PRINTED: 06/03/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		315157	B. WING _			08/	06/2021
	ROVIDER OR SUPPLIER  OWN POST ACUTE REH	AB AND NURSING CENTER		77	REET ADDRESS, CITY, STATE, ZIP CODE MADISON AVENUE ORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
K 000	Appendix Z-Emergen Provider and Supplie Guidance 483.73, Re Care (LTC) Facilities. INITIAL COMMENTS  A Life Safety Code Sonew Jersey Departm Survey and Field Open Morristown Post Acut Center was found to the requirements for Medicare/Medicaid at Safety from Fire, and National Fire Protecti Life Safety Code (LSC) Health Care Occupar	equirements for Long Term  Survey was conducted by the ent of Health, Health Facility erations on )8/02/21 and the Rehab and Nursing be in noncompliance with participation in the 42 CFR 483.90(a), Life the 2012 Edition of the on Association (NFPA) 101, C), Chapter 19 EXISTING	K	0000			
K 222 SS=F	The facility is divided Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required mequipped with a latch	of Type I(332) construction. into 15 smoke zones.  neans of egress shall not be or a lock that requires the om the egress side unless	K	222			10/31/21
LABORATORY	LOCKING Where special locking clinical security needs only one locking devi	wing special locking  R SECURITY THREAT  g arrangements for the s of the patient are used, ce shall be permitted on  SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

**Electronically Signed** 

program participation.

08/27/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG <b>01</b>		ATE SURVEY OMPLETED
		315157	B. WING _			08/06/2021
	ROVIDER OR SUPPLIER  OWN POST ACUTE REH	AB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 222	each door and provisi rapid removal of occulocks; keying of all loc all times; or other suct to the staff at all times 18.2.2.2.5.1, 18.2.2.2 SPECIAL NEEDS LO Where special locking safety needs of the particular of Security Lobeing met. In addition electrical locks that far upon loss of power to protected by a supervisystem and the locke complete smoke deteconstantly monitored within the locked sparand detection system doors upon activation 18.2.2.2.5.2, 19.2.2.2 DELAYED-EGRESS ARRANGEMENTS Approved, listed delar installed in accordance permitted on door assordinary hazard context throughout by an app fire detection system automatic sprinkler sy 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLARRANGEMENTS Access-Controlled Equinstalled in accordance permitted. 18.2.2.2.4, 19.2.2.2.4.	cons shall be made for the pants by: remote control of cks or keys carried by staff at the reliable means available is.  .6, 19.2.2.2.5.1, 19.2.2.2.6 CKING ARRANGEMENTS of arrangements for the atient are used, all of the bocking requirements are it is afely so as to release the device; the building is rised automatic sprinkler of space is protected by a ction system (or is at an attended location ce); and both the sprinkler is are arranged to unlock the constant of the cons	KZ	222		

NAME OF PROVIDER OR SUPPLIER  MORRISTOWN POST ACUTE REHAB AND NURSING CENTER    SUMMARY STATEMENT OF DEFICIENCIES   TAGK   MORRISTOWN, NJ 07960	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
T7 MADISON AVENUE   MORRISTOWN, NJ 07960			315157	B. WING _			08/06/2021	
MORRISTOWN POST ACUTE REHAB AND NURSING CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 222  Continued From page 2  ARRANGEMENTS  Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/02/21, it was determined that the facility failed to provide exit doors in the means of egress designed such that the operation of the releasing device was independent of the release of another device.  MORRISTOWN, NJ 07960  MORRISTOWN, NJ 07960  PREFIX (EACH CORRECTIVE ACTION (EACH CORRECTI	NAME OF PROVI	IDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 222  Continued From page 2  ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/02/21, it was determined that the facility failed to provide exit doors in the means of egress designed such that the operation of the release of another device.  MC 222  K 222	MODDISTOW	N DOST ACUTE DE	AAR AND NURSING CENTER		77 MADISON AVENUE			
REGULATORY OR LSC IDENTIFYING INFORMATION)  K 222  Continued From page 2  ARRANGEMENTS  Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4  This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/02/21, it was determined that the facility failed to provide exit doors in the means of egress designed such that the operation of the releasing device was independent of the release of another device.  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  OMPLET TAG  K 222  I CORRECTIVE ACTION  1) A contract was signed with a door company to install panic bars on 19/20 doors in the following areas: Basement	WORKISTOWN	N FOST ACUTE REI	AND NORSING CENTER		MORRISTOWN, NJ 07960			
ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.  18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:  Based on observation and interview on 08/02/21, it was determined that the facility failed to provide exit doors in the means of egress designed such that the operation of the releasing device was independent of the release of another device.  K222  I. CORRECTIVE ACTION  1) A contract was signed with a door company to install panic bars on 19/20 doors in the following areas: Basement	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLE	TION
This deficient practice was evidenced by the following:  2nd Floor □ 3 doors with doorknobs and 1 with door handle lever 3rd Floor □ 3 doors with doorknobs and 1 with door handle lever 3rd Floor □ 3 doors with doorknobs and 1 with door handle lever 3rd Floor □ 3 doors with doorknobs and 1 with door handle lever 4th Floor □ 4 out of 4 doors with door handled lever 4th Floor □ 4 out of 4 doors with door handled lever 5th Floor □ 4 out of 4 doors with door handled lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door handle lever 3rd Floor □ 4 out of 4 doors with door handle lever 2) 3rd floor □ 4 out of 4 doors with door was repaired to ensure it opens within 30 seconds of initiating the delayed egress magnetic lock.  III. IDENTIFY AT RISK RESIDENTS All residents have the potential to be affected.  III. SYSTEMIC CHANGE The Safety Officer and maintenance staff received education regarding 1) the requirement to provide exit doors in the means of egress designed such that the operation of the releasing device	AR Ele acc door by defauting 18 The by: Basit we exist that independent of the door door door door door door door doo	RRANGEMENTS evator lobby exit a cordance with 7.2. for assemblies in b an approved, sup- stection system and tomatic sprinkler s 3.2.2.2.4, 19.2.2.2.4 his REQUIREMEN  assed on observation was determined the it doors in the mea at the operation of dependent of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re his deficient practic llowing:  Uring a tour of the re lide a tour of the	ccess door locking in 1.6.3 shall be permitted on wildings protected throughout ervised automatic fire d an approved, supervised system.  4 T is not met as evidenced on and interview on 08/02/21, at the facility failed to provide ans of egress designed such the releasing device was elease of another device.  The was evidenced by the facility in the presence of the eleasing device was elease of another device.  The was evidenced by the facility in the presence of the eleasing device was elease of another device.  The was evidenced by the facility in the presence of the eleasing device with a doorknob mechanism. The interview of the elease the lock and open the elease the lock	К 2	K222 I. CORRECTIVE ACTION 1) A contract was signed with company to install panic bars or doors in the following areas: Ba Floor □ 3 of 4 doors with doorked with door handle lever 3rd Floor □ 3 doors with doorked with door handle lever 4th Floor □ 4 out of 4 doors with handled lever 5th Floor □ 4 out of 4 doors with handle lever 2) 3rd floor west wing door was to ensure it opens within 30 second initiating the delayed egress mallock.  II. IDENTIFY AT RISK RESIDE All residents have the potential affected.  III. SYSTEMIC CHANGE The Safety Officer and mainten received education regarding 1) the requirement to provide in the means of egress designe	n 19/20 seement nobs nobs and nobs and h door h door seepaire conds of agnetic  ENTS to be  ance staf exit door d such	1 dd	

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		315157	B. WING _		08/06/2021	
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K 222 K 225 SS=C	lever.  5th Floor - 4 of 4 lever.  The failure to proceed one single action coulous emergency use of sudding the tour the sulouring the tour the sulouring the tour the sulouring the tour the sulouring the delayed.  These findings were with Maintenance Director observations.  The facility's Administing findings during the Lift conference at 2:30 Pl.  NJAC 8:39-31.2(e)  NFPA 101:2012 - 19.3 Stairways and Smoke CFR(s): NFPA 101	doors with door handle  If through the door without Id impede or prevent Ich means of egress. Also, rveyor conducted an Ist of the exit doors and Iddoor located on the 3rd floor pened within 30 seconds of egress magnetic lock. It is during interviews during the Ist action was informed of these Is	K 2	be independent of the release of ar device and 2) the requirement for exit doors to within 30 seconds of initiating the degress magnetic lock.  IV. MONITOR CORRECTIVE ACTI The Safety Officer and maintenance check all egress doors with magnet locks on a monthly basis and report concerns and occurrences quarterly ensure the facility protocol is follow regarding operation of releasing meters devices. This review includes reporting findings at the Monthly Safeting. The Safety Officer will aud for three months to ensure the facil protocol is followed. Results will be reported at the monthly QA meeting. Administrator x 3 months.	o open elayed  ON e staff ic t y to ed eans of es ufety dit logs ity	
	by: Based on observatio	is not met as evidenced n and interview on 08/02/21, t the facility failed to provide		K225 I. CORRECTIVE ACTION		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 7 MADISON AVENUE	•	
MORRISTO	OWN POST ACUTE REH	AB AND NURSING CENTER		M	IORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 225	Continued From page	e 4	K 2	225			
		ripe applied as a material e nosing of each step.			Stair tread marking stripes applied to e step in 4 of 4 stairwells leading from th 5th to the 1st and basement floors.		
	following:	e was evidenced by the			II. IDENTIFY AT RISK RESIDENTS All residents have the potential to be		
	During a tour of the building from 10:00 AM to 12:00 PM in the presence of the facility's Director of maintenance, the surveyor's observation revealed 4 of 4 stairwells did not have a tread marking stripe on each step. This was observed in all 4 stairwells leading from the 5th to 1st and basement floors. This finding was verified by the facility's Physical Plant Manager during the observation.  The facility's Administrator was informed of this finding during the Life Safety Code survey exit conference at 2:30 PM.  NJAC 8:31.2(e) NFPA 101:2012 - 19.2.2.3, 7.2.2				affected.  III. SYSTEMIC CHANGE The Safety Officer and maintenance st received education regarding the requirement to provide stair tread mark stripes applied as a material that is integral with the nosing of each step.  IV. MONITOR CORRECTIVE ACTION The Safety Officer and maintenance st check all stairways on a monthly basis and report concerns quarterly to ensur the facility protocol is followed regardir stair tread marking stripes. This review includes reporting findings at the Mont Safety Meeting. The Safety Officer will audit logs for three months to ensure the facility protocol is followed. Results will reported at the monthly QA meeting by Administrator x 3 months.	aff e ig hly ne be	
K 281 SS=E	discharge, is arrange shall be either continu capable of automatic intervention. 18.2.8, 19.2.8	of Egress of egress, including exit d in accordance with 7.8 and	K 2	281	, animonator x o monuro.		10/31/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		315157	B. WING _			08/	06/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MODDICT	OWN DOCT ACUTE DELL	AB AND NURSING CENTER		77	7 MADISON AVENUE		
WORKIST	OWN POSTACUTE REH	AB AND NURSING CENTER		M	IORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 281	it was determined tha automatic emergency automatically operate. This deficient practice following:  During a tour of the b 2:00 PM in the preser Maintenance Director test of the emergency 5. The surveyor's test turning them off via a that the corridor lights 3 Wings on the 3rd flo 2nd and 1st floor each observed that the corwith emergency batter automatically immediate upon loss of electrical verified by the Mainter observations who rever renovated sections of with continuous emericorridors.  The facility's Administration	n and interview on 08/02/21, the facility failed to provide illumination that would along a means of egress.  was evidenced by the uilding from 10:00 AM to note of the facility's the surveyor conducted a lighting on floors 1 through ted the corridor lights by light switch and observed add not remained on in 2 of foor and 3 of 3 Wings on the h. Also, the surveyor ridors were not equipped ry pack lights which would attely illuminate the area I power. This finding was nance Director during the ealed that only the recently the building was provided gency lighting in the creator was informed of this a Safety Code survey exit at	K 2	281	K281 I. CORRECTIVE ACTION Corridor lights on 2 of 3 wings on the 3 floor and 3 of 3 wings of the 2nd and 1s floor will be equipped with emergency battery pack lights.  II. IDENTIFY AT RISK RESIDENTS All residents on the 3rd, 2nd and 1st floor have the potential to be affected.  III. SYSTEMIC CHANGE The Safety Officer and maintenance streceived education regarding the requirement 1) for illumination of means of egress, including exit discharge, shall be either continuously in operation or capable of automatic operation without manual intervention and 2) to provide automatic emergency illumination that would automatically operate along a means of egress and 3) that the corridors need to be equipped with emergency battery pack lights whith would automatically immediately illuminate the area upon loss of electric power.  IV. MONITOR CORRECTIVE ACTION The Safety Officer and maintenance strength control of the safety Officer and the safety Officer and the safety Officer and the safety Officer	ed ch cal	
					of Means of Egress. This review includ reporting findings at the Monthly Safety Meeting. The Safety Officer will audit lo	/	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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K 281	Continued From page			281	for three months to ensure the facility protocol is followed. Results will be reported at the monthly QA meeting by Administrator x 3 months.	' the	
K 351 SS=E	construction type, are approved automatic seacordance with NFF Installation of Sprinkle In Type I and II const measures are permitt sprinkler protection in or local regulations pour line hospitals, sprinkler closets of patient slee of the closet does not sprinkler coverage correquired by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.19.4.2, 19.3.5.10, 9.7	chospitals where required by the protected throughout by an aprinkler system in the PA 13, Standard for the ter Systems.  Truction, alternative protection at the ter substituted for the erohibit sprinklers.  The sare not required in clothes beging rooms where the area at exceed 6 square feet and overs the closet footprint as the protection of the protection of the same at except the square feet and overs the closet footprint as the protection of the protecti	K	3351			10/25/21
	Based on observation it was determined that complete sprinkler conductions.	on and interview on 08/02/21, but the facility failed to provide overage in all parts of the e was evidenced by the			I. CORRECTIVE ACTION A metal (noncombustible) canopy was installed in the first-floor canopy area.  II. IDENTIFY AT RISK RESIDENTS All residents have the potential to be affected.		
		ocated on the 1st floor and ated smoking area was			III. SYSTEMIC CHANGE The Safety Officer and maintenance st	aff	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315157	B. WING _			08/	06/2021
	ROVIDER OR SUPPLIER  OWN POST ACUTE REH	AB AND NURSING CENTER		77	TREET ADDRESS, CITY, STATE, ZIP CODE 7 MADISON AVENUE IORRISTOWN, NJ 07960		
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K 351	Continued From page	e 7	K	351			
	to provide documentaresistant rating. Also than 4-feet measuring not equipped with aution These findings were Maintenance Director observations.  The facility's Administration				received education regarding the requirements for  1) Nursing Homes to be protected throughout by an approved automatic sprinkler system in accordance with NFPA, standard for the installation of sprinkler systems.  2) Balconies extending more than 4 fee and measured 12-feet by 22-feet to be equipped with automatic sprinkler head 3) Facilities to provide documentation evidencing its fire rating for exterior canopies attached to the building.  4) Canopies extending more than 4-fee measuring 20-feet by 32-feet to be equipped with automatic sprinkler head IV. MONITOR CORRECTIVE ACTION The Safety Officer and maintenance st check all balconies and canopies monton each floor and report concerns quarterly to ensure the facility protocol followed regarding Sprinkler System Installation. This review includes report findings at the Monthly Safety Meeting The Safety Officer will audit logs for 3 months to ensure the facility protocol is followed. Results will be reported at the monthly QA meeting by the Administra x3 months.	et  ds.  aff hly  is ting	
K 353 SS=D	Sprinkler System - M CFR(s): NFPA 101	aintenance and Testing	K	353			9/20/21
	Automatic sprinkler a inspected, tested, and with NFPA 25, Standa	aintenance and Testing nd standpipe systems are d maintained in accordance ard for the Inspection, ing of Water-based Fire					

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		315157	B. WING		08/06	5/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
MODDICT	OWN DOOT AGUTE DE	HAD AND NUDOING CENTED		77 MADISON AVENUE		
MORRIST	OWN POST ACUTE RE	HAB AND NURSING CENTER		MORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 353	Continued From pag	ne 8	K 35	3		
	maintenance, inspec	re location and readily				
	b) Who provided sy					
	c) Water system su					
	any non-required or system. 9.7.5, 9.7.7, 9.7.8, a This REQUIREMEN	S information on coverage for partial automatic sprinkler  nd NFPA 25 T is not met as evidenced				
	by: Based on observation and interview on 08/02/21, it was determined that the facility failed to ensure that all parts of their automatic sprinkler system was maintained in operable.  This deficient practice was evidenced by the following findings:			K353 I. CORRECTIVE ACTION Orange plastic caps were removed of 9 automatic sprinkler heads in th subacute unit additional orange pla caps were removed from all the aut sprinkler heads (approximately 12) rehabilitation gym.	e stic comatic	
	impediments which vextinguishing fire.	eads were not free of would prevent them from reyor and the facility's		II. IDENTIFY AT RISK RESIDENTS All residents have the potential to b affected.		
	Maintenance Director subacute unit and not currently under extended in the surveyor observation heads in the subacute plastic cap to prever activating. The surveyor on all the aute (approximately 12) in	eyor and the facility's or toured the 1st floor ew resident rehabilitation gymensive renovation/construction.  Treed 6 of 9 automatic sprinkle te unit covered with a orange at them from accidentally eyor observed the same omatic sprinkler heads in the rehabilitation gym. The both areas were not occupied		III. SYSTEMIC CHANGE The Safety Officer, maintenance state Construction Project manager and construction crew received education regarding the requirements:  1) For the Facility to ensure that all of their automatic sprinkler system maintained in accordance with NFF standards for the Inspection, Testin maintenance of Water-based Fire	parts were	

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	ROVIDER OR SUPPLIER  OWN POST ACUTE REH	AB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 77 MADISON AVENUE MORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
K 353	by contractors during interview with the Mai the observations conf that the contractors d the end of the work definitions are the contractors described by the contractors during the contractors durin	the observations. An intenance Director during firmed the above, revealed id not remove the devices at ay and, the facility did not es were removed after the end of the work day.	K 35	protection Systems.  2) Automatic sprinkler heads must alw remain free of impediments which wo prevent them from extinguishing fire. The facility designated the foreman or construction project to confirm the sat caps are removed after the constructiteam leaves for the day.  IV. MONITOR CORRECTIVE ACTION The Safety Officer and maintenance is check all Fire Sprinkler Heads monthle each floor and report concerns quarted to ensure the facility protocol is follow regarding Sprinkler System —  Maintenance and Testing. Construction Crews are required to sign-out only a assuring sprinkler head covers are removed. This review includes reporting findings at the Monthly Safety Meeting. The Safety Officer will audit logs for 3 months to ensure the facility protocol followed. Results will be reported at the monthly QA meeting by the Administration of the provided in the provided	uld  f the fety ons  N staff y on erly ed on fter ng g. is ne	

#### POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01		DATE OF REVISIT								
315157 <sub>Y1</sub>	B. Wing	Y2	1/24/2022 <sub>Y3</sub>								
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE									
MORRISTOWN POST ACUTE RE	EHAB AND NURSING CENTER	77 MADISON AVENUE									
		MORRISTOWN, NJ 07960									
	•	and/or Clinical Laboratory Improvement Amendments	h								

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).

ITE	M	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#	NFPA 101	Completed	Reg. #	NFPA 101	Completed	Reg. #	NFPA 101		Completed
LSC	K0222	10/31/2021	LSC	K0225	10/31/2021	LSC	K0281		10/31/2021
ID Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#	NFPA 101	Completed	Reg.#	NFPA 101	Completed	Reg. #			Completed
LSC	K0351	10/25/2021	LSC	K0353	09/20/2021	LSC			Completed
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			
REVIEWE STATE AC		REVIEWED BY (INITIALS)	DATE	SIGNATURE	OF SURVEYOR			DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/6/2021			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					YES NO	