

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

PRINTED: 03/02/2023
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 08/16/2021
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 C #: NJ00147681 Census: 220 Sample Size: 3 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 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		9/2/21	

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

TITLE

(X6) DATE
08/24/2021

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 584	<p>Continued From page 1 in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: C #: NJ00147681</p> <p>Based on observation, interviews, and medical record review, as well as review of pertinent facility documents, it was determined that the facility failed to maintain a safe, clean and homelike environment for 1 of 3 residents (Resident #1) observed during Environmental tour. This deficient practice is evidenced by the following:</p> <p>According to the "Admission Record (AR)", Resident #1 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to the following: [REDACTED]. The AR showed that the Resident was [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED] showed that Res #1 was [REDACTED] and required total assistance</p>	F 584	<p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident #1 was found to have stains in room that was not cleaned in a timely manner and exposed (non-live) wires from an old call bell system. Residents room was sanitized and exposed wire was covered on August 16th 2021.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected. An audit was performed on 100 percent of resident room to ensure no other residents are affected. Audit completed on</p>	

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F 584	<p>Continued From page 2 from the staff with Activities of Daily Living (ADL).</p> <p>During the tour of Resident #1's room on 8/16/21 at 11:38 am, the surveyor together with the Unit Manager (UM) observed the following: The Resident's bedroom wall had several reddish/dark brown stain. An exposed wires were hanging on the wall (from the old call bell system) on top of the new call bell system.</p> <p>The surveyor conducted an interview with the Housekeeping Supervisor (HS) on 8/16/21 at 12:00 pm. She stated the reddish/dark brown color on the wall "looks like blood". She stated that Certified Nursing Aides (CNA) were responsible to clean blood/bodily fluids spills/stains and should have been reported to the Housekeeping to sanitize/disinfect the surfaces. The HS could not tell how long the aforementioned stain has been on the wall.</p> <p>The surveyor conducted an interview with CNA #1 (the CNA assigned to the Resident on 8/15/21 and 8/16/21). She stated that the aforementioned stain on the wall "looks like blood". She explained that the blood might have come from the [REDACTED] of the Resident's [REDACTED] that he/she [REDACTED]. She stated that she noticed the aforementioned stain on the wall yesterday (8/15/21). However, she forget to clean the blood on the wall or notify the Housekeeping. She further stated that the exposed wires were there for a while (not sure of the date). However, she did not report it to the Maintenance staff.</p> <p>The surveyor conducted an interview with the Housekeeping Director (HD) on 8/16/21 at 12:20 pm. She stated that blood or not blood on the</p>	F 584	<p>8/17/2021</p> <p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur;</p> <p>The DON/ designee and Directors of Housekeeping and Maintenance will audit 5 resident rooms once a week for 3 months.</p> <p>In-service education was provided to all staff regarding the facility policy for environmental issues, maintenance and the proper procedure for reporting them in a timely manner.</p> <p>How the corrective actions(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be put into practice. The date for correction and the title of the person responsible for correction of deficiency</p> <p>The DON/designee and Directors of Housekeeping and Maintenance will audit 5 resident rooms once a week for 3 months, to ensure that proper procedures are being followed. Results of the audit will be reviewed by the administrator monthly at the QAPI meeting for 3 months and quarterly at the QA meeting x2.</p> <p>Date of completion September 2nd 2021 Shabsi Ganzweig, LNHA Administrator</p>		

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F 584	<p>Continued From page 3</p> <p>wall, the housekeeping staff should have seen the stain on the wall because they come and clean the room everyday.</p> <p>The surveyor conducted an interview with the Maintenance Director (MD) on 8/16/21 at 12:24 pm. The MD stated that the exposed wires hanging from the wall were dead wires (wires not carrying current) should have been hidden in the wall.. The MD unable to explain the hanging wires on the wall.</p> <p>The Policy titled, "Cleaning Spills or Splashes of Blood or Body Fluids" updated on 1/1/21, showed "...Policy Interpretation and Implementation 1. Whoever...or witnesses splattered anywhere in the facility shall notify environmental services has occurred...2. A Nursing employee shall clean and disinfect any surfaces..."</p> <p>NJAC 8:39-31.4(a)(f)</p>	F 584			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315303	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/7/2021	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 F0584	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/02/2021	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 8/16/2021		<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		