STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315157	A. BUILDING _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON AVENUE MORRISTOWN, NJ 07960

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F 000	INITIAL COMMENTS A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00150851, NJ00154206, NJ00154288, NJ00154964, NJ00155911, NJ00156313, NJ00158509, NJ00158516, NJ00159860, NJ00161013, NJ00161674, NJ00164049, NJ00164272, NJ00164562 Survey Dates: 06/20/23 through 06/23/23 Survey Census: 192 Sample Size: 12 Supplemental Residents: 19 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 573 SS=D	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3) §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained	F 573		7/17/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/17/2023

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F 573	Continued From page 1 electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C)Postage, when the individual has requested the copy be mailed. §483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure that copies of resident records were provided within two working days for two (Resident (R) 2 and R11) of two residents reviewed for provision of	F 573	F573 Confirmed that Residents #2 and #11 responsible party were already provided with copies of requested resident records	

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F 573	Continued From page 2 records out of a sample of 11 residents. Requests for records from the residents' responsible parties and/or Power of Attorney were not acted upon in a timely manner, with delays exceeding two years in fulfilling the requests. Findings include: 1. Review of R2's hard copy "Admission Record" revealed R2 was admitted to the facility on [redacted] and was discharged from the facility on [redacted]. Per the "Admission Record," a family member (FM 2) was listed as both Emergency Contact #1, as well as R2's financial Power of Attorney (POA). Review of a request for R2's medical records revealed a letter was sent by an attorney and was dated [redacted]. Attached to this letter was an "Authorization for Release of Medical Records," signed by FM2, who was listed on the request for the records as the Durable POA. This form, signed by FM2 and dated 03/17/21, authorized the release of the resident's medical records to the attorney on behalf of the POA. The attorney's request for copies of the records noted the request was being made after the POA, himself, had made several requests for the records but they had not been provided. Review of R2's entire electronic medical record (EMR) revealed no evidence that the requested records were ever copied and delivered to the attorney/POA. An interview by telephone on 06/20/23 at 2:37 PM with the attorney revealed that he was representing the Durable POA. He confirmed that the initial request for the resident's medical records was made in 2021. He stated, "It was over a year. We had to file a suit to get the	F 573	prior to the deficient practice being identified by survey team. All residents are at risk of being affected by this deficient practice Medical record clerk was in-serviced on 7/10/2023 by Administrator regarding the requirements to provide access to records within 24 hours and copies of records within 48 hours. Administrator or designee will audit one record request a month for three months to ensure fulfilled in a timely manner and bring results to quarterly QAPI meeting.	

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records. They completely ignored us for ages." Further interview with the attorney revealed that even when records were eventually received, they were not complete, and the attorney had recently filed an order for the facility to produce the rest of the requested records. During this call, the attorney emailed a copy of this suit, dated 06/14/23. Review of the document confirmed that it was a request for additional information from R2's medical records which had still not been provided.

Interview with the Regional Consultant on 06/20/23 at 11:39 AM revealed that when a POA sends a request for records, they must sign a consent form. The Regional Consultant added that if someone other than the POA requests the records, they ensure the POA has approved the request, and if the POA approves, the records can then be released.

Interview on 06/20/23 at 2:06 PM with the Medical Records staff revealed that if the request is from the resident or family, once the request ("Authorization" form) is signed, it is "usually 48 hours" for the records to be copied/released. He stated that if the request was from an attorney, the request would go to Administration or Corporate staff for review to make sure the "POA is OK" with the request. Medical Records stated that for this type of request, it was "two weeks max" to get the records copied and sent out. When asked about R2's request, Medical Records stated, "That was last year, two years ago," and the request was made due to litigation. Medical Records stated that the request was received when a different Administrator was working in the facility. He stated he needed "to check to see what happened," and would return

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with any additional information he had.

Interview on 06/20/23 at 1:26 PM with the Assistant Administrator revealed that neither he nor the current Administrator were working at this facility at the time that the initial request was made in 03/2021. The Assistant Administrator stated he thought the request came in during 2022 and, "Once the lawyer reached out to me, there was back and forth on the phone," adding that, "The issue was trying to find out exactly what he wanted." The Assistant Administrator stated that the records were finally sent out on 04/28/22. The Assistant Administrator stated, "Per regulation, I understand records are to be sent out within 48 hours," confirming, "So yes, this was late."

A follow-up interview on 06/20/23 at 2:00 PM with Medical Records confirmed the copies were not sent to the attorney representing the POA until 04/28/22. He stated that he could find no record of the POA ever calling or sending in requests for copies and would continue to search for any relevant information.

An additional interview with the Assistant Administrator was conducted on 06/20/23 at 5:15 PM. During this interview, the Administrator was also present. Interview with the Administrator confirmed that he was not working at the facility at the time the request for records was made in 2021 and had no direct knowledge of what occurred in 2021. Interview with both revealed they were unaware if the facility had a system for logging and tracking record requests. They stated that they would continue to look for any records which might show when the request was first received and the reason for the delay in sending

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out the copies.

An additional interview was conducted with Medical Records on 06/21/23 at 10:34 AM. He stated that he had been the medical records staff since [redacted] and had "not really done medical records" before being assigned to the position. Medical Records stated that he did not have a tracking system to show when record requests were received or completed and the facility had not been able to find any additional information about the request for R2's records. Medical Records confirmed that the submission of R2's copies was not timely, adding the records are "supposed to be sent out in 48 hours."

2. Review of the hard copy "Admission Record" revealed R11 was admitted to the facility on [redacted] Per the "Admission Record," FM11, a family member, was listed as Emergency Contact #1.

Review of a hard copy "Authorization to Release Patient Information" form, signed by FM11 and provided by the facility, revealed that FM11 had requested R11's [redacted] At the top of this paper was a note that stated, "Complete 2/15/23."

Review of a copy of a letter addressed to the current administrator and sent via certified and regular mail on 04/29/13 by FM11 revealed, "For the last two years and four months, I have requested but not received copies of her [R11] medical records. On 04/29/21, I received a record release form and the same date, completed, and mailed it to your facility. Your staff member [Medical Records] confirmed receipt of the signed document and informed me that he would send

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me [R11]'s medical records."

Interview by telephone on 06/20/23 at 4:45 PM with FM11 revealed that she did not receive copies of R11's records until 2023. When asked to verify what she said, FM11 stated, "That is correct - nothing from 2021 until 2023," adding, "It was two years to get partial records." FM11 was asked to explain, and she stated, "Even when they sent the records [in 2023], it wasn't everything." FMS stated she only received a partial set of copies, and these were not the records she requested, adding that what she received was "assessments for Medicare/Medicaid." Further interview with FM11 revealed that the Medical Records staff had previously verified to her that the facility received her initial request for copies of the records on 02/15/21. She concluded by noting, "I'm told it's my right to get these [copies] but no one will get the medical record to me."

Interview on 06/20/23 at 1:55 PM with R11, who was in her bed, revealed she was pleasantly NJ Exec. Order 26:4.b.1 and she stated she was unaware of any issues regarding a request for her medical records. Review of R11's most current Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of NJ Exec. Order 26:4.b, revealed the resident was NJ Exec. Order 26:4.b.1, based on a Brief Interview for Mental Status (BIMS) score of NJ Exec. Ord

Interview on 06/21/23 at 10:34 AM with Medical Records revealed that he stored record requests on his desk. He stated that when a request for copies comes in, he adds it to the stack on the desk in chronological order for him to work on, and once completed, the request is filed. He

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stated that he did not have a tracking mechanism to be able to verify when an initial request was first received, subsequent correspondence including sending the facility's "Authorization" form, or the final disposition of the request, including a date when all requested records were sent. Interview with Medical Records revealed that he did not remember confirming to FM11 that her initial request for records was received in 2021 and he could not find a copy of her initial request. However, Medical Records added that he had spoken back and forth with her after first receiving her request for copies of the record and stated, "I had her fill out the "Authorization to Release Patient Information." Medical Records stated the only record he could find was FM11's "Authorization to Release Patient Information" request for records on 11/15/22. During this interview, Medical Records confirmed that copies of records are supposed to be sent out in 48 hours. Medical Records stated that R11's records were sent out 01/15/23, rather than 02/15/23, explaining that the initial date written on the form was incorrect, and he had written over the date, changing the "2" for February to a "1" for January. Medical Record confirmed that the 01/15/21 submission of the copies was untimely, adding, "It was quite some time [before the records were copied/sent] ...I'm surprised about two years."

Review of the facility policy titled, "Release of Information," revised 02/20/23, revealed that, " . . . All information contained in the resident's medical record is confidential and may only be released by written consent of the resident or his /her legal representative (sponsor), consistent with state laws and regulations . . . " The policy further noted that " . . . Requests will be honored only upon receipt of a written, signed, and dated

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F 573	Continued From page 8 request from the resident or representative . . . A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends or holidays) advance notice of such request . . . "	F 573		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		7/17/23

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F 580	Continued From page 9 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure family representatives were immediately informed of a significant change in condition requiring transfer to the hospital for one (Resident (R) 9) of 12 sampled residents. Specifically, R9's family representative was not informed on two separate occasions when R9 was transferred to an acute care facility for [redacted]. Findings include: Review of R9's "Admission Record," located in the EMR under the "Profile" tab, revealed R9 was admitted on [redacted] with diagnoses that included [redacted]. Review of R9's "Nurses Notes," located in the	F 580	F580 Resident #9 no longer resides at the facility. All residents are at risk of being affected by this deficient practice. Nurses were in-serviced by assistant director of nursing on 7/10/2023 regarding family notification of a significant change of a condition, and conditions requiring transferring out of the facility and documenting the notification in the residents medical record. Director of nursing or designee will audit two transfers a month for three months for proper family notification and the notification being documented in the	

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F 580	Continued From page 10 electronic medical record (EMR) under the "Progress Notes" tab and dated [NJ Exec. Order 26:4.b] at 9:12 PM, indicated, " . . . Resident [NJ Exec. Order 26:4.b.1] .. Dr. in to see patient ... new order to send out to ER (emergency room). Call placed to ER, patient admitted to [NJ Exec. Order 26:4] There was no documentation R9's family representative was notified. Review of R9's "Nurses Notes," located in the EMR under the "Progress Notes" tab and dated [NJ Exec. Order 26:4.b.1] at 1:08 AM, indicated, " . . . At 09:55 PM Resident [NJ Exec. Order 26:4.b.1] . Requested [NJ Exec. Order 26:4.b.1] t 10:30 PM resident told writer that the [NJ Exec. Order 26:4.b.1], so he wanted to go to the hospital, writer called doctor and she recommended him going to the hospital. He left facility at 12:55 PM . . . " There was no documentation R9's family representative was notified. Review of R9's "Admission Record," located in the EMR under the "Profile" tab, indicated two emergency contact numbers and an email address where family representatives could be contacted. During a telephone interview on 06/21/23 at 3:00 PM, R9's family member (FM) 1 stated, "I wasn't aware that he (referring to R9) went to the hospital for [NJ Exec. Order 26:4.b.1]. I found out later when he called me from the hospital." During an interview on 06/22/23 at 12:15 PM, the Director of Nursing (DON) stated she could not find documentation in the EMR that the facility notified either of R9's family members on	F 580	residents medical record, results will be brought to quarterly qapi meeting.	

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F 580	Continued From page 11 NJ Exec. Order 26:4.b or NJ Exec. Order 26:4.b.1 when R9 was transferred to the hospital. The DON stated, "The nurse who receives the order from the physician for transfer should have notified the family." Review of the facility's policy titled "Change in Condition or Status," revised 1/2022, indicated, " . . . Our facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status . . . unless otherwise instructed by the resident, a nurse will notify the resident's representative when: there is a significant change in the resident's physical status . . . when it is necessary to transfer the resident to the a hospital/treatment center . . . "	F 580		
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and	F 623		7/17/23

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(c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;

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F 623	Continued From page 13 (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, the facility failed to provide a transfer notice which contained all required	F 623	F623 Residents #3,7,and 9 are no longer	

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F 623	Continued From page 14 information to four (Resident (R) 3, R4, R7, and R9) of four sampled residents reviewed for transfer notices. The notice failed to contain an explicit statement that the resident had the right to appeal against the transfer. The notice also failed to contain the name, address, and contact information for the correct state agency which handled these appeals. Findings include: 1. Review of a hard copy "Admission Record," provided by the facility, revealed that R3 was admitted to the facility on NJ Exec. Order 26:4.b.1. The resident's diagnoses included NJ Exec. Order 26:4.b.1 [redacted] Review of a "Notice of Emergency Transfer," dated NJ Exec. Order 26:4.b [redacted] and provided by the facility, revealed that the resident was transferred to another facility for a NJ Exec. Order 26:4.b.1 Review of this Transfer notice revealed that it did not contain a statement that the resident had the right to appeal the transfer, nor did it give the name of the agency to whom such appeals should be submitted. The form did contain a statement saying, "If the resident or his/her representative disagree with this transfer, the resident and/or representative may contact the following entity: "NJ Long Term Care Ombudsman," and gave the contact information for the Ombudsman agency. 2. Review of a hard copy "Admission Record," provided by the facility, revealed that R4 was initially admitted to the facility on NJ Exec. Order 26:4.b.1 [redacted] Per the "Admission Record," the resident's diagnoses included NJ Exec. Order 26:4.b.1 [redacted].	F 623	residents in the facility. Resident #4 will be given proper transfer notice which includes the right to appeal in any future transfers. All residents are at risk of being affected by this deficient practice. Facility Notice of Emergency Transfer form was updated to include an explicit statement that the resident has the right to appeal the transfer, and contact information for the correct state agency to process such an appeal. Administrator In serviced social workers and business office manager on 7/10/2023 regarding proper transfer notice which includes the right to appeal. Administrator or designee will audit two transfers for use of appropriate form each month for three months with results being brought to quarterly QAPI meeting.	

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Review of hard copy "Notice of Emergency Transfer" forms, dated NJ Exec. Order 26:4.b.1 and provided by the facility, revealed that that for each of the notices, R4 was sent to a hospital for acute care. Review of these four Transfer forms revealed they failed to state that the resident had the right to appeal the transfer. The forms failed to contain the name or contact information for the agency to whom the appeal should be addressed. Instead, each listed only the name and contact information for the Ombudsman's office.

3. Review of R7's "Admission Record," located in the EMR under the "Profile" tab, revealed R7 was admitted to the facility on NJ Exec. Order 26:4.b with diagnoses that included NJ Exec. Order 26:4.b.1

Review of R7's "Notice of Emergency Transfer" forms, provided by the DON with dates NJ Exec. Order 26:4.b and NJ Exec. Order 26:4.b, indicated, " . . . This notice is to confirm that ... resident [R7] was transferred ... on emergent basis ... if the resident or his/her representative disagree with this transfer, the resident and/or representative may contact the following entity: NJ Long-Term Care Ombudsman . . . "

4. Review of R9's "Admission Record," located in the EMR under the "Profile" tab, revealed R9 was admitted on NJ Exec. Order 26:4.b.1 with diagnoses that included NJ Exec. Order 26:4.b.1

Review of R9's "Notice of Emergency Transfer" forms, provided by the DON with dates of NJ Exec. Order 26:4.b.1, and

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F 623	Continued From page 16 NJ Exec. Order 26:4.b, indicated, " . . . This notice is to confirm that ... [R9] was transferred ... on emergent basis ... if the resident or his/her representative disagree with this transfer, the resident and/or representative may contact the following entity: NJ Long-Term Care Ombudsman . . . " Interview with the Corporate Representative on 06/21/23 at 1:47 PM revealed his belief that the information used on the Transfer notices was correct. He stated that the Office of the Ombudsman was the agency that residents should contact if they wanted to make an appeal, and there was no reason to list the Ombudsman's name and address twice on the form. (Federal regulation requires that, in addition to the name of the agency handling appeals, the notice must also contain contact information for the Office of the Ombudsman.) During an interview with a representative of the New Jersey (NJ) Long Term Care Ombudsman program by telephone on 06/22/23 at 9:15 AM, she stated, "The Ombudsman is NEVER the appealing agency" for transfers or discharges. She stated that after talking with the survey team on 06/21/23, she conferred with her supervisor who confirmed this information. The Ombudsman stated that they did not know who the correct agency was, but it was not them. During an interview with the Administrator on 06/22/2 at 12:11 PM, he was informed that the Transfer notices did not contain the correct agency responsible for appeals. When told that the Ombudsman's office denied being responsible for appeals, he stated that he did not know who the correct agency was and confirmed he would have to find that information.	F 623		

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F 623	Continued From page 17 Review of the facility's "Transfer or Discharge Notice" policy, reviewed/revised 02/2023, revealed it did not identify the proper state agency to whom appeals should be directed. Review of the policy revealed, " . . . The resident and/or representative (sponsor) will be notified in writing of the following information . . . A statement of the resident's rights to appeal the transfer or discharge, including:(1) the name, address, email, and telephone number of the entity which receives such requests;(2) Information about how to obtain, complete and submit and appeal form; and (3) How to get assistance completing the appeal process . . . "	F 623		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.	F 657		7/17/23

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F 657	Continued From page 18 (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: F657 E Based on interview, record review, and review of facility policy, the facility failed to ensure that four (Resident (R) 11, R4, R10, and R9) of four sampled residents reviewed for care plan involvement were provided the opportunity to participate in the development of their care plan. The residents and/or their representative/family members (FM) were not consistently invited to care plan meetings. In addition, the facility failed to explain/document if there was a reason that inviting the resident and/or their representative was not practicable. Findings include: 1. Review of a hard copy "Admission Record" revealed R11 was admitted to the facility on [redacted]. The resident's diagnoses listed on the "Admission Record" included [redacted]. The "Admission Record" listed a family member (FM11) as the resident's emergency contact. Per the resident's most recent quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of [redacted] and which was located in the electronic medical record (EMR) under the "MDS" tab, R11 had [redacted],	F 657	F657 Resident #9 no longer resides in the facility. Residents #11, 10, 4 were already provided with the opportunity to join care plan meetings prior to the deficient practice being identified by the survey team, for Resident #11 on 6/19/2023, Resident #4 on 6/12/23, Resident #10 on 6/19/23. All residents are at risk of being affected by this deficient practice. This concern was identified by the facility on 4/3/23 and an ad hoc performance improvement plan was initiated. Social workers were in-serviced on 7/10/2023 by administrator regarding the requirement to invite residents and families to care plan meetings. Director of nursing or designee will audit two care plan meetings a month for three months to ensure families were notified about the ability to join care plan meetings, all findings will be brought to quarterly QAPI meeting.	

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based on a Brief Interview for Mental Status (BIMS) score of [redacted].

Review of MDS tracking information revealed the resident had the following MDS assessments, which would trigger a care plan review/revision:
[redacted] = Quarterly MDS,
[redacted] - Quarterly MDS,
[redacted] - Quarterly MDS
[redacted] - Annual MDS,
1[redacted] - Quarterly MDS,
[redacted] - Quarterly MDS, and
[redacted] - Quarterly MDS.

Review of a [redacted] "Social Service Note," located under the tab for Progress notes in the EMR, revealed that a care plan conference was held in response to the [redacted] MDS, and FM11 attended via telephone. Further review of the entire EMR, including the "Social Service Note" records in the Progress Notes tag revealed no evidence that the resident or her FM were invited to any of the care plan conferences held after completion of the MDS assessments dated [redacted] through 0[redacted]. In addition, a review of all Progress Notes during this time period revealed no explanation as to why the presence of the resident and/or their representative was not practicable for inclusion in care plan meetings.

Interview with FM11 by phone on 06/20/23 at 4:45 PM revealed that when she attended the [redacted] care plan meeting, it was the "first time" that she had been invited to or attended a care plan meeting conducted after completion of an MDS. She confirmed that she "never had a care plan meeting" prior to 0[redacted] and had, in fact, had to call the facility herself and schedule a meeting on [redacted] because of concerns that needed to

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be reviewed.

Interview with the Social Services Director (SSD) on 06/21/23 at 9:22 AM revealed that Social Services staff was the department responsible for inviting the resident and their representative to care plan meetings. She stated that the facility invites every alert and oriented resident to the meeting, as well as the family if the resident desires. The SSD stated if a resident was not alert and oriented, they invited the family/responsible party. She stated that these invitations should be sent every quarter. The SSD stated that she would review facility records and provide care plan meeting records for R11, as well as other requested residents.

An additional interview with the SSD on 06/21/23 at 10:02 AM revealed that documentation regarding care plan conferences was maintained in the Social Service notes portion of the EMR Progress Notes. The SSD confirmed that she could only find evidence that R11's family member had been invited to one care plan conference - the one that took place two days earlier on 06/19/23. The SSD stated that due to R11's cognitive impairment, FM11 should be invited to all meetings.

2. Review of a hard copy "Admission Record" revealed R4 was admitted to the facility on [redacted]. Per the "Admission Record," R4 had diagnoses including NJ Exec. Order 26:4.b.1 [redacted] The "Admission Record" documented that the resident was her own responsible party, and three family members were listed as Emergency Contacts.

Review of MDS tracking information in the EMR

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revealed it included the following MDS assessments, which triggered a care plan review/revision:
[redacted] - Quarterly,
[redacted] - Quarterly,
[redacted] - Quarterly, and
[redacted] - Annual.

Review of the entire EMR, including the "Social Service Note" records in the Progress Notes tab, revealed no evidence that the resident or her family member were invited to care plan conferences held in response to these four MDS assessments. In addition, review of all Progress Notes during this time period revealed no explanation as to why the presence of the resident and/or their representative was not practicable for inclusion in these four care plan meetings.

Interview with the resident on 06/20/23 at 12:17 PM revealed the resident, who was in her room, was pleasant NJ Exec. Order 26:4.b.1, and she did not express any concerns related to care planning.

Interview with the SSD on 06/21/23 at 10:02 AM revealed that she could not provide evidence that R4, as well as her family/representative, were invited to every care plan meeting.

3. Review of a hard copy "Admission Record" revealed R10 was admitted to the facility on [redacted]. Per the "Admission Record," R10 had diagnoses including NJ Exec. Order 26:4.b.1 [redacted] The "Admission Record" documented that the resident's family member (FM 10) was the

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Power of Attorney (POA) for care, and she was also listed as "Emergency Contact #1."

Review of MDS tracking information in the EMR revealed it included the following MDS assessments, which triggered a care plan review/revision:
[redacted] - Quarterly,
[redacted] - Quarterly,
1 [redacted] - Quarterly, and
[redacted] - Annual.

Review of the entire EMR, including the "Social Service Note" records in the Progress Notes tab revealed no evidence that the resident or her family member were invited to care plan conferences held in response to these four MDS assessments. In addition, review of all Progress Notes during this time period revealed no explanation as to why the presence of the resident and/or their representative was not practicable for inclusion in these four care plan meetings.

An attempt to interview the resident in her room on 06/20/23 at 10:00 AM about care issues was unsuccessful, based on interference from FM10, who was also present. An attempt to interview FM10 about various issues, including care planning, was also unsuccessful.

An additional attempt to interview R10 on 06/20/23 at 12:36 PM (without FM10's presence) revealed the resident answered basic demographic questions and did not report any care concerns. Review of R10's current MDS, a quarterly with an ARD of [redacted] which had not yet been signed, revealed the resident was NJ Exec. Order 26:4.b.1, based on a BIMS

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score of [redacted]

Interview with the SSD on 06/21/23 at 10:02 AM revealed that she could not provide evidence that R10, as well as her family/representative, were invited to every care plan meeting.

4. Review of R9's "Admission Record," located in the EMR under the "Profile" tab, revealed R9 was admitted on [redacted] with diagnoses that included NJ Exec. Order 26:4.b.1 [redacted]

Review of R9's MDS (Minimum Data Set) assessment schedule, located in the EMR under the "MDS" tab, indicated R9 had a quarterly/Medicare 5-day MDS assessment completed on [redacted] and a quarterly MDS assessment completed on [redacted] Review of the entire EMR revealed no documentation that the resident or resident's family member were invited to attend the Care Plan Conferences after completion of the two MDS.

During a telephone interview on 06/21/23 at 3:00 PM, R9's family member (FM)1 stated, "I was never invited to a Care Conference after he (referring to R9) was admitted in [redacted]. I attended a Care Conference in [redacted] when he was admitted, and they never invited me to another one after that."

Interview with the MDS Coordinator on 06/22/23 at 2:26 PM revealed that the care conferences used to be scheduled by the Social Services staff. The MDS Coordinator stated she made the schedule herself now. The MDS Coordinator clarified that by making the schedule, she meant

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that she set the dates and notified all members of the interdisciplinary team (IDT) about due dates for the assessment and care planning. The MDS Coordinator explained that after receiving the date for the care conference, Social Services (SS) was responsible for calling families and setting the care plan meeting.

Interview with the SSD on 06/21/23 at 10:02 AM revealed that the facility had a new SS team, and it had been confirmed that residents and their families were not consistently being invited to the care plan meetings The SSD stated the SS team was working to ensure that this occurred for all future care plan meetings.

Review of the facility policy titled, "Resident Participation, Assessments and Care Plans," revised 02/2023, revealed,

" . . . 1. The resident and his or her legal representatives are encouraged to attend and participate in the . . . development of the resident's person-centered care plan.
2. Spouses and other members of the family may participate in the ...development of the person-centered car plan with the resident's permission,
3. The resident/representative's right to participate in the development and implementation of his or her plan includes the right to:
a. participate in the planning process . . .
4. The care planning process will facilitate the inclusion of the resident and/or representatives . . .
7. A seven (7) day advance notice of the care planning conference is provided to the resident and his or her representative. Such notice is

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F 657	Continued From page 25 made by mail and/or telephone. 8. The Social Services Director or designee is responsible for notifying the resident/representative and for maintaining records of such notices, Notices include: a. the date, time, and location of the conference b, the name of each person contacted and date he or she was contacted. c. The method of contact (e.g., mail, telephone, emails, etc.) d, Input from the resident or representative if they are not able to attend e. Refusal of participation, if applicable; and f. The date and signature of the individual making the contact . . . "	F 657		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed ensure one (Resident (R) 4) of 12 sampled residents received [redacted] ordered by the physician and per the comprehensive care plan. Findings include: Review of the hard copy "Admission Record"	F 684	F684 Resident #4 [redacted] ordered by the physician and per the comprehensive care plan. Resident #4 was assessed and had no negative outcome. All residents on oxygen are at risk of	7/17/23

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F 684	Continued From page 26 revealed R4 was initially admitted to the facility on [redacted]. Per the "Admission Record," R4's principal diagnosis was [redacted] Additional diagnoses included [redacted] Review of R4's current physician orders for [redacted], located under the "Orders" tab in the electronic medical record (EMR), revealed that R4 was to [redacted]." The current order was effective [redacted] Review of R4's current care plan, dated [redacted] and located under the "Care Plan" tab of the EMR, revealed that R4 "has [redacted] It was documented R4 was to [redacted] Observation on 06/20/23 at 12:17 PM revealed the resident was sitting in a wheelchair between her bed and the wall. The resident was [redacted]. The [redacted] was behind the resident and the [redacted] could not easily be seen, based on the positioning of the resident's chair. Interview with the resident at this time revealed her statement that she was [redacted], adding, "It's always [redacted] After receiving the resident's permission to move around to look at the [redacted], observation revealed that it was set between [redacted]	F 684	being affected by this deficient practice. All nurses were in-serviced on 7/10/23 by assistant director of nursing regarding proper setting of oxygen rate as ordered by the physician and per the comprehensive care plan. Director of nursing or designee will audit two residents on oxygen per month for three months for proper rate setting as per physician order, and all findings will be brought to quarterly QAPI meeting.	

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F 684	Continued From page 27	F 684		

Observation on 06/21/23 at 8:29 AM and 12:48 PM revealed R4 was asleep in bed, receiving [redacted] During each observation, the resident's[redacted]

An additional observation was made on 06/21/23 at 12:54PM which showed the resident's [redacted] Registered Nurse (RN) 1, who accompanied the survey team for this observation, confirmed that the [redacted] was set to, and the resident was receiving [redacted].

An additional interview on 06/21/23 at 2:49 PM with RN1 revealed that after making the observation with the survey team, she checked the resident's record. She stated that upon review of the physician's orders, she found that the resident was supposed to receive [redacted] RN1 confirmed that the resident had been receiving [redacted] and in response, she changed the [redacted] that was ordered. RN1 stated that although she could not be sure, it appeared the aides were setting the rate on the [redacted] without knowing the ordered [redacted]

Interview with the facility's Infection Preventionist (IP) on 06/22/23 at 12:13 PM revealed that the resident had a [redacted], with [redacted] and a history of [redacted]. The facility's IP stated she was unaware that the resident had been observed receiving [redacted] than prescribed. The IP stated that negative potential outcomes associated with [redacted] a resident with [redacted] included [redacted] The IP confirmed that staff needed to follow the

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F 684	Continued From page 28 physician's orders and administer NJ Exec. Order 26:4.b.1 [redacted] it was prescribed/care planned.	F 684		
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to serve meals that reflected the resident's preferences for two (Resident (R) 4 and R10) of 10 residents reviewed for dietary services. The residents had identified foods that they disliked; however, these foods were served to the residents. Findings include: 1. Review of R10's hard copy "Admission Record" revealed R10 was initially admitted to the facility on NJ Exec. Order 26:4.b [redacted]. Per the "Admission Record," the resident's diagnoses included NJ Exec. Order 26:4.b.1 [redacted]. Review of a hard copy of R10's "Food Preference Assessment" revealed that the resident's dislikes included scrambled eggs, fried eggs, Spanish	F 806	F806 Resident #4 and #10 food preferences were immediately updated to be reflected on tray cards. Residents #4 and #10 were assessed and had no negative outcome. All residents are at risk of being affected by this deficient practice. Diet ticket system was updated to ensure all prefrences are input correctly to reflect on resident tray card. Food service supervisor and dietician were in-serviced on 7/10/23 by assistant director of nursing regarding the requirements to provide residents with proper food preferences. Administrator or designee will audit four resident trays per month for three months for proper food preferences, and all	7/17/23

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F 806	Continued From page 29	F 806	findings will be brought to quarterly QAPI meeting.	

scrambled eggs, cheesy eggs, and "Group - All Eggs."

Observation on 06/21/23 at 8:39 AM revealed that Certified Nurse Aide (CNA) 4 was feeding R4 breakfast. In addition to french toast, cereal, milk and juice, the resident's meal included scrambled eggs (a listed dislike).

Review of the tray card that came with the meal revealed that the resident should have received cereal, ground French toast and a fruit cocktail for the breakfast meal. There was nothing on the card to indicate that eggs were supposed to be served to the resident.

2. Review of R4's hard copy "Admission Record" revealed R4 was initially admitted to the facility on [redacted]. Per the "Admission Record," the resident's diagnoses included [redacted]

Review of a hard copy of R4's "Food Preference Assessment," revealed that it included several "Dislikes." The foods that the resident did not like included spinach and "potato group."

Observation on 06/21/23 at 12:51 PM revealed that CNA6 served the resident's meal tray and assisted her in self-feeding. In addition to a chopped pork sandwich, the meal tray contained two foods - spinach and mashed potatoes - that were identified as dislikes. Review of the resident's tray card revealed it listed spinach was to be served, even though this was one of the resident's dislikes. The tray card did not show that the resident was to receive a serving of potatoes; however, they were provided to the resident.

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Interview with the Director of Dietary (DOD) and the Dietary Supervisor (DS) on 06/21/23 revealed that either they or the Registered Dietitian (RD) obtained each resident's food preferences and documented them on the "Food Preference Assessment."

Additional interview with the DOD and DS on 06/21/23 at 1:22 PM revealed R10 was not supposed to be served eggs. They reviewed the tray cards against the preference lists and confirmed that, in addition to R10 not getting eggs, R4 should not have received spinach or potatoes. The DOD stated that it appeared that although food allergies were being listed on the tray card, the cards did not reflect the foods that the residents disliked. As a result, the staff serving the food did not know they should provide a substitute for the disliked food. Further interview with the DOD and DS revealed it appeared that even when foods which were disliked were omitted from the card, staff serving the meals still dished up these food items for the residents.

A further interview with the DOD and DS on 06/21/23 at 2:00 PM revealed they had called for help with the computer system to fix the issue so that it would black out resident dislikes on the tray card. During this interview they also confirmed the need to ensure that dietary staff were following the tray cards and not giving food that was not listed (as in the example where R4 received potatoes, even though it was not listed as a food to be provided on the tray card.

After the interview with the DOD and DS on 06/21/23 at 2:00 PM, observation and interview revealed that the facility had not corrected the

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F 806	Continued From page 31 system to ensure resident's preferences were honored: Review of R4's 06/22/23 tray card revealed the resident was to receive chopped kielbasa, chopped Oriental vegetable, and fruit cocktail for lunch. The tray card had no mention of potatoes on it. Observation on 06/22/23 at 1:13 PM revealed R4 had finished her lunch and was asleep in bed. Observation of her meal tray revealed the resident received potatoes for lunch for the second day in a row. Although the tray card showed potatoes were not listed as a food to be served during the lunch meal, an interview with CNA6 on 06/22/23 at 1:13 PM confirmed that R4 was provided potatoes for lunch. Review of the facility policy titled, "Resident Food Preferences," reviewed/revised 02/2023, revealed, " . . . Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team . . . Upon the resident's admission or within twenty-four (24) hours after his/her admission) the Dietitian or nursing staff will identify a resident's preferences . . . "	F 806		
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and	F 919		7/17/23

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F 919	Continued From page 32 §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a functioning call system for one (Resident (R) 4) of eight residents reviewed for the environment. The call light in R4's bathroom did not work and had toilet paper stuffed into it to prevent the emergency call light from functioning. Findings include: Review of R4's hard copy "Admission Record" revealed the resident was initially admitted to the facility on [redacted]. Per the Diagnoses List on the "Admission Record," the resident's diagnoses include [redacted] Review of R4's quarterly "Minimum Data Set (MDS)", with an Assessment Reference Date (ARD) of [redacted] and located in the electronic medical record (EMR) under the "MDS" tab, revealed the resident required [redacted] during the seven days of the assessment period ending [redacted]. Observation on 06/20/23 at 12:17 PM revealed that the emergency call light in R4's bathroom was not functioning. An attempt to pull the string to turn the light on was not successful. Further observation revealed that there was a wad of toilet paper under the call light button which	F 919	F919 Resident #4 call bell was immediately repaired and ensured in working order. Resident immediately assessed and had no negative outcome. All residents are at risk of being affected by this deficient practice. All facility call bells were audited and confirmed in working condition. Maintenance to complete monthly sweep of all call bells to check for function as part of preventive maintenance. Nurses in-serviced by assistant director of nursing on 7/10/2023 regarding reporting non-working callbells to maintenance. Administrator or designee will audit four call bells a month for three months to ensure proper function of call bells, all results will be brought to quarterly QAPI meeting.	

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F 919	Continued From page 33	F 919		

prevented the call light from depressing and turning on when the string was pulled.

Additional observations on 06/20/23 at 3:59 PM, 06/21/23 at 8:29 PM, 12:48 PM and 12:54 PM revealed that the call light continued to not be functional, as it could not be depressed due to the toilet paper holding the button in place.

Attempts to interview the resident regarding her emergency call light in the bathroom were unsuccessful. During an interview on 06/20/23 at 1:51 PM, R4 indicated she was not feeling well and did not feel like answering questions, Additional attempts to interview the resident on 06/21/23 at 2:45 PM and 06/22/23 at 8:25 AM and 10:25 AM revealed the resident was in bed with her eyes closed.

Interview with Registered Nurse (RN) 1 on 06/21/23 at 12:54 PM confirmed that R4's call light was not functioning, noting that it would not work because the wad of paper was stopping the mechanism from going down so that the light could be activated. After RN1 removed the paper, she stated that the call light was broken, as the depression button was loose and would not stay in place without the paper wadded into the area to support it. RN1 noted that because the switch was loose, without the paper to hold it up, the call light would continuously flash, RN1 stated she did not know how long the call light had not been functioning correctly as it was her first day at the facility.

Interview with the Director of Therapy on 06/22/23 at 10:06 AM verified the need for a functioning call light in R4's bathroom. The Director of Therapy stated that although R4 was assessed

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F 919	Continued From page 34 as currently NJ Exec. Order 26:4.b.1 , she was receiving NJ Exec. Order 26:4.b.1 services to NJ Exec. Order 26:4.b.1 The Director of Therapy stated that R4 used to ambulate much better, then had a decline and was now improving, adding that the R4 could currently NJ Exec. Order 26:4.b.1 Interview with the Director of Maintenance on 06/22/23 at 4:09 PM revealed that on 06/21/23, nursing staff had created a work order. He provided a copy of the record, which showed that the work order request was created at 1:25 PM and completed by 2:26 PM. Further interview with the Director of Maintenance revealed that he had gone back through previous work orders, and no one had reported that the resident's bathroom call light was not working prior to surveyor intervention.	F 919		

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S 000	Initial Comments Complaint #: NJ00150851, NJ00154206, NJ00154288, NJ00154964, NJ00155911, NJ00156313, NJ00158509, NJ00158516, NJ00159860, NJ00161013, NJ00161674, NJ00164049, NJ00164272, NJ00164562 Survey Dates: 06/20/23 through 06/23/23 Survey Census: 192 Sample Size: 12 Supplemental Residents: 19 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.	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: C# NJ 164562, NJ 164049, NJ 156313, NJ 158509	S 560	S560 Facility immediately ensured that staffing	7/17/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/17/23

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S 560	Continued From page 1 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 30 of 42 day shifts and 1 of 42 evening shifts as follows: 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 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. As per the "Nurse Staffing Report" completed by the facility for the 4 weeks of staffing from 04/02/2023 to 04/29/2023 and 2 weeks of staffing from 06/04/2023 to 06/17/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the	S 560	coordinator is aware of proper staffing ratios. All residents are at risk of being affected by this deficient practice. Staffing coordinator was in-serviced on 7/10/23 by administrator regarding state staffing ratio requirements. Additional staffing agency was contracted. Administrator or designee will audit daily staffing twice a month for three months and bring results to qua	

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day shift and one direct care staff member to every 10 residents for the evening shift as documented below:

1. For the 4 weeks of Complaint staffing from 04/02/2023 to 04/29/2023, the facility was deficient in CNA staffing for residents on 25 of 28 day shifts and deficient in CNAs to total staff on the evening shift as follows:

-04/02/23 had 19 CNAs for 191 residents on the day shift, required 24 CNAs.
-04/03/23 had 20 CNAs for 186 residents on the day shift, required 23 CNAs.
-04/05/23 had 21 CNAs for 186 residents on the day shift, required 23 CNAs.
-04/06/23 had 20 CNAs for 186 residents on the day shift, required 23 CNAs.
-04/07/23 had 18 CNAs to 38 total staff on the evening shift, required 19 CNAs.
-04/08/23 had 20 CNAs for 190 residents on the day shift, required 24 CNAs.

-04/09/23 had 19 CNAs for 188 residents on the day shift, required 23 CNAs.
-04/10/23 had 22 CNAs for 188 residents on the day shift, required 23 CNAs.
-04/11/23 had 22 CNAs for 188 residents on the day shift, required 23 CNAs.
-04/12/23 had 22 CNAs for 185 residents on the day shift, required 23 CNAs.
-04/13/23 had 21 CNAs for 184 residents on the day shift, required 23 CNAs.
-04/15/23 had 22 CNAs for 183 residents on the day shift, required 23 CNAs.

-04/16/23 had 20 CNAs for 183 residents on the day shift, required 23 CNAs.
-04/17/23 had 19 CNAs for 183 residents on the day shift, required 23 CNAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061417	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING (	77 MADISON 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) COMPLETE DATE
S 560	Continued From page 3 -04/18/23 had 21 CNAs for 184 residents on the day shift, required 23 CNAs. -04/19/23 had 21 CNAs for 184 residents on the day shift, required 23 CNAs. -04/20/23 had 19 CNAs for 184 residents on the day shift, required 23 CNAs. -04/21/23 had 19 CNAs for 186 residents on the day shift, required 23 CNAs. -04/22/23 had 18 CNAs for 186 residents on the day shift, required 23 CNAs. -04/23/23 had 16 CNAs for 186 residents on the day shift, required 23 CNAs. -04/24/23 had 19 CNAs for 187 residents on the day shift, required 23 CNAs. -04/25/23 had 20 CNAs for 187 residents on the day shift, required 23 CNAs. -04/26/23 had 20 CNAs for 187 residents on the day shift, required 23 CNAs. -04/27/23 had 19 CNAs for 196 residents on the day shift, required 24 CNAs. -04/28/23 had 17 CNAs for 196 residents on the day shift, required 24 CNAs. -04/29/23 had 22 CNAs for 194 residents on the day shift, required 24 CNAs. For the 2 weeks of staffing prior to survey from 06/04/2023 to 06/17/2023, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -06/04/23 had 17 CNAs for 180 residents on the day shift, required 22 CNAs. -06/10/23 had 20 CNAs for 178 residents on the day shift, required 22 CNAs. -06/11/23 had 21 CNAs for 178 residents on the day shift, required 22 CNAs. -06/14/23 had 22 CNAs for 185 residents on the day shift, required 23 CNAs. -06/17/23 had 22 CNAs for 189 residents on the	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061417	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING (	77 MADISON 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) COMPLETE DATE
S 560	Continued From page 4 day shift, required 24 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315157 Y1	A. Building B. Wing Y2	7/31/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON 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 F0573	Correction	ID Prefix F0580	Correction	ID Prefix F0623	Correction
Reg. # 483.10(g)(2)(i)(ii)(3)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	07/17/2023	LSC	07/17/2023	LSC	07/17/2023
ID Prefix F0657	Correction	ID Prefix F0684	Correction	ID Prefix F0806	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	07/17/2023	LSC	07/17/2023	LSC	07/17/2023
ID Prefix F0919	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.90(g)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/17/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
061417	A. Building B. Wing	7/31/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	77 MADISON 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 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/17/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/23/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO