

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

PRINTED: 05/22/2025  
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>11/07/2024</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  Complaint #: NJ00178715  Census: 213 Sample: 4  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 773 SS=E	Lab Svcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)  §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00178715  Based on interview, record review, and review of facility's pertinent documentation on 11/06/2024, it was determined that the facility failed to obtain physician orders for <u>NJ Ex Order 26. 4B1</u> performed on 3 of 4 residents (Resident #1, Resident #2, and Resident #3) reviewed for <u>NJ Ex Order 26. 4B1</u> and physician orders.	F 773	1. Physician orders were obtained for resident #1, #2, and #3 <u>NJ Ex Order 26. 4B1</u> orders. 2. All residents are at risk from this deficient practice. 3. All nurses were educated by nursing supervisor on 12/2/24 regarding the requirement to obtain physician orders for <u>NJ Ex Order 26. 4B1</u> . 4. Director of nursing or designee will		12/3/24

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

TITLE

(X6) DATE

Electronically Signed

12/05/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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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>		
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F 773	<p>Continued From page 1</p> <p>The deficient practice was evidenced by the following:</p> <p>1. According to Resident #1's Admission Record (AR), Resident was admitted to the facility with the following diagnoses that included but not limited to: <i>NJ Ex Order 26. 4B1</i></p> <p>According to the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated <i>NJ Exec Order 26.4b1</i>, Resident #1 had a Brief Interview for Mental Status (BIMS) score of <i>NJ Ex</i> indicating Resident's <i>NJ Ex Order 26. 4B1</i>. The MDS further revealed in Section <i>NJ Ex Order 26.4(b)(1)</i>, Resident #1 required <i>NJ Ex Order 26. 4B1</i>.</p> <p>A review of the Resident <i>NJ Ex Order 26. 4B1</i> results from his/her electronic medical record revealed the following:</p> <p>a. <i>NJ Ex Order 26. 4B1</i></p> <p>- collected on <i>NJ Ex Order 26.4(b)(1)</i> at 12:00 [noon].</p> <p>b. <i>NJ Ex Order 26. 4B1</i> - collected on <i>NJ Ex Order 26.4(b)(1)</i> at 13:52 [1:52 p.m./afternoon].</p> <p>c. <i>NJ Ex Order 26. 4B1</i> - collected on <i>NJ Ex Order 26.4(b)(1)</i> at 08:00 [morning].</p>	F 773	<p>audit 4 charts a month for 3 months to ensure orders are obtained for all laboratory services, and results will be brought to quarterly QAPI meeting.</p>		



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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>		
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F 773	<p>Continued From page 2</p> <p>d. <u>NJ Ex Order 26. 4B1</u> - collected on <u>NJ Ex Order 26.4(b)(1)</u> at 12:02 [afternoon].</p> <p>A review of Resident #1's Order Recap Report (ORR), a detailed list of the completed and discontinued physician orders, with Order Date: <u>NJ Ex Order 26.4(b)(1)</u>, <u>NJ Ex Order 26.4(b)(1)</u> indicated there were no documented Physician orders for the above-mentioned <u>NJ Ex Order 26. 4B1</u> performed on the Resident on the specified collection dates.</p> <p>2. According to Resident #2's AR, Resident was admitted to the facility with the following diagnoses that included but not limited to: <u>NJ Ex Order 26.4(b)(1)</u></p> <p>According to the MDS, dated <u>NJ Ex Order 26.4(b)(1)</u>, Resident #2 had a BIMS of <u>NJ Ex Order 26.4(b)(1)</u> indicating Resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the Resident <u>NJ Ex Order 26. 4B1</u> results from his/her electronic medical record revealed the following:</p> <p>a. <u>NJ Ex Order 26. 4B1</u> - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 14:11 [2:11 pm/afternoon].</p> <p>b. <u>NJ Ex Order 26. 4B1</u>, Estimated - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 08:34 [morning].</p> <p>c. <u>NJ Ex Order 26. 4B1</u> - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at</p>	F 773			



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F 773	<p>Continued From page 3</p> <p>08:33 [morning]; <u>NJ Ex Order 26. 4B1</u> [REDACTED] - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 05:00 [morning].</p> <p>A review of Resident #2's Order Summary Report (OSR), a detailed list of active, completed, and discontinued physician orders, with Order Date: <u>NJ Ex Order 26.4(b)(1)</u>, <u>NJ Ex Order 26.4(b)(1)</u> revealed there were no documented Physician orders for the above-mentioned <u>NJ Ex Order 26. 4B1</u> performed on the Resident on the specified collection dates.</p> <p>3. According to Resident #3's AR, Resident was admitted to the facility with the following diagnoses that included but not limited to: <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>According to the MDS, dated <u>NJ Ex Order 26.4(b)(1)</u>, Resident #3 had a BIMs of <u>NJ Ex</u> indicating Resident's <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the Resident's <u>NJ Ex Order 26. 4B1</u> results from his/her electronic medical record revealed the following:</p> <p>a. <u>NJ Ex Order 26. 4B1</u> [REDACTED] - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 14:30 [2:30 p.m./afternoon].</p> <p>b. <u>NJ Ex Order 26. 4B1</u> [REDACTED] - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 08:37 [morning].</p> <p>c. <u>NJ Ex Order</u> [REDACTED] - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at</p>	F 773			



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F 773	<p>Continued From page 4 06:31 [morning].</p> <p>d. <u>NJ Ex Order 26.4B1</u> - with collection date of <u>NJ Ex Order 26.4(b)(1)</u> at 11:50 [morning].</p> <p>A review of Resident #3's ORR with Order Date: <u>NJ Ex Order 26.4(b)(1)</u> indicated there were no documented physician orders for the above-mentioned <u>NJ Ex Order 26.4B1</u> performed on the Resident on the <u>NJ Ex Order 26.4B1</u> collection dates.</p> <p>In an interview of the Surveyor with the <u>U.S. FOIA (b) (6)</u> on <u>NJ Ex Order 26.4(b)(1)</u> at 11:23 a.m. [morning], the <u>U.S. FOIA (b) (6)</u> stated, "nursing staff after getting MD [physician] order for <u>NJ Ex Order 26.4B1</u> would carry out the order, call the <u>NJ Ex Order 26.4B1</u> and schedule pick up for the <u>NJ Ex Order 26.4B1</u> especially for <u>NJ Ex Order 26.4B1</u> and once we get the results we relay to the doctor." <u>U.S. FOIA (b) (6)</u> further stated there should be physician orders for <u>NJ Ex Order 26.4B1</u> ordered in the residents' charts.</p> <p>In an interview of the Surveyor with the <u>U.S. FOIA (b) (6)</u> on <u>NJ Ex Order 26.4(b)(1)</u> at 3:08 p.m. [afternoon], <u>U.S. FOIA (b) (6)</u> stated they had transition of companies last <u>NJ Exec Order 26.4b1</u> and stated he will check. <u>U.S. FOIA (b) (6)</u> provided Surveyor with ORR and OSR reports. Surveyor informed <u>U.S. FOIA (b) (6)</u> of missing Physician orders for <u>NJ Ex Order 26.4B1</u> performed on Residents as shown. <u>U.S. FOIA (b) (6)</u> stated all residents' charts are purely electronic, no more "paper", and physician <u>NJ Ex Order 26.4B1</u> orders might be "queued" in the electronic medical record of residents as during the transition the physicians can enter remote orders in the charts. At this point, the <u>U.S. FOIA (b) (6)</u> was unable to provide documented evidence of physician orders for the <u>NJ Ex Order 26.4B1</u> performed for the Residents.</p>	F 773			



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F 773	Continued From page 5 A review of the facility's policy titled, "Physician Orders" under its Policy Statement: It is the policy of this facility to secure physician orders for care and services for residents as required by state and federal law ..."; under Procedure ...3. In order to maintain resident/patient safety when a verbal and/or telephone order is taken from a healthcare Provider, the following must occur: a. The order must be documented on a physician order form or entered into the electronic health Record (EHR) ..."  N.J.A.C. 8:39-27.1(a)	F 773			



New Jersey Department of Health

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S 000	Initial Comments  The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on facility document review on 11/07/2024, 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 13 of 14 day shifts.  This deficient practice was evidenced by the following:  Reference: New Jersey Department of Health (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,	S 560	1. The facility cannot retroactively correct this deficient practice. 2. All residents are at risk to be affected by this deficient practice. 3. Additional part time staffing coordinator was hired. Daily staffing meeting implemented to ensure staffing ratios are being reached. 4. Administrator or designee will audit daily staffing twice a week for 4 weeks, and then once a week for 2 months to ensure proper staffing ratios are reached. Results will be brought to quarterly QAPI meeting.	12/3/24

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

TITLE

(X6) DATE

Electronically Signed

12/05/24



New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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.</p> <p>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</p> <p>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 surveyor requested staffing for the weeks of 10/20/2024 to 10/26/2024 and 10/27/2024 to 11/02/2024.</p> <p>The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-10/20/24 had 27 CNAs for 224 residents on the day shift, required at least 28 CNAs.</li> <li>-10/21/24 had 22 CNAs for 221 residents on the day shift, required at least 28 CNAs.</li> <li>-10/22/24 had 23 CNAs for 221 residents on the day shift, required at least 28 CNAs.</li> <li>-10/23/24 had 27 CNAs for 221 residents on the day shift, required at least 28 CNAs.</li> <li>-10/24/24 had 24 CNAs for 218 residents on the day shift, required at least 27 CNAs.</li> <li>-10/25/24 had 23 CNAs for 218 residents on the day shift, required at least 27 CNAs.</li> </ul>	S 560			



New Jersey Department of Health

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S 560	Continued From page 2  -10/27/24 had 26 CNAs for 218 residents on the day shift, required at least 27 CNAs. -10/28/24 had 25 CNAs for 218 residents on the day shift, required at least 27 CNAs. -10/29/24 had 23 CNAs for 217 residents on the day shift, required at least 27 CNAs. -10/30/24 had 26 CNAs for 217 residents on the day shift, required at least 27 CNAs. -10/31/24 had 24 CNAs for 217 residents on the day shift, required at least 27 CNAs. -11/01/24 had 24 CNAs for 217 residents on the day shift, required at least 27 CNAs. -11/02/24 had 26 CNAs for 218 residents on the day shift, required at least 27 CNAs.	S 560			



POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315157	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/9/2024
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 F0773	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.50(a)(2)(i)(ii)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/03/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/7/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			



## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061417	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/9/2024
NAME OF FACILITY MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/03/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/7/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			