

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORRIS VIEW HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960</b>
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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	<p>Initial Comments</p> <p>NJ Compliant # 100578747</p> <p>The facility is 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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 5 of 14 nursing day shifts reviewed in a two week period for the facility:</p> <p>Findings include:</p> <p>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</p>	S 560	<p>S560 Mandatory Access to Care</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>-There was no negative outcome to residents the shifts identified as not meeting the NJ staffing requirements during 10/02/22 day shift, 10/03/22 day shift, 10/08/22 day shift, 10/09/22 day shift, and 10/10/22 day shift.</p> <p>2. How you will identify other residents having potential to be affected by the</p>	11/3/22

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

TITLE

(X6) DATE

Electronically Signed

11/03/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, 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 CNA 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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 10/2/22 to 10/08/22 and 10/09/22 to 10/15/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift documented below:</p> <p>The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <p>-10/02/22 had 24 CNAs for 241 residents on the day shift, required 30 CNAs. -10/03/22 had 29 CNAs for 241 residents on the day shift, required 30 CNAs. -10/08/22 had 21 CNAs for 240 residents on the day shift, required 30 CNAs -10/09/22 had 25 CNAs for 240 residents on the day shift, required 30 CNAs.</p>	S 560	<p>same practice and what corrective action will be taken:</p> <p>-All residents have potential to be affected by this deficient practice.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the practice does not recur:</p> <p>10/26/2022, the facility Staffing Coordinator was re-educated by the Licensed Nursing Home Administrator (LNHA) on the components of this regulation with an emphasis on CNA to resident ratios.</p> <p>-Staffing Coordinator attends weekday morning clinical meeting to review staffing to ensure that the required staffing is implemented to meet the needs of the residents.</p> <p>-Callouts are fielded by the Staffing Coordinator / designee who has access to staff phone numbers and staffing agency access and ability to approve coverage to ensure that the required staffing is implemented to meet the needs of the residents.</p> <p>-To increase CNA staffing: Jobs posted on internet job boards and purchase the advertisement to be elevated, professional recruiters are actively recruiting, provide incentive bonuses for staff who refer CNA's, contacted local schools to recruit new graduates, schedule job fair, utilize agency staff, assist with transportation.</p>	

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S 560	Continued From page 2  -10/10/22 had 25 CNAs for 240 residents on the day shift, required 30 CNAs.	S 560	<p>4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> <li>-Director of Nursing/designee will monitor staffing to ensure that the facility staffing requirements meet the needs of the residents per the regulation.</li> <li>-Director of Nursing/designee will conduct an audit 3 times a week for 4 weeks and then weekly x2 months of the staffing schedule.</li> <li>-The findings of these audits will be reported to the monthly QAPI meeting x 3 months.</li> </ul>	

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORRIS VIEW HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>540 WEST HANOVER AVENUE</b> <b>MORRISTOWN, NJ 07960</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>NJ Complaint # NJ100158747</p> <p>Census: 247</p> <p>Sample size: 3</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

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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.