

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/01/2025	
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE PO BOX 437, MORRISTOWN, New Jersey, 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
F0000	INITIAL COMMENTS THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR, PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT Complaint #: 2574865 Census: 250 Sample Size: 3			F0000			08/22/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061411		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/01/2025	
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE PO BOX 437, MORRISTOWN, New Jersey, 07960			
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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.		S0000			08/22/2025	
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2574865 Based on a review of facility documents on 08/01/2025, it was determined that the facility failed to ensure staffing ratios were met for 9 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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, codified as 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: 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 of all staff members shall be CNAs and each		S0560	The facility failed to consistently meet the minimum staff-to-resident ratios required by New Jersey state regulations, potentially compromising residents access to timely and appropriate care. The facility is unable to retroactively address the staffing shortfall on the identified dates, however, a thorough review was conducted to ensure that no negative outcomes occurred as a result. Any concerns identified were addressed promptly, and residents continue to be monitored to ensure all needs are met. All residents have the potential to be affected by this deficient practice. To mitigate risk, the Director of Nursing and Administrator have reviewed and strengthened current recruitment and staffing procedures. Agency staff are being utilized as needed to ensure adequate coverage, and hiring incentives have been implemented to attract new candidates. Ongoing recruitment efforts include outreach to nursing and Certified Nurse Aide (CNA) programs. In the interim, nursing management is actively supporting direct resident care and participating in the on-call rotation to address staffing needs. The scheduler has been educated on state regulatory staffing requirements and will now provide a daily report identifying any anticipated staffing shortages prior to each shift. The Director of Nursing or designee will review and verify staffing rosters daily		08/22/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 direct staff member shall be signed into 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>For the 2 weeks of staffing prior to complaint survey from 07/13/2025 to 07/26/2025, the facility was deficient in CNA staffing for residents on 9 of 14-day shifts as follows:</p> <p>-07/13/25 had 27 CNAs for 260 residents on the day shift, required at least 32 CNAs.</p> <p>-07/16/25 had 31 CNAs for 260 residents on the day shift, required at least 32 CNAs.</p> <p>-07/17/25 had 30 CNAs for 261 residents on the day shift, required at least 33 CNAs.</p> <p>-07/19/25 had 30 CNAs for 259 residents on the day shift, required at least 32 CNAs.</p> <p>-07/20/25 had 23 CNAs for 258 residents on the day shift, required at least 32 CNAs.</p> <p>-07/23/25 had 31 CNAs for 258 residents on the day shift, required at least 32 CNAs.</p> <p>-07/24/25 had 31 CNAs for 258 residents on the day shift, required at least 32 CNAs.</p> <p>-07/25/25 had 30 CNAs for 261 residents on the day shift, required at least 33 CNAs.</p> <p>-07/26/25 had 31 CNAs for 261 residents on the day shift, required at least 33 CNAs.</p>			S0560	<p>Continued from page 1 to ensure required ratios are met before each shift begins. In compliance with New Jersey state law, daily staffing levels will be posted in a visible area for public review.</p> <p>The LNHA or designee will conduct daily staffing audit weekly X 4 weeks then monthly X 2 months. Any future staffing shortages will prompt immediate corrective action, including continued efforts to secure coverage through overtime offers and incentive bonuses. Audit results will be reviewed and discussed during monthly QAPI meetings to ensure sustained oversight. The LNHA will implement additional corrective actions as necessary to maintain ongoing compliance with staffing requirements.</p>		