [REDACTED] mom/dad to know why he/she's not in bed yet. [The] Resident was noted sitting in w/c (wheelchair) in [the] room watching TV (television), [REDACTED] [REDACTED] in no distress."</p> <p>The PN further showed that the Resident stated, "I'm not ready to go to bed yet, when asked to be put in bed." The Writer informed the Resident's [REDACTED] that her mom/dad said, "I'm not ready to go to bed yet," and also let [REDACTED] know it's the Resident's right to decide when he/she wants to be transferred to bed..." The PN also showed that the Writer asked Resident #2 if the Resident needed his/her [REDACTED] to come in to assist him/her in going to bed, and Resident #2 stated, "no, I don't need him/her to come in, I will go to bed when I'm ready. Resident's [REDACTED] was made aware."</p>	F 564			

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F 564	<p>Continued From page 7</p> <p>During a telephone interview on 2/2/2023 at 10:57 a.m., when the Surveyor asked the LPN/NS who cared for Resident #2 on [REDACTED] about the visiting hours, she stated, "I know the Visitation is from 8:00 a.m. to 8:00 p.m." The LPN/NS continued, "on [REDACTED] between 9:00 p.m.-10:00 p.m., Resident #2's family member called and stated that her dad/mom was still sitting in the chair. "I said I'll go check on him/her; the Resident was sitting watching TV." The LPN/NS further stated I told the Resident I was checking on him/her for his/her [REDACTED] I asked Resident #2 if he/she wanted to talk to his/her [REDACTED], the Resident replied, "no," and then I went back to the phone and told the [REDACTED] the Resident is fine. His/Her [REDACTED] replied the Resident [needed] to go to bed. I told her, "OK," and hung up the phone.</p> <p>In the same interview, the LPN/NS stated, "I then told the aides (Certified Nursing Assistants, CNAs) to put the Resident into bed, but the Resident said, "I'm not ready; you can't force me to go to bed." I told the aides the Resident [might] need to be changed, but the Resident said I'm fine. Then, I went to get supplies in the basement and heard banging on the back [employee entrance] door. The Resident's [REDACTED] was banging on the door and screaming, "open this door; I need to come in right now!" The LPN/NS then stated, "I told the Resident's [REDACTED] visiting hours are over, and [REDACTED] stated [REDACTED] wanted to come in ... I didn't feel comfortable letting [REDACTED] in, so I called my boss, I spoke to the Assistant Director of Nursing (ADON) (the current Director of Nursing), and she stated, "no, don't open the door." When the Surveyor asked the LPN/NS what Resident #2's response about his/her [REDACTED] coming into the facility was, [REDACTED]</p>	F 564			

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F 564	<p>Continued From page 8</p> <p>stated, "...the only thing the [Resident] said was he/she didn't want to go to bed or talk to the [REDACTED] on the phone, there was no other conversation. When asked if she asked Resident #2 if he/she wanted the family member to come into the facility, the LPN/NS stated, "I don't recall asking the Resident if he/she wanted his/her [REDACTED] to come into the facility ..."</p> <p>During an interview on 2/2/2023 at 12:27 p.m., the Administrator stated the regular [visiting] hours are from 8:00 a.m. to 8:00 p.m. We try to accommodate, to make arrangements through Social Worker for after hours, but [they are] not always guaranteed.</p> <p>During a second interview on 2/2/2023 at 12:30 p.m., in the presence of the Director of Nursing (DON), the Administrator stated Visitation is 24 hours, and there is a phone number at the front desk to call the Nursing Supervisor to accommodate visits after hours. The Administrator continued to say that on that night, [REDACTED] between 10:00 p.m.-12:00 a.m., Resident #2's [REDACTED] was banging on the door at the employee entrance and screaming to let [REDACTED] in. I was not there; the prior DON informed me of this incident. When the Surveyor asked the Administrator if the LPN called to ask permission to let the Resident's [REDACTED] into the facility, he replied, "Yes, I think I told her to let [REDACTED] in, I don't remember." The Administrator further stated, "I can't recall if the nurse (LPN) spoke to me on the day of the incident or the next day."</p> <p>The Surveyor attempted to interview Resident #2 during the survey, but he/she was not able to be interviewed about this incident.</p>	F 564			

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F 564	Continued From page 9 A review of the facility's policy titled "Visitation Policy," updated 1/31/2023, revealed the following: Under "Policy Statement," included: "This facility permits residents to receive visitors subject to the Resident's wishes and the protection of the rights of other residents in the facility. Facility is a firm believer in making sure all visitors can visit the Resident and shall accommodate requested within reason." Under "Policy Interpretation and Implementation" included: "1. We recognize the Resident's need to maintain contact with the community in which he/she has lived or is familiar. Therefore, the Resident is permitted to have visitors as he/she wishes. 2. The facility provides 24-hour access to all individuals with the consent of the Resident...3. Visitors may include, but are not limited to: c. Other family members; and d. Friends...5. Residents shall be informed upon admission of their rights to 24-hour Visitation.	F 564			
F 656 SS=D	N.J.A.C.: 8.39-27.1 (a) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -	F 656		3/10/23	

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F 656	<p>Continued From page 10</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint#: NJ159600, NJ160892, NJ160895</p> <p>Based on interviews, medical record review, and</p>	F 656	<p>Careplan for resident #2 and #3 were immediately developed and implemented.</p> <p>This deficient practice has the potential to</p>		

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F 656	<p>Continued From page 11</p> <p>review of other pertinent facility documents on 1/31/2023, 2/1/2023, and 2/3/2023, it was determined that the facility failed to develop and implement a care plan for a resident (Resident #1) who had a EX. Order 26.(4) B1 in place and resident (Resident #2) who required a EX. Order 26.(4) B1 for transfers. The facility also failed to follow its policy title, "Care Plans, Comprehensive, Person-Centered." This deficient practice was identified for 2 of 3 residents reviewed for care plan and was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) was as follows:</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility on EX. Order 26.(4) B1 with diagnoses which included but were not limited to EX. Order 26.(4) B1.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated EX. Order 26.(4) B1 Resident #1 had a Brief Interview of Mental Status (BIMS) score of EX. Order 26.(4) B1 which indicated the resident had EX. Order 26.(4) B1. The MDS also showed Resident #1 was totally dependent on staff with Activities of Daily Living (ADLs).</p> <p>A review of Resident #1's Person-Center Care Plan initiated on EX. Order 26.(4) B1 did not indicate the resident (Resident #1) was care planned for using a EX. Order 26.(4) B1.</p> <p>According to the AR, Resident #2 was originally admitted to the facility on EX. Order 26.(4) B1 and readmitted on EX. Order 26.(4) B1 with diagnoses which</p>	F 656	<p>affect all residents.</p> <p>Assistant director of nursing or designee initiated inservice on 3/8/2023 regarding requirements of developing and implementing care plans.</p> <p>Director of nursing or designee will audit 3 resident charts, for 3 months, and bring findings to quarterly QAPI meeting.</p>	

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F 656	<p>Continued From page 12 included but were not limited to EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>EX. Order 26.(4) B1</p> <p>According to the MDS, dated EX. Order 26.(4) B1 Resident #2 had a BIMS score of EX. Order 26.(4) B1, which indicated the Resident was EX. Order 26.(4) B1. The MDS also showed Resident #2 needed extensive assistance with one person's physical assist with most ADLs.</p> <p>A review of Resident #2's Person-Center Care Plan with an initiated date of EX. Order 26.(4) B1 indicated that the resident was not care planned for the use of a EX. Order 26.(4) B1 for transfers.</p> <p>During an interview on 2/1/2023 at 12:54 p.m., the Licensed Practical Nurse/Unit Manager (LPN/UM) stated, "yes, the EX. Order 26.(4) B1 for Resident #1 and EX. Order 26.(4) B1 for Resident #2 should have been on their care plans. She further stated the care plan could be updated by the LPN/UM or any member of the Team with any changes to the resident's condition.</p> <p>During an interview on 2/3/2023 at 12:17 p.m., in the presence of the Administrator, the Director of Nursing (DON) stated, "the purpose of the CP is to outline the different point of care for nursing staff, different goals they (residents) might have. She further stated that the nurses should update the CP when there is a change of condition, mobility, or any significant changes with the resident. The DON said her expectations are for the CP to be updated with all new orders and significant changes in a resident's condition.</p>	F 656		

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F 656	Continued From page 13 When presented with Resident #2's CP, the DON stated, "I don't see a specific CP; I think there should be a CP for the [REDACTED] CP." <small>CA Order 26 (4) B1</small> A review of the facility's "Care Plans, Comprehensive, Person-Centered" revised 12/2022 under "Policy": A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Under "Interpretation" #8. The comprehensive, person-centered care plan will: b. describes the services that are to be furnished to attain the resident's highest practicable physical, mental, and psychosocial well-being; #13. Assessments of the residents are ongoing, and care plans are revised as information about the residents and residents' condition change. -#14. The interdisciplinary Team must review and update the care plan: a. when there is significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay;.	F 656			
F 658 SS=D	N.J.A.C.: 8:39-11.2(d)(2) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced	F 658		3/10/23	

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F 658	<p>Continued From page 14</p> <p>by: COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 1/31/2022, 2/1/2023, and 2/2/2023, it was determined that the facility failed to follow standards of clinical practice and failed to document medications and treatments as ordered by the Physician for 1 of 3 residents (Resident #2). The facility also failed to follow its policy titled "Charting and Documentation." This deficient practice was evidenced by the following:</p> <p>A review of Resident #2s Electronic Medical Record was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on EX. Order 26.(4) B1 and readmitted on EX. Order 26.(4) B1 with diagnoses which included but were not limited to EX. Order 26.(4) B1</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated EX. Order 26.(4) B1 Resident #2 had a Brief Interview of Mental Status (BIMS) score of EX. Order 26.(4) B1, which indicated the Resident was EX. Order 26.(4) B1. The MDS also showed Resident #2 needed extensive assistance with one person's physical assist with most Activities of Daily Living (ADLs).</p>	F 658	<p>Based on interview with assigned nurses facility determined that resident #2 received all medications and treatments and was not affected by the deficient practice however, nurses failed to document.</p> <p>This deficient practice has the potential to affect all residents</p> <p>Assistant director of nursing or designee initiated inservice for all nurses on 3/8/2023 regarding clinical practice, medications and treatments documentation. The nurses assigned to resident #2 were educated immediately regarding the requirement of documentation of all medication and treatments.</p> <p>Director of nursing or designee will audit 3 resident charts for proper documentation of medication and treatments, for 3 months, and bring findings to quarterly QAPI meeting.</p>		

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F 658	<p>Continued From page 15</p> <p>A review of Resident #2's "Order Summary Report (OSR)" with Active Orders as of EX. Order 26.(4) B1 revealed the following Physician's Orders (POs):</p> <p>EX. Order 26.(4) B1 Capsule EX. Order 26.(4) B1 MG (milligram). Give 1 capsule by mouth one time a day for EX. Order 26.(4) B1 order date EX. Order 26.(4) B1.</p> <p>A review of Resident #2's Medication Administration Record (MAR) dated EX. Order 26.(4) B1 revealed the aforementioned POs was blank on EX. Order 26.(4) B1 at 6:00 a.m., indicating the medication was not administered as ordered.</p> <p>A review of Resident #2's OSR with Active Orders as of EX. Order 26.(4) B1 revealed the following POs:</p> <p>EX. Order 26.(4) B1 at bedside at all times every shift, order date EX. Order 26.(4) B1</p> <p>EX. Order 26.(4) B1 required for all transfers every shift, order date EX. Order 26.(4) B1</p> <p>A review of Resident #2's Treatment Administration Record (TAR) dated EX. Order 26.(4) B1 revealed the above-aforementioned POs were not documented on the night shift on EX. Order 26.(4) B1</p> <p>A review of Resident #2's OSR with Active Orders as of EX. Order 26.(4) B1 revealed the following POs:</p> <p>EX. Order 26.(4) B1 at bedside at all times every shift, order date EX. Order 26.(4) B1.</p> <p>EX. Order 26.(4) B1 required for all transfers every shift,</p>	F 658			

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F 658	<p>Continued From page 16 order date EX. Order 26.(4) B1</p> <p>Showers Biweekly on EX. Order 26.(4) B1 & EX. Order 26.(4) B1 on 3-11 p., [p.m.] Please do skin assessments on EX. Order 26.(4) B1 every evening shift every EX. Order 26.(4) B1 EX. Order 26.(4) B1], order date EX. Order 26.(4) B1</p> <p>A review of Resident #2's TAR dated EX. Order 26.(4) B1 revealed the aforementioned POs were not documented as being completed as follows:</p> <p>EX. Order 26.(4) B1 at bedside at all times every shift was blank, indicating the POs were not completed on the night shift on EX. Order 26.(4) B1 and EX. Order 26.(4) B1, on the evening shift on EX. Order 26.(4) B1, EX. Order 26.(4) B1 and EX. Order 26.(4) B1 and the day shifts on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>EX. Order 26.(4) B1 required for all transfers on every shift was blank, indicating the POs were not completed as ordered on the night shift on EX. Order 26.(4) B1 and EX. Order 26.(4) B1, on the evening shift on EX. Order 26.(4) B1, EX. Order 26.(4) B1 and EX. Order 26.(4) B1 and the day shift on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>Showers Biweekly on EX. Order 26.(4) B1 on 3-11 p., [p.m.] Please do skin assessments on EX. Order 26.(4) B1 every evening shift every EX. Order 26.(4) B1 EX. Order 26.(4) B1], was blank indicating the POs were not completed on the evening shift on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of Resident #2's OSR with Active Orders as of EX. Order 26.(4) B1 revealed the following POs;</p> <p>Vital Signs Q (every) shift every day and night</p>	F 658			

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F 658	<p>Continued From page 17 shift for monitoring, order date EX. Order 26.(4) B1.</p> <p>A review of Resident #2's MAR dated EX. Order 26.(4) B1 revealed the aforementioned POs on the day shift on EX. Order 26.(4) B1 was blank, indicating the POs was not completed as ordered.</p> <p>During a telephone interview on 2/2/2023 at 11:41 a.m., when the Surveyor asked the Licensed Practice Nurse (LPN) who cared for Resident #2 about the blank spaces on the MAR/TAR, she stated, "if the MAR [is] not signed, means [it] [medication] was not done. If not signed on the TAR, it means I may have forgotten to sign it, the treatment was done, but I forgot to sign it." In the same interview, when the Surveyor asked whether the MAR/TAR should be signed, the LPN replied, "yes, both should be signed at the end of the shift. I usually sign the MAR/TAR once the medication or treatment is administered at the time it is done." She further stated it is still documented if a resident refuses a medication or treatment."</p> <p>During an interview on 2/2/2023 at 12:30 p.m. with the Director of Nursing (DON), in the presence of the Administrator, when the Surveyor asked the DON about the blank spaces on the MAR/TAR, she stated "After administering [medications or treatments], on the MAR/TAR, the expectation is for the eMAR/eTAR (electronic MAR)/TAR [is] to be documented."</p> <p>A review of the facility policy titled "Charting and Documentation", with a revised date of 12/2022, revealed the following: Under "Policy Statement" included: "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical,</p>	F 658			

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F 658	Continued From page 18 functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Under "Policy Interpretation and Implementation," included: "1. Documentation in the medical record may be electronic, manual, or a combination. 2. The following information is to be documented in the resident medical record: ...b. Medications administered; c. Treatments or services performed; ...3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate ...5. Documentation of procedures and treatments will include care-specific details, including: a. the date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care; ...d. How the resident tolerated the procedure/treatment; e. Whether the resident refused the procedure/treatment ...g. The signature and title of the individual documenting."	F 658			
F 677 SS=E	N.J.A.C.: 8.39-35.2 (g)(1) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ159600, NJ160892, NJ160895	F 677	Based on interview of certified nursing assistants, facility determined all activities of daily living were completed for resident	3/10/23	

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F 677	<p>Continued From page 19</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 1/31/2022, 2/1/2023, and 2/2/2023, it was determined that the facility failed to consistently complete the Resident's "Documentation Survey Report v2 (DSR)" reviewed for Activities of Daily Living (ADLs) and failed to follow its policy titled "Charting and Documentation" as required by the "Job Description for the Certified Nursing Assistant (CNA)" for 3 of 3 residents (Resident #1, #2 and #3). This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) was as follows:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], Resident #1 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident had EX. Order 26.(4) B1. The MDS also showed Resident #1 was totally dependent on staff with Activities of Daily Living (ADLs).</p> <p>The Surveyor reviewed Resident #1's DSR, an ADLs care task provided to the Resident and documented by the Certified Nursing Assistants (CNAs) during their assigned shift. The DSR from EX. Order 26.(4) B1, through EX. Order 26.(4) B1 revealed the following:</p>	F 677	<p>#1,#2, and #3, however, they were not properly documented.</p> <p>This deficient practice has the potential to affect all residents</p> <p>Assistant director of nursing or designee initiated Inservice on 3/8/2023 of all certified nursing assistants on documentation of activities of daily living. The certified nursing assistants assigned to resident #1,#2,#3 were immediately educated on the requirement to document all activities of daily living.</p> <p>Director of nursing or designee will audit 3 resident charts for proper activities of daily living documentation, for 3 months, and bring findings to quarterly QAPI meeting.</p>		

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F 677	<p>Continued From page 20</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL- B&B Bladder Elimination dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, from EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]; on the 3:00 p.m. - 11:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED] on the 11:00 p.m.- 7:00 a.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL- Walk in Corridor dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED], EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED], EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Walk in Room dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED] on the 3:00 p.m. - 11:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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
F 677	<p>Continued From page 21</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bowel Elimination dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on [REDACTED] through [REDACTED] and [REDACTED] on the 3:00 p.m.- 11:00 p.m. shift, on [REDACTED] through [REDACTED] and [REDACTED]; on the 11:00 p.m.- 7:00 a.m. shift, from [REDACTED] through [REDACTED] and [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Toilet Use dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, from [REDACTED] through [REDACTED] through [REDACTED] through [REDACTED] and [REDACTED]; on the 3:00 p.m.- 11:00 p.m. shift, on 1/1 [REDACTED] through [REDACTED] and [REDACTED]; on the 11:00 p.m.- 7:00 a.m. shift, from [REDACTED] through [REDACTED] and [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Transferring dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on [REDACTED] through [REDACTED],</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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)
F 677	<p>Continued From page 22</p> <p>EX. Order 26.(4) B1 through EX. Order 26.(4) B1, EX. Order 26.(4) B1 through EX. Order 26.(4) B1; on the 3:00 p.m. -11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Locomotion on Unit dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; on the 3:00 p.m.- 11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Locomotion off Unit dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m. - 3:00 p.m. on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL- Personal Hygiene dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1</p>	F 677	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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
F 677	<p>Continued From page 23</p> <p>EX. Order 26.(4) B1; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1, EX. Order 26.(4) B1, and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL- Bed Mobility dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; on the 3:00 p.m. - 11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1 on the 11:00 p.m.- 7:00 a.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Dressing dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m. - 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; on the 3:00 p.m.- 11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Nutrition-Amount Eaten dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m. - 3:00 p.m. shift, on EX. Order 26.(4) B1 through</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 24</p> <p>EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1, on the 7:00 a.m. - 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; on the 3:00 p.m. - 11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Nutrition-Fluid dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m. - 3:00 p.m. (8:00 a.m.) on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 7:00 a.m. - 3:00 p.m. (1:00 p.m.) on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m.-11:00 p.m. (6:00 p.m.) on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Skin Observation dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.- 3:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 through EX. Order 26.(4) B1 and EX. Order 26.(4) B1; on the 3:00 p.m.- 11:00 p.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1, EX. Order 26.(4) B1 and EX. Order 26.(4) B1 on the 11:00 p.m. - 7:00 a.m. shift, on EX. Order 26.(4) B1 through EX. Order 26.(4) B1,</p>	F 677		

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

PRINTED: 06/23/2023
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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
F 677	<p>Continued From page 26</p> <p>Mobility dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on EX. Order 26.(4) B1 [redacted] and EX. Order 26.(4) B1; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1 [redacted] and EX. Order 26.(4) B1; on the 11:00 p.m.-7:00 a.m. shift, on EX. Order 26.(4) B1 [redacted] and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -Dressing dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [redacted] and EX. Order 26.(4) B1; at 3:00 p.m.- 11:00 p.m. on EX. Order 26.(4) B1 [redacted] and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Personal Hygiene dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 27</p> <p>indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED] at 3:00 p.m. -11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Toilet Use dated EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED] at 3:00 p.m.- 11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]; at 11:00 p.m.- 7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -Transferring dated EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED],</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 28</p> <p>EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>and EX. Order 26.(4) B1 at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>and EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -B&B Bowel Elimination dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on 10/1/2022, EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>and EX. Order 26.(4) B1; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>and EX. Order 26.(4) B1 at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>and EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -B&B Bladder Elimination dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1</p> <p>[REDACTED]</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 29</p> <p>EX. Order 26.(4) B1 _____ and _____ EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. on _____ EX. Order 26.(4) B1 _____ and _____ EX. Order 26.(4) B1; at 11:00 p.m.- 7:00 a.m. on _____ EX. Order 26.(4) B1 _____ and _____</p> <p>The Surveyor reviewed Resident #2's DSR, an ADL care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from EX. Order 26.(4) B1, through EX. Order 26.(4) B1, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -Bed Mobility dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 _____ EX. Order 26.(4) B1 _____ at 11:00 p.m.- 7:00 a.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____</p> <p>A review of the DSR form used for ADL</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 30</p> <p>documentation of Intervention/Tasks, ADL - Dressing dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Personal Hygiene dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -Toilet Use dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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
F 677	<p>Continued From page 31</p> <p>EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 _____, EX. Order 26.(4) B1 and EX. Order 26.(4) B1 _____.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Transferring dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____; at 3:00 p.m. -11:00 p.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bowel Elimination dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 _____ and EX. Order 26.(4) B1 _____; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 _____, EX. Order 26.(4) B1 and EX. Order 26.(4) B1 _____.</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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	
F 677	<p>Continued From page 32</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -B&B Bladder Elimination dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]</p> <p>The Surveyor reviewed Resident #2's DSR, an ADL care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from EX. Order 26.(4) B1, through EX. Order 26.(4) B1, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Bed Mobility dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED]</p>	F 677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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	
F 677	<p>Continued From page 33</p> <p>EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL-Dressing dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Personal Hygiene dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 3:00 p.m. -11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Toilet Use dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1; at 11:00 p.m. -7:00 a.m. on EX. Order 26.(4) B1.</p>	F 677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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
F 677	<p>Continued From page 34</p> <p>EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Transferring dated EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]; at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bowel Elimination dated EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Q. Order 26.(4) B1 [REDACTED] at 3:00 p.m. - 11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED]; at 11:00 p.m. - 7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bladder Elimination dated EX. Order 26.(4) B1 [REDACTED] through EX. Order 26.(4) B1 [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED]</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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)
F 677	<p>Continued From page 35</p> <p>EX. Order 26.(4) B1 ; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 ,</p> <p>EX. Order 26.(4) B1 and EX. Order 26.(4) B1 11:00 p.m. -7:00 a.m. on EX. Order 26.(4) B1 ,</p> <p>EX. Order 26.(4) B1 and EX. Order 26.(4) B1 ,</p> <p>The Surveyor reviewed Resident #2's DSR, an ADL care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from EX. Order 26.(4) B1 , through EX. Order 26.(4) B1 , revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Bed Mobility dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 ; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 ; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 ,</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -Dressing dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 at 3:00 p.m.-11:00 p.m. (6:00 p.m.) on EX. Order 26.(4) B1 and EX. Order 26.(4) B1 ,</p>	F 677	

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

PRINTED: 06/23/2023
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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	
F 677	<p>Continued From page 36</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Personal Hygiene dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED]; at 3:00 p.m. -11:00 p.m. on [REDACTED] and [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Toilet Use dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on [REDACTED] at 3:00 p.m. -11:00 p.m. on [REDACTED] and [REDACTED] at 11:00 p.m. - 7:00 a.m. on [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Transferring dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on [REDACTED] and [REDACTED]; at 3:00 p.m.-11:00 p.m. on [REDACTED] and [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B</p>	F 677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		
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F 677	<p>Continued From page 37</p> <p>Bowel Elimination dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED], [REDACTED] and [REDACTED]; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED]; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bladder Elimination dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED]; at 3:00 p.m.-11:00 p.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED]; at 11:00 p.m.-7:00 a.m. on EX. Order 26.(4) B1 [REDACTED] and [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Eating dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. (8:00 a.m.) on EX. Order 26.(4) B1 [REDACTED] and [REDACTED]; at 7:00 a.m.-3:00 p.m. on EX. Order 26.(4) B1 (1:00 p.m.), EX. Order 26.(4) B1 [REDACTED] and [REDACTED] at 3:00 p.m.-11:00 p.m. (6:00 p.m.) on EX. Order 26.(4) B1 [REDACTED] and [REDACTED].</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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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) COMPLETION DATE
F 677	<p>Continued From page 38</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Nutrition, Amount Eaten dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. (8:00 a.m.) on [REDACTED] and [REDACTED]; at 7:00 a.m. - 3:00 p.m. (1:00 p.m.) on [REDACTED], [REDACTED] and [REDACTED]; at 3:00 p.m.- 11:00 p.m. (6:00 p.m.) on [REDACTED] and [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Nutrition, Fluids dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: at 7:00 a.m.-3:00 p.m. (8:00 a.m.) on [REDACTED] and [REDACTED]; at 7:00 a.m. - 3:00 p.m. (1:00 p.m.) on [REDACTED] and [REDACTED]; at 3:00 p.m.- 11:00 p.m. (6:00 p.m.) on [REDACTED], [REDACTED] and [REDACTED].</p> <p>3. According to the AR, Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to MDS, an assessment tool, dated [REDACTED], Resident #3 had a BIMS score of [REDACTED] which indicated the Resident was [REDACTED]. The MDS also showed Resident #3</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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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) COMPLETION DATE	
F 677	<p>Continued From page 39</p> <p>needed extensive assistance with ADLs, was at risk for EX. Order 26.(4) B1/injuries and does not have a EX. Order 26.(4) B1 at this time.</p> <p>The Surveyor reviewed Resident #3's DSR, an ADL care task provided to the Resident, and documented by the CNAs during their assigned shift. The DSR from EX. Order 26.(4) B1, through EX. Order 26.(4) B1, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Bed Mobility, dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 1 EX. Order 26.(4) B1 [REDACTED]; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED]; on the 11:00 p.m.-7:00 a.m. shift, on EX. Order 26.(4) B1 [REDACTED]</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Dressing, dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED]; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1 [REDACTED]; on the 11:00 p.m.-7:00 a.m. shift, on EX. Order 26.(4) B1 [REDACTED]</p>	F 677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023	
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F 677	<p>Continued From page 40</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Personal Hygiene, dated [REDACTED] through [REDACTED], revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on [REDACTED] [REDACTED]; on the 3:00 p.m.-11:00 p.m. shift, on [REDACTED] [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL- Toilet Use, dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. on [REDACTED] [REDACTED] at 3:00 p.m.-11:00 p.m. on [REDACTED] [REDACTED]; at 11:00 p.m.-7:00 a.m. on [REDACTED] [REDACTED].</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bowel Elimination, dated [REDACTED] through [REDACTED] revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on [REDACTED] [REDACTED] on the 3:00 p.m.-11:00 p.m. shift, on [REDACTED] [REDACTED].</p>	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2023
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F 677	<p>Continued From page 41</p> <p>EX. Order 26.(4) B1; on the 11:00 p.m.-7:00 a.m. shift, on EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - B&B Bladder Elimination, dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on EX. Order 26.(4) B1</p> <p>EX. Order 26.(4) B1; on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1</p> <p>EX. Order 26.(4) B1; on the 11:00 p.m.-7:00 a.m. shift, on EX. Order 26.(4) B1</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - Transferring, dated EX. Order 26.(4) B1 through EX. Order 26.(4) B1 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on EX. Order 26.(4) B1</p> <p>on the 3:00 p.m.-11:00 p.m. shift, on EX. Order 26.(4) B1</p> <p>EX. Order 26.(4) B1</p> <p>During an interview on 2/1/2023 at 1:13 p.m., the Certified Nursing Assistant (CNA) stated, "yes, I provided the care and documented on the kiosk." When the Surveyor asked about the blank spaces on the ADL sheet, the CNA said, "yes, it</p>	F 677		

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F 677	<p>Continued From page 42 [the ADL Sheet] has to be signed..."</p> <p>During an interview on 2/1/2023 at 1:33 p.m., when the Surveyor asked the Unit Manager/Licensed Practice Nurse about the CNAs documenting the ADL sheets, she stated, "the ADL sheets are expected to be completed 100% at the end of each shift."</p> <p>During an interview on 2/2/2023 at 12:30 p.m., when the Surveyor showed the Director of Nursing (DON) in the presence of the Administrator the blank spaces on the ADL sheet, she stated, "the expectation for the ADL sheet, [it] should be documented."</p> <p>A review of the facility policy titled "Charting and Documentation," with a revised date of 12/2022, revealed the following: Under "Policy Statement" included: "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and Implementation," included: "1. Documentation in the medical record may be electronic, manual, or a combination. 2. The following information is to be documented in the resident medical record: ...c. Treatments or services performed; ...3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate..."</p> <p>A review of the undated facility document titled: "Certified Nursing Assistant" Purpose of Your Job</p>	F 677			

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F 677	Continued From page 43 Position" revealed "The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the Resident's assessment and care plan, and as may be directed by your supervisors. Delegation of Authority: As a Certified Nursing Assistant you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties. Duties and Responsibilities: Administrative Functions [...] Record all entries on flow sheets, notes, charts, etc., in an informative and descriptive manner. Personnel Functions: Perform all assigned tasks in accordance with our established policies and procedures, and as instructed by your supervisors. Follow work assignments, and/or work schedules in completing and performing your assigned tasks. [...] Meet with your shift's nursing personnel, on a regularly scheduled basis, to assist in identifying and correcting problem areas, and/or the improvement of services. Report all complaints and grievances made by the Resident. [...] Personal Nursing Care Functions: Participate in and receive the nursing report upon reporting for duty. [...] Assist residents with daily dental and mouth care [...] Assist residents with bath functions (i.e., bed bath, tub or shower bath, etc.) as directed. [...] Assist residents with dressing/undressing as necessary. [...] Keep residents dry [...] Assist Resident with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.). [...] Check and report bowel movements and character of stools as instructed. [...] Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc. Assist residents to walk with or without	F 677			

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F 677	Continued From page 44 self-help devices as instructed. [...] Special Nursing Care Functions: Provide daily perineal care. [...] Turn bedfast residents at least every two (2) hours. [...] Food Service Functions: [...] Serve food trays. Assist with feeding as indicated (i.e., cutting foods, feeding, assist in dining room supervision, etc.). [...] Record the Resident's food/fluid intake. Report changes in the Resident's eating habits."	F 677			
F 842 SS=D	N.J.A.C.: 8.39-27.1(a) N.J.A.C.: 8:39-35.2 (g)(1) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential	F 842		3/10/23	

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F 842	<p>Continued From page 45</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842			

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F 842	<p>Continued From page 46</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 1/31/2023, 2/1/2023 and 2/2/2023, it was determined that the facility failed to maintain an admission agreement for 1 of 3 residents (Resident #2). The facility also failed to follow its policies titled "Admission Agreement" and "Charting and Documentation." This deficient practice was evidenced by the following:</p> <p>A review of Resident #2's Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to EX. Order 26.(4) B1 [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was EX. Order 26.(4) B1 [REDACTED]. The MDS also</p>	F 842	<p>Facility reached out to POA of resident #2 to complete a new admission agreement.</p> <p>This deficient practice has the potential to affect all residents</p> <p>Administrator or designee initiated Inservice on 3/8/2023 for medical records staff on requirement of maintaining admission agreements in the medical record.</p> <p>Administrator or designee will audit 3 resident charts to ensure admission agreement is maintained in the medical record, for 3 months, and bring findings to quarterly QAPI meeting</p>		

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F 842	<p>Continued From page 47</p> <p>showed Resident #2 needed extensive assistance with one person's physical assist with most Activities of Daily Living (ADLs).</p> <p>During an interview on 2/2/2023 at 12:30 p.m., the Administrator, in the presence of the Director of Nursing (DON), stated "I can't find the Admissions Agreement for Resident #2. I assume he/she had an admissions agreement. At that time, he/she had it on paper; now [it] is digital." The Administrator continued, "I honestly don't know if there is an updated admissions agreement each time you [resident] readmit to the facility." However, the facility could not provide the Admission Agreement at the time of the survey.</p> <p>The Surveyor reviewed Resident #2's EMR but could not locate the Resident's Admission Agreement.</p> <p>A review of the facility policy titled "Admissions Agreement" with a revised date 12/2022 revealed the following: Under "Policy Statement" included: "All residents shall have on file a signed and dated Admission Agreement." Under "Policy Interpretation and Implementation" included: "1. At the time of admission, the resident (or his/her representative) must sign an Admission Agreement (contract) that outlines the services covered by the basic per diem rate, as well as any additional services requested by the resident that are not covered by the basic per diem rate. 2. The Admission Agreement (contract) will reflect all charges for covered and noncovered items, as well as identify the parties that are responsible for the payment of such services ...5. A copy of the Admission Agreement will be provided to the resident or his/her representative (sponsor), and</p>	F 842			

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F 842	Continued From page 48 a copy will be place in the resident's permanent file. 6. Residents will be informed of any change(s) in the costs or availability of services at least fifteen (15) days prior to such change(s) taking effect. Changes in services, charges, payments, etc., will require that new agreements be signed ..." A review of the facility policy titled "Charting and Documentation" with a revised date 12/2022 revealed the following: Under "Policy Statement" included: "All services provided to the resident progress toward the care plan goals, or any changes in the resident's medical, physical, functionally or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Under "Policy Interpretation and Implementation" included: "1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record: ...c ...services performed; ...e. Events ...involving the resident ...3. Documentation in the medical record will be objective (not opinionated or speculative), complete and accurate ..."	F 842			
F 882 SS=F	N.J.A.C.: 8.39-4.1 (a)(8) Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP.	F 882		3/10/23	

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F 882	<p>Continued From page 49</p> <p>The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>Based on interviews and review of other pertinent facility documents on 1/31/2023, 2/1/2023 and 2/2/2023, it was determined that the facility failed to ensure that the designated Infection Preventionist had completed specialized training in infection prevention and control and was qualified by certification and experience in accordance with Center for Medicare and Medicaid Services (CMS) and New Jersey State guidelines and the facility's own Infection Preventionist Job Description Policy. This deficient practice was identified for 1 of 1 employee and was evidenced by the following:</p> <p>Reference:</p> <p>State of New Jersey Department of Health Executive Directive No 20-026-1, dated October 20, 2020, revealed the following:</p>	F 882	<p>A record of the infection preventionist's training, which was in fact completed prior to the time of the survey, was located and added to the infection control / survey binder for immediate reference.</p> <p>This deficient practice has the potential to affect all residents</p> <p>The infection preventionist was inserviced on 3/8/2023 on the requirement to keep record of infection preventionist training readily available at all times.</p> <p>Director of nursing or designee will audit once for 3 months that infection preventionist has specialized training records readily available, and bring all findings to quarterly QAPI meeting.</p>		

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F 882	<p>Continued From page 50</p> <p>ii. Required Core Practices for Infection Prevention and Control:</p> <p>Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full-time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by:</p> <p>a. An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under NJAC 8:39-20.2; or</p> <p>b. A Physician who has completed an infectious disease fellowship; or</p> <p>c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5) or more years of Infection Control experience.</p> <p>iv. Facilities with 100 or more beds or on-site hemodialysis services must:</p> <p>1. Hire a full-time employee in the infection prevention role with no other responsibilities and must attest to the hiring no later than August 10, 2021.</p> <p>A complaint survey of the facility was conducted from 1/31/2023 through 2/2/2023. Upon entrance to the facility at approximately 10:15 a.m., the Survey team requested the Infection Preventionist (IP) Certification from the Administrator.</p> <p>On 1/31/2023 at approximately 2:00 p.m., the</p>	F 882			

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F 882	<p>Continued From page 51</p> <p>Survey team received the IP certification dated [REDACTED] EX. Order 26.(4) B1. It showed "Certificate of Training CDC (Centers for Disease Control) TRAIN," and "this certifies that [name of IP] has successfully completed Module 4 - Infection Surveillance." The facility could not provide additional documentation of the complete training certificates for the IP.</p> <p>During an interview on 1/31/2023 at 2:16 p.m., the IP stated she has been in the role of an IP at this facility for [REDACTED] EX. Order 26.(4) B1, since [REDACTED] EX. Order 26.(4) B1. At 2/1/2023 at 10:14 a.m., the IP indicated that she has been a Licensed Practical Nurse (LPN) since [REDACTED] and did complete the CDC training for IP. The survey team requested evidence of the certification. However, she could not provide additional documentation of the complete training certificates for the role of IP at the time of the survey.</p> <p>During a joint interview on 2/2/2023 at 12:30 p.m. with the Director of Nursing (DON) and the Administrator, the DON stated that the IP needs to take CDC training online. The Administrator stated that the IP should have the required training from the CDC and experience. The Administrator further stated that he would have to look at the policy to check the requirements.</p> <p>A review of the undated facility's job description for the IP included the following: "Position Title: Infection Preventionist for (Facility's name)" reveals under "Job Summary: The Infection Preventionist has oversight over all infection control related activities within the organization. Directs the efforts of all the performance improvement initiatives to ensure overall compliance with all the regulatory standards, including national, state, CMS, ..., and other</p>	F 882			

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F 882	<p>Continued From page 52</p> <p>agencies." The document also reveals under "Professional Requirements: [...] Completes annual education requirements, [...] Maintains regulatory requirements, including all state, federal and local regulations. The document further reveals under "Qualifications: A minimum of three (3) years' experience in a hospital facility required, Quality/IC Leadership experience preferred, Bachelor's degree in nursing, healthcare administration, or a similar field of study preferred, Certification in Infection Prevention." The document also reveals under "Knowledge, Skills, and Abilities: Knowledge of CMS and state standards and regulations, Knowledge of infection prevention and control procedures, OSHA (Occupational Safety and Health Administration) and CDC guidelines, Knowledge of the principles of epidemiology and infectious diseases, Knowledge of Local Health Department procedures and practices."</p> <p>The facility failed to have an Infection Preventionist with the required elements of the Infection Control Practitioner as outlined in Reference: State of New Jersey Department of Health Executive Directive No 20-026-1 dated October 20, 2020.</p> <p>N.J.A.C: 8:39-20.2</p>	F 882			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ159600, NJ160892, NJ160895</p> <p>Based on facility document review on 1/31/2023, 2/1/2023 and 2/2/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 20 of 35 day shifts.</p> <p>Reference: New Jersey Department of Health</p>	S 560	<p>1. Staffing coordinator immediately inserviced on the minimum staffing ratio requirement.</p> <p>2. This deficient practice has the potential to affect all residents</p> <p>3. Administrator or designee will increase recruitment efforts through online ads, social media campaigns, and referral</p>	3/10/23

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

TITLE

(X6) DATE

Electronically Signed

03/03/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING (STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960
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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
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S 560	<p>Continued From page 1</p> <p>(NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and 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 CNA and perform CNA duties.</p> <p>The facility was deficient in CNA staffing for residents on 20 of 35 day shifts as follows:</p> <p>For the weeks of 10/30/2022 to 11/05/2022 and 11/06/2022 to 11/12/2022, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>10/31/22 had 20 CNAs for 171 residents on the day shift, required 21 CNAs. 11/03/22 had 19 CNAs for 167 residents on the day shift, required 21 CNAs. 11/06/22 had 18 CNAs for 173 residents on the day shift, required 22 CNAs. 11/07/22 had 20 CNAs for 173 residents on the day shift, required 22 CNAs. 11/08/22 had 20 CNAs for 173 residents on the day shift, required 22 CNAs.</p>	S 560	<p>bonuses to promote optimal staffing at facility.</p> <p>4. Administrator or designee will audit 6 shifts a month, for 3 months, and bring the findings to quarterly QAPI meeting.</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING (STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960
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S 560	<p>Continued From page 2</p> <p>11/11/22 had 21 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>For the week of 12/18/22 to 12/24/2022, the facility was deficient in CNA staffing for 6 of 7 day shifts as follows:</p> <p>12/18/22 had 19 CNAs for 182 residents on the day shift, required 23 CNAs. 12/19/22 had 20 CNAs for 179 residents on the day shift, required 22 CNAs. 12/20/22 had 19 CNAs for 176 residents on the day shift, required 22 CNAs. 12/21/22 had 20 CNAs for 176 residents on the day shift, required 22 CNAs. 12/22/22 had 21 CNAs for 176 residents on the day shift, required 22 CNAs. 12/23/22 had 21 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>For the 2 weeks of 01/08/2023 to 01/14/2023 and 01/15/2023 to 01/21/2023, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>01/08/23 had 24 CNAs for 197 residents on the day shift, required 25 CNAs. 01/09/23 had 23 CNAs for 197 residents on the day shift, required 25 CNAs. 01/10/23 had 24 CNAs for 197 residents on the day shift, required 25 CNAs. 01/13/23 had 21 CNAs for 203 residents on the day shift, required 25 CNAs. 01/15/23 had 23 CNAs for 203 residents on the day shift, required 25 CNAs. 01/16/23 had 23 CNAs for 199 residents on the day shift, required 25 CNAs. 01/17/23 had 23 CNAs for 199 residents on the day shift, required 25 CNAs. 01/18/23 had 22 CNAs for 192 residents on the</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN POST ACUTE REHAB AND NURSING (STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960
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S 560	Continued From page 3 day shift, required 24 CNAs.	S 560		