

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

PRINTED: 10/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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 000	INITIAL COMMENTS Complaint #: NJ00174351 Census: 264 Sample Size: 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 756 SS=G	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the	F 756		6/13/24	

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

TITLE

(X6) DATE

Electronically Signed

07/05/2024

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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F 756	<p>Continued From page 1</p> <p>resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Complaint# NJ00174351</p> <p>Based on interview and record review of pertinent facility documents, it was determined that the facility's US FOIA (b)(6) failed to identify and notify the facility of a medication irregularity for a resident. On NJ Ex Order 26.4(b)(1), a nurse documented a Physician order in the medical record for Resident #2 for NJ Ex Order 26.4(b)(1), (NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)). This medication order was for another resident. Resident #2, was already on a NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1). Resident #2 was administered the NJ Ex Order 26.4(b)(1) for eighteen NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). On NJ Ex Order 26.4(b)(1), the CP conducted an on-site visit and had reviewed Resident #2 chart, however, there was no documented evidence for the recommendations for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) in the report. The administration of both NJ Ex Order 26.4(b)(1) caused Resident #2 to become symptomatic and NJ Ex Order 26.4(b)(1). The resident eventually needed to be admitted to a acute care hospital.</p>	F 756	<ol style="list-style-type: none"> 1. On 1/30/24 the order was discontinued, Physician/NP notified, and new orders obtained. In-service education was provided to the U.S. FOIA (b) (6) regarding monthly drug regimen review, anticoagulation therapy, and duplicate anticoagulation therapy. 2. All residents have the potential to be affected. An audit was performed on 100 percent of residents to ensure no other residents were affected. 3. In-service education was provided on NJ Ex Order 26.4(b)(1) to the U.S. FOIA (b) (6) regarding monthly drug regimen review that include, but are not limited to, time frames for different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. 		

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F 756	<p>Continued From page 2</p> <p>This deficient practice was identified in one (1) of four (4) residents reviewed for medication regimen review and was evidenced by the following:</p> <p>On 6/6/2024, the surveyor reviewed the hybrid medical record (paper and electronic) for Resident #2. According to the "ADMISSION RECORD" (AR), Resident #2 was admitted with diagnoses including but not limited to [redacted] NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated [redacted] NJ Ex Order 26.4(b)(1), showed that Resident #2 had a Brief Interview of Mental Status (BIMS) score of [redacted] NJ Ex Order 26.4(b)(1) indicating that Resident had [redacted] NJ Ex Order 26.4(b)(1). Resident #2's MDS further revealed he/she required [redacted] NJ Ex Order 26.4(b)(1) in Activities of Daily Living (ADL).</p> <p>A review of Resident #2 electronic Medication Administration Record (eMAR) from [redacted] NJ Ex Order 26.4(b)(1) reflected NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for [redacted] NJ Ex Order 26.4(b)(1)] - Start Date- [redacted] NJ Ex Order 26.4(b)(1) 1700 -Hold Date from [redacted] NJ Ex Order 26.4(b)(1) 1008 to [redacted] NJ Ex Order 26.4(b)(1) 0000. The eMAR further showed that the above-mentioned medication was checked, initialed, and administered from [redacted] NJ Ex Order 26.4(b)(1) to [redacted] NJ Ex Order 26.4(b)(1) to Resident #2.</p> <p>Further review of Resident #2's [redacted] NJ Ex Order 26.4(b)(1) eMAR revealed [redacted] NJ Ex Order 26.4(b)(1) Give [redacted] NJ Ex Order 26.4(b)(1) by mouth at bedtime for [redacted] NJ Ex Order 26.4(b)(1) [redacted] - Start Date [redacted] NJ Ex Order 26.4(b)(1) 2100 and was-D/C</p>	F 756	<p>4. Twice weekly audits have been conducted since 1/30/24 to ensure there are no duplicate anticoagulant orders and the DON/ designee will continue to audit resident charts twice weekly for 4 weeks, then monthly for three months, to ensure that the monthly drug regimen reviews are conducted appropriately. Results of the audit will be reviewed by the administrator monthly at the QAPI meeting for 3 months.</p>		

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F 756	<p>Continued From page 3</p> <p>[discontinued] Date- NJ Ex Order 26.4(b)(1) 1024. The eMAR indicated NJ Ex Order 26.4(b)(1) was checked, initialed, and administered at 2100 on the following dates:</p> <p>NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)</p> <p>A review of the report submitted by the U.S. FOIA (b) (6) to the facility between NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) revealed a "Recommendation to Nursing Services - NJ Ex Order 26.4(b)(1)" under [Resident #2] name and as follows: "clarify NJ Ex Order 26.4(b)(1) order is it only on Tues, Thurs, Sat and Sunday. No parameters on NJ Ex Order 26.4(b)(1) no need to do NJ Exec Order 26.4b1 prior to administration". The above report was a response dated NJ Ex Order 26.4(b)(1) and signed by [Nurse].</p> <p>A review of the Progress Notes (PN) dated 02/5/2024 14:53 documented by Licensed Practical Nurse (LPN) #1, that at "11:15am [morning] Called into resident room upon rounds ...stating he [Resident #2] feels NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) ...Staff unable to NJ Ex Order 26.4(b)(1), slowly the resident [Resident #2] started to NJ Ex Order 26.4(b)(1), U.S. FOIA (b) (6) is present with other staff members ...MD [physician] notified and orders to send to [hospital] for eval [evaluation] and treat [treatment]. 911 called. 12pm [afternoon] Taken to [hospital] via NJ Ex Order 26.4(b)(1) ...".</p> <p>A further review of the PN dated NJ Ex Order 26.4(b)(1) 16:54 documented by U.S. FOIA (b) (6) revealed " ...resident has been admitted to [hospital]. Dx [diagnosis] NJ Ex Order 26.4(b)(1)</p>	F 756		
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F 756	<p>Continued From page 4</p> <p>NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)</p> <p>During the surveyor's interview with the U.S. FOIA (b) (6) via phone on 06/06/24 at 4:11 pm [afternoon], the U.S. FOIA (b) (6) stated she did drug regimen review once a month in the facility, kept a copy, and emailed it to the U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and the U.S. FOIA (b) (6)s, on the day I did it and before I left the facility". U.S. FOIA (b) (6) further stated she would do the monthly review of residents' medications around the NJ Ex Order 26.4(b)(1) until the NJ Ex Order 26.4(b)(1) of the month. U.S. FOIA (b) (6) confirmed that she did Resident #2's NJ Ex Order 26.4(b)(1) monthly drug review. The surveyor asked the U.S. FOIA (b) (6) if she saw the new medication order of NJ Ex Order 26.4(b)(1) for Resident #2. U.S. FOIA (b) (6) stated that she did see the new medication order. The U.S. FOIA (b) (6) stated "I thought it was a short period of time; I did not ask nurses or confirm with the U.S. FOIA (b) (6). When the facility notified me on NJ Ex Order 26.4(b)(1) of what happened to Resident #2, I looked back on my notes, and I did not write any notes. I normally would order to stop it, but I did not."</p> <p>During the surveyor's exit conference with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) on 6/6/24 at 5:18 pm, U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were made aware of U.S. FOIA (b) (6) statements about Resident #2 review of medications during visit at the facility.</p> <p>A review of the facility's policy titled, "ADVERSE CONSEQUENCES AND MEDICATION ERRORS", under Policy Interpretation and Implementation 1. Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported. 2. An "adverse consequence" is defined as an unpleasant symptom or event that is due to</p>	F 756			

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F 756	Continued From page 5 or associated with a medication, such as ...or decline in an individual's mental or physical condition or functional or psychosocial status. 4. The staff and practitioner shall strive to minimize adverse consequences by: ...c. Determining that the resident: ... (2) Is not taking other medications ...that would be incompatible with the prescribed medication. 7. The interdisciplinary team reviews the resident's medication regimen for efficacy and actual or potential medication-related problems on an ongoing basis. 8. When a resident receives a new medication, the medication order is evaluated for the following: ...e. The resident is not taking other medications ... that would be incompatible with the prescribed medication.	F 756			
F 760 SS=G	NJAC 8:39-29.3 (a)1 Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Complaint# NJ00174351 Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident (Resident #2) who was currently being administered daily [redacted], was incorrectly transcribed a new medication NJ Ex Order 26.4(b)(1) , another [redacted] by Registered Nurse #1 (RN). The [redacted] medication was prescribed by a Physician for another resident (Resident #1). Resident #2 remained on prescribed daily dose of	F 760	1. On 1/30/24, the order was discontinued, Physician/NP notified, new orders obtained and disciplinary action completed for assigned nurse. 2. All residents who have an order for an anticoagulant have the potential to be affected. An audit was performed on 100 percent of residents to ensure no other residents were affected. 3. On 1/30/24 Facility wide education was initiated for all nurses regarding accuracy	6/13/24	

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F 760	<p>Continued From page 6</p> <p>NJ Ex Order 26.4(b)(1) and also received daily doses of the NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) for 18 days for a total of eighteen (18) doses. This resulted in Resident #2 to become NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The resident eventually needed acute inpatient hospitalization. This deficient practice was identified in one (1) Resident #2 of four (4) residents reviewed for medication order transcription and administration, and was evidenced by the following:</p> <p>According to the "ADMISSION RECORD" (AR), Resident #2 was admitted with diagnoses including but not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) showed that Resident #2 had a Brief Interview of Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) indicating that Resident had NJ Ex Order 26.4(b)(1). Resident #2's MDS further revealed he/she required NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1).</p> <p>A review of the Progress Notes (PN) dated NJ Ex Order 26.4(b)(1) 14:53 documented by Licensed Practical Nurse (LPN) #1, that at "11:15am [morning] Called into resident room upon rounds ...stating he [Resident #2] feels NJ Ex Order 26.4(b)(1) ...Staff NJ Ex Order 26.4(b)(1) safely back to bed, slowly the resident [Resident #2] started to become more NJ Ex Order 26.4(b)(1). U.S. FOIA (b) (6) is present with other staff members ...MD [physician] notified and orders to send to [hospital] for eval [evaluation] and treat [treatment]. 911 called. 12pm [afternoon] Taken to</p>	F 760	<p>of order entry and risk of medication error 4. Twice weekly audits have been conducted since 1/30/24 to ensure there are no duplicate anticoagulant orders and the DON/ designee will continue to audit resident charts twice weekly for 4 weeks, then monthly for three months, to ensure that the monthly drug regimen reviews are conducted appropriately. Results of the audit will be reviewed by the administrator monthly at the QAPI meeting for 3 months.</p>	

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F 760	<p>Continued From page 7 [hospital] via [redacted] NJ Ex Order 26.4(b) ...".</p> <p>A further review of the PN dated [redacted] NJ Ex Order 26.4(b)(1) 4 16:54 documented by U.S. FOIA (b) (6) (redacted) revealed " ...resident has been admitted to [hospital]. Dx [diagnosis] [redacted] NJ Ex Order 26.4(b) [redacted] NJ Ex Order 26.4(b)(1) The resident was discharged from the hospital and back to the facility on [redacted] NJ Ex Order 26.4(b)(1) .</p> <p>A review of Resident #2 electronic Medication Administration Record (eMAR) from [redacted] NJ Ex Order 26.4(b) - [redacted] NJ Ex Order 26.4(b)(1) reflected [redacted] NJ Ex Order 26.4(b) Tablet [redacted] NJ Ex Order 26.4(b)(1)) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) - Start Date- [redacted] NJ Ex Order 26.4(b)(1) 1700 [5 pm] -Hold Date from [redacted] NJ Ex Order 26.4(b)(1) 1008 to [redacted] NJ Ex Order 26.4(b)(1) 0000 and NJ Ex Order 26.4(b)(1) Give [redacted] NJ Ex Order 26.4(b)(1) by mouth at bedtime for NJ Ex Order 26.4(b)(1) [redacted] - Start Date [redacted] NJ Ex Order 26.4(b)(1) 2100 [9 pm] and was-D/C [discontinued] Date- [redacted] NJ Ex Order 26.4(b)(1) 1024. The eMAR further indicated the abovementioned medications were checked, initialed, and administered at the following administration times and dates:</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) at 5 pm and [redacted] NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #2</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) at 5 pm and [redacted] NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #3</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) at 5 pm and [redacted] NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1) [redacted] #4</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) at 5 pm and [redacted] NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #4</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) at 5 pm and [redacted] NJ Ex Order 26.4(b)(1)</p>	F 760	

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F 760	Continued From page 8 <p>NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #4</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #5</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #6</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #7</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by RN #1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #3</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #6, and</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) at 5 pm and NJ Ex Order 26.4(b)(1)</p>	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2024	
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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 760	<p>Continued From page 9</p> <p>NJ Ex Order 26.4(b)(1) at 9 pm - checked, initialed, and administered by LPN #4</p> <p>A review of Resident #1's NJ Ex Order 26.4(b)(1) eMAR revealed NJ Ex Order 26.4(b)(1) Tablet Give NJ Ex Order 26.4(b)(1) by mouth at bedtime for treating/preventing NJ Ex Order 26.4(b)(1). -Start Date: NJ Ex Order 26.4(b)(1) 2100 -D/C Date: NJ Ex Order 26.4(b)(1) 1647. The eMAR indicated NJ Ex Order 26.4(b)(1) was checked, initialed, and administered at 2100 [9 pm] as ordered on NJ Ex Order 26.4(b)(1).</p> <p>During the surveyor's interview with Resident #2 at 10:37 am (morning) on 06/06/24, Resident stated "I went to hospital on NJ Ex Order 26.4(b)(1), ER emergency it was 911; what they discovered while I was waiting for the ambulance before sending me out, I was on NJ Ex Order 26.4(b)(1) and on NJ Ex Order 26.4(b)(1) a doctor called in a prescription for NJ Ex Order 26.4(b)(1) for another resident and a nurse put it in my record. My NJ Ex Order 26.4(b)(1), and I was NJ Ex Order 26.4(b)(1)".</p> <p>During the surveyor's interview with the U.S. FOIA and facility's U.S. FOIA (b) (6) at 1:49 pm on 06/06/24, the U.S. FOIA stated she did an investigation on the incident. U.S. FOIA affirmed that a medication transcription error with the medication NJ Ex Order 26.4(b)(1) occurred and was transcribed by Registered Nurse (RN) #1 on NJ Ex Order 26.4(b)(1) in Resident #2 chart in error. U.S. FOIA stated Resident #2 was on NJ Ex Order 26.4(b)(1) and that the transcription error was found out on NJ Ex Order 26.4(b)(1). U.S. FOIA further stated upon investigation she asked RN #1 regarding the NJ Ex Order 26.4(b)(1) transcription error and U.S. FOIA stated RN #1 was not able to recall the specific incident and was not able to provide an explanation about the medication error.</p> <p>A review of the Investigation Summary (IS)</p>	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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 760	<p>Continued From page 10</p> <p>provided by the facility or [redacted], completed and signed by the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) on [redacted], under "Description of event: On Tuesday, [redacted] at approximately 8:25 am [morning], [Resident #2] was observed with [redacted] from [redacted] and [redacted] NJ Ex Order 26.4(b)(1) [redacted] [Resident #2] complained of feeling [redacted] under Involved resident's pertinent medical data: Medications include [but not limited to]: [redacted] NJ Ex Order 26.4(b)(1) [redacted] [redacted] under "Investigation/chart review: [redacted] NJ Ex Order 26.4(b)(1) [redacted] po [by mouth] at bedtime to start [redacted] (Received a total of 18 doses [redacted] to [redacted] NJ Ex Order 26.4(b) pharmacist note: see nursing report. Report recommendations: consider [redacted] NJ Ex Order 26.4(b)(1) [redacted] [medication], reeval [reevaluation] need both [redacted] NJ Ex Order 26.4(b)(1) [redacted] duplicate tx [treatment], ...clarify [redacted] NJ Ex Order 26.4(b)(1) order is it only on Tue, Thur, Sat, and Sun and no parameters on [redacted] NJ Ex Order 26.4(b)(1)- no need to do bp [blood pressure] prior to administration; > [redacted] Nurses note: At 8:25 AM [morning], resident was noted to have large amount of [redacted] from [redacted] NJ Ex Order 26.4(b)(1) ...Call placed to [redacted] U.S. FOIA (b) (6) who came in to see resident. Orders received ...; [redacted] note: Pt [Resident #2] seen in AM [morning] after nurse called to report he [Resident#2] had a [redacted] NJ Ex Order 26.4(b)(1) from [redacted] NJ Ex Order 26.4(b)(1)] as well as [redacted] NJ Ex Order 26.4(b)(1) [redacted] and [redacted] NJ Ex Order 26.4(b)(1) ...Upon chart review, it was found that an order for [redacted] NJ Ex Order 26.4(b)(1) was entered on [redacted] NJ Ex Order 26.4(b)(1) in error and he [Resident #2] is also on [redacted] NJ Ex Order 26.4(b)(1) daily ... Conclusion: On [redacted] NJ Ex Order 26.4(b)(1) [RN#1] ordered [redacted] NJ Ex Order 26.4(b)(1) po at bedtime to start on [redacted] NJ Ex Order 26.4(b)(1) for [Resident #2]. Order was</p>	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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 760	<p>Continued From page 11</p> <p>intended for another resident on the unit. [Resident #2] had a current order for [redacted] NJ Ex Order 26.4(b)(1) ...Further assessment indicated [redacted] NJ Ex Order 26.4(b)(1) and c/o [complaint of] feeling [redacted] NJ Ex Order 26.4(b)(1) [Resident #2] NJ Ex Order 26.4(b)(1) to be transferred to [hospital] ER [emergency room] for evaluation but agreed to some in house treatments such as labs and medications".</p> <p>During the survey on 06/06/2024 at 5:11 pm, the surveyor placed a phone call to RN #1 who transcribed the medication in error into Resident #2's medical record. RN #1 did not answer nor return surveyor's phone call. The other nurses who signed off on the medication error for Resident #2 LPNs #2, #4, #5, #6, and #7 no longer work in the facility.</p> <p>A review of the facility's policy titled, "ADVERSE CONSEQUENCES AND MEDICATION ERRORS", under Policy Interpretation and Implementation 1. Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported. 2. An "adverse consequence" is defined as an unpleasant symptom or event that is due to or associated with a medication, such as ...or decline in an individual's mental or physical condition or functional or psychosocial status. 4. The staff and practitioner shall strive to minimize adverse consequences by: ...c. Determining that the resident: ... (2) Is not taking other medications ...that would be incompatible with the prescribed medication. 5. A "medication error" is defined as thee preparation or administration of drugs ...which is not in accordance with physician's orders ... or accepted professional standards and principles of the professional (s)</p>	F 760			

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

PRINTED: 10/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960		
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F 760	Continued From page 12 providing services. 8. When a resident receives a new medication, the medication order is evaluated for the following: ...e. The resident is not taking other medications ... that would be incompatible with the prescribed medication. NJAC 8:39-29.2(d)	F 760		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2024
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NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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
S 000	Initial Comments Complaint #: NJ00174351 The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 06/06/2024, 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 4 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. No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted. 2. All residents could be affected by not meeting State of NJ minimum staffing requirements. 3. Recruitment and retention efforts continue to include: a. Job fairs b. Weekly Regional Labor Management reviews e. Recruitment bonus and sign-on bonuses offered	6/13/24

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

Electronically Signed

TITLE

(X6) DATE

07/05/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2024
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NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960
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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 05/19/24 to 05/25/24 and 05/26/24 to 06/01/24.</p> <p>The facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:</p> <p>-05/20/24 had 18 CNAs for 272 residents on the day shift, required at least 34 CNAs. -05/24/24 had 27 CNAs for 274 residents on the day shift, required at least 34 CNAs. -05/29/24 had 27 CNAs for 266 residents on the day shift, required at least 33 CNAs. -06/01/24 had 28 CNAs for 263 residents on the day shift, required at least 33 CNAs.</p>	S 560	<p>f. Compleitive wage analysis</p> <p>4. To monitor and maintain ongoing compliance the Director of Nursing or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement team monthly for continued review and recommendations until substantial compliance is maintained.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315303	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/22/2024	Y2	Y3
NAME OF FACILITY MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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 F0756	Correction	ID Prefix F0760	Correction	ID Prefix	Correction
Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(f)(2)	Completed	Reg. #	Completed
LSC	07/22/2024	LSC	07/22/2024	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 6/6/2024		<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 061411	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/22/2024
NAME OF FACILITY MORRIS VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER 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	07/22/2024	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 <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 6/6/2024	<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
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