

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

PRINTED: 04/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/25/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORRISTOWN POST ACUTE REHAB AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 MADISON AVENUE</b> <b>MORRISTOWN, NJ 07960</b>		
(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 000	INITIAL COMMENTS  C #: NJ00168549 and NJ00168552  Sample: 4  Census: 205  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2)  §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and  §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: Complaint # NJ00168549 and NJ00168552  Based on observation, interview, and review of pertinent facility documentation on 10/25/23, it was determined that the facility failed to implement its policy on Administering Medications and Physician Medication Orders for 4 of 4	F 837	1. MD was immediately notified regarding failure to implement policy on Administering Medications and Physician Medication Orders for Resident #1, Resident #2, Resident #3, and Resident #4, and confirmed no new orders or adverse effects. LPN #1 was immediately	11/14/23	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2023

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 837	<p>Continued From page 1</p> <p>resident residents (Resident #1, Resident #2, Resident #3, and Resident #4). This deficient practice was evidenced by the following:</p> <p>During the entrance conference on 10/25/23 at 9:40 a.m., the Licensed Nursing Home Administrator (LNHA) revealed that LPN #1 was the previous unit manager of XX floor and was currently acting as the facility's Infection Control Preventionist (ICP).</p> <p>During the tour of the XX floor on 10/25/2023 at 9:59 a.m. the Surveyor interviewed LPN #1. LPN #1 introduced herself as the floor LPN/Unit Manager (UM) and the facility's ICP. LPN #1 revealed that she has been in the UM position since last year and 4 weeks for the ICP position. LPN #1 explained that as the floor UM, her job was to make sure that the residents were being taken care of, she also did daily rounds, took orders from the Doctors and the Nurse Practitioner (NP), and entered orders in Point Click Care (PCC). PCC is an online EHR (electronic health record) solution that provides services to the LTPAC (long-term and post-acute care) industry. One of PCC's Care Management is meant to aid care teams in prioritizing care for the patients. This module integrates other options such as secure conversations, practitioner management, nutrition management, skin and wound, point of care, and medication management. The UM stated that when a resident needed help, she would provide care to the resident. The UM stated that she does not administer medications or do the treatment, however, she admitted that "a few weeks ago" she administered medications because they were short-staffed.</p>	F 837	<p>removed from work until license renewed.</p> <p>2. All residents are at risk to be affected from this deficient practice.</p> <p>3. Administrator was in-serviced by Regional nurse on 11/14/23 on the requirement to implement policy on Administering Medications and Physician Medication Orders. All nurses were in-serviced by DON on 11/14/23 on the requirement to only Administer medications and physician medication Orders with an active license.</p> <p>4. Administrator or designee will audit 3 LPN licenses each month, for 3 months, to ensure they are active, and bring the findings to quarterly QAPI meeting.</p>		

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F 837	<p>Continued From page 2</p> <p>A review of LPN #1's employee file on 10/25/23 indicated that her license expired on [REDACTED] NJ Exec. Order 26:4.b.1 and her current status was "Reinstatement Pending."</p> <p>1. According to the "ADMISSION RECORD" (AR), Resident #1 was admitted to the facility on [REDACTED] NJ Exec. Order 26:4.b.1, with diagnoses that included but were not limited to: NJ Exec. Order 26:4.b.1 [REDACTED]</p> <p>The Minimum Data Set (MDS) an assessment tool dated [REDACTED] NJ Exec. Order 26:4.b.1, indicated that Resident #1's cognition was NJ Exec. Order 26:4.b.1 [REDACTED]</p> <p>A review of Resident #1's "Telephone/Verbal Order Form" (TVOF), from [REDACTED] NJ Exec. Order 26:4.b.1 through [REDACTED] NJ Exec. Order 26:4.b.1 revealed that LPN #1 transcribed an order in the PCC to indicate that an order was received from the PCP on the following dates and times.</p> <p>A verbal order was received.</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 3:09 p.m. for Snacks at bedtime</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 10:06 a.m. to obtain weight monthly.</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 4:44 p.m. to [REDACTED] NJ Exec. Order 26:4.b.1</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 8:00 a.m. for [REDACTED] NJ Exec. Order 26:4.b.1</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 2:34 p.m. for [REDACTED] NJ Exec. Order 26:4.b.1</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 2:39 p.m. for [REDACTED] NJ Exec. Order 26:4.b.1</p> <p>On [REDACTED] NJ Exec. Order 26:4.b.1 at 09:42 a.m. for [REDACTED] NJ Exec. Order 26:4.b.1 in preparation for the [REDACTED] NJ Exec. Order 26:4</p>	F 837			

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F 837	<p>Continued From page 3</p> <p>On [redacted] 3 at 4:03 p.m. for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 4:36 p.m. for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 4:36 p.m. for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 12:30 p.m. to [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 3:21 p.m., for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 4:53 p.m. for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 7:00 a.m. for [redacted] NJ Exec. Order 26:4.b.1</p> <p>A review of Resident #1's Medication Administration Record (MAR) for [redacted] revealed that LPN #1 administered 26 medications on [redacted] during the 7:00 a.m. to 3:00 p.m. shift.</p> <p>2. According to the AR, Resident #2 was admitted to the facility on [redacted] NJ Exec. Order 26:4.b.1, with a diagnosis that included but was not limited to [redacted] NJ Exec. Order 26:4.b.1</p> <p>The MDS dated [redacted] NJ Exec. Order 26:4.b.1, indicated that Resident #2's cognition was [redacted] NJ Exec. Order 26:4.b.1</p> <p>A review of Resident #2's TVOF, from [redacted] NJ Exec. Order 26:4.b.1 through [redacted] NJ Exec. Order 26:4.b.1 revealed that LPN #1 transcribed an order in the PCC to indicate that an order was received from the PCP on the following dates and times.</p> <p>A verbal order was received.</p> <p>On [redacted] at 3:09 p.m. for a snack at bedtime</p>	F 837			

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F 837	<p>Continued From page 4</p> <p>On [redacted] at 2:08 p.m. for a [redacted]</p> <p>On [redacted] at 1:23 p.m. Monitor the [redacted]</p> <p>[redacted]</p> <p>On [redacted] at 1:24 p.m. [redacted] left hand every shift.</p> <p>On [redacted] at 1:24 p.m. Monitor [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 1:24 p.m. Monitor for [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 1:24 p.m. Monitor [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 7:00 a.m. [redacted] NJ Exec. Order 26:4.b.1</p> <p>On [redacted] at 7:00 a.m. monitor [redacted] NJ Exec. Order 26:4.b.1 or 24 hours.</p> <p>A review of Resident #2's MAR for [redacted] NJ Exec. Order 26:4.b.1, revealed that LPN # 1 administered 2 medications and monitored the Resident for signs and symptoms [redacted] NJ Exec. Order 26:4.b.1</p> <p>[redacted] during the 7:00 a.m. to 3:00 p.m. shift.</p> <p>3. According to the AR, Resident #3 was admitted to the facility on [redacted] NJ Exec. Order 26:4.b.1, with a diagnosis that included but was not limited to [redacted] NJ Exec. Order 26:4.b.1</p> <p>The MDS dated [redacted] NJ Exec. Order 26:4.b.1, indicated that Resident #3's cognition was [redacted] NJ Exec. Order 26:4.b.1</p> <p>A review of Resident #3's TVOF, from [redacted] NJ Exec. Order 26:4.b.1 through [redacted] NJ Exec. Order 26:4.b.1 revealed that LPN #1 transcribed an order in the PCC to indicate that an order was received from the PCP on the following dates and times.</p>	F 837		

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F 837	<p>Continued From page 5</p> <p>A verbal order was received.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 10:54 a.m., to check the <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at a.m., <b>NJ Exec. Order 26:4.b.1</b> topically.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 10:00 a.m., to discontinue <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 11:29 a.m., for <b>NJ Exec. Order 26:4.b.1</b> every shift.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:00 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 5:08 p.m., for a <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:56 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 2:33 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:00 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 4:44 p.m., for the <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 4:44 p.m., to discontinue <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 4:45 p.m., to <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 7:19 a.m. <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>A telephone order was received on the following dates and times:</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:27 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 10:32 a.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:16 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 3:18 p.m., for <b>NJ Exec. Order 26:4.b.1</b>.</p>	F 837		

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F 837	<p>Continued From page 6</p> <p>to apply to the [redacted] topically.</p> <p>On [redacted] 3 at 10:07 a.m., for [redacted]</p> <p>On [redacted] at 10:14 a.m., for [redacted]</p> <p>On [redacted] at 2:21 p.m., for [redacted]</p> <p>On [redacted] 3 at 2:22 p.m., for [redacted]</p> <p>A review of Resident #2's Medication Administration Record (MAR) for [redacted] revealed that LPN # 1 administered medications on [redacted] and [redacted] during the 7:00 a.m. to 3:00 p.m. shift.</p> <p>4. According to the AR, Resident #4 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: [redacted]</p> <p>The MDS dated [redacted] indicated that Resident #4's cognition was [redacted]</p> <p>A review of Resident #4's TVOF, from [redacted] through [redacted] revealed that LPN #1 transcribed an order in the PCC to indicate that an order was received from the PCP on the following dates.</p> <p>A verbal order was received on the following dates and times:</p> <p>On [redacted] at 2:21 p.m., for [redacted]</p> <p>On [redacted] 3 2:24 p.m., to hold [redacted]</p> <p>[redacted] at 12:00 p.m., to [redacted]</p>	F 837	

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F 837	<p>Continued From page 7</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 2:12 p.m., to discontinue <b>NJ Exec. Order 26:4.b.1</b></p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 5:57 p.m., to discontinue <sup>NJ Exec. Order</sup></p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 12:49 p.m., to discontinue <b>NJ Exec. Order 26:4.b.1</b></p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 12:50 p.m., for <sup>NJ Exec. Order</sup></p> <p>A telephone order was received on the following dates and times:</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:30 p.m., for <b>NJ Exec. Order 26:4.b.1</b></p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 1:30 p.m., for <b>NJ Exec. Order 26:4.b.1</b> apply to the <sup>NJ Exec. Order 26:4.b.1</sup> topically.</p> <p>On <sup>NJ Exec. Order 26:4.b.1</sup> at 2:21 p.m., for <sup>NJ Exec. Order 26:4.b.1</sup></p> <p>A review of Resident #4's Medication Administration Record (MAR) for <sup>NJ Exec. Order 26:4.b.1</sup> revealed that LPN # 1 administered 14 medications on <sup>NJ Exec. Order 26:4.b.1</sup> and 14 medications on <sup>NJ Exec. Order 26:4.b.1</sup> during the 7:00 a.m. to 3:00 p.m. shift.</p> <p>In a follow-up interview with the LNHA on 10/25/23 from 12:20 p.m. through 1:47 p.m., the LNHA stated that since her license expired on <sup>NJ Exec. Order 26:4.b.1</sup> and was currently on "Reinstatement Pending" status. He further stated that LPN #1 was given a new position as the Assistant Director of Nursing (ADON). According to LNHA, the role of an ADON was an "Administrative" duty but not in the clinical aspect. He explained that the LPN should not be accepting and entering orders in PCC from the doctors and should not be administering medication to the residents because LPN #1 was not lawfully authorized because the LPN's license was not current. The Administrator revealed that LPN #1 was being</p>	F 837			

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F 837	<p>Continued From page 8</p> <p>supervised by the Administrator and by the Director of Nursing, however, he was not sure if the LPN was being supervised when she was accepting orders from the doctors and when she was administering medications on the aforementioned dates and times.</p> <p>A follow-up interview with LPN #1 on 10/25/23 at 2:32 p.m. The LPN revealed that her license expired and was in the process of reinstating. LPN #1 stated that on <span style="background-color: black; color: white;">NJ Exec. Order 26:4.b</span> she signed an agreement to continue to work as the facility's ADON and IP. As the ADON and IP, she has to remain on the floor to make sure that the residents are receiving the proper care. LPN #1 explained that she was not aware that she was not allowed to accept orders from doctors and or Nurse Practitioners and was not to administer medications. LPN #1 explained that on <span style="background-color: black; color: white;">NJ Exec. Order 26:4.b.1</span>, she had to administer medications to the residents because there was a call out and there was no other nurse available at that time that could administer the medications. LPN#1 further explained that she made the decision to administer medications and did not call the DON and the Administrator. LPN #1 stated that the DON and Administrator were made aware a few days after <span style="background-color: black; color: white;">NJ Exec. Order 26:4</span></p> <p>A review of the job description for "LPN Unit Manager" indicated under "Job Requirements: Licensed Nurse with a current state license."</p> <p>A review of the job description for "Assistant Director of Nursing" indicated under "Summary: Manage administrative and functional areas or programs within the Nursing Department. Assist the Director of Nursing (DON) in the overall operation of the department in accordance with</p>	F 837			

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

PRINTED: 04/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/25/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORRISTOWN POST ACUTE REHAB AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 MADISON AVENUE</b> <b>MORRISTOWN, NJ 07960</b>		
(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 837	<p>Continued From page 9</p> <p>Company policies, and standards of nursing practices and government regulations, so as to maintain quality of care...Job Requirements: Minimum of three (3) years of nursing experience ..."</p> <p>A review of the facility policy titled "Physician Medication Orders," dated 9/2023, indicated "POLICY STATEMENT Medication shall be administered only upon the written order of a person duly licensed...3. Verbal orders for drugs and treatments shall be received only by Licensed Nurses..."</p> <p>A review of the facility policy titled "Administering Medications," dated 12/2022, indicated under "Policy Interpretation and Implementation 1. Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so..."</p> <p>NJAC 8:39-5.1(a) NJAC 8:39-11.2 (b) NJAC 8:39-25.2 (d) NJAC 8:39-29.2 (d)</p>	F 837			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315157	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/13/2023	Y3
NAME OF FACILITY MORRISTOWN POST ACUTE REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0837	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.70(d)(1)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	11/14/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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

FOLLOWUP TO SURVEY COMPLETED ON 10/25/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO