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 04/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORRISTOWN POST ACUTE REHAB AND NURSING CENTER	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) COMPLETION DATE
F 000	INITIAL COMMENTS C #: NJ00147097, 00149642, 00150245 NJ00151114, 00153323, 00153845 NJ00153924 Sample: 10 Census: 148 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all	F 609		5/14/22

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

Electronically Signed | 05/06/2022

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F 609	Continued From page 1 investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C #: NJ00153845, NJ00153924 Based on interviews, record review, as well review of pertinent facility documents on 4/7/22, 4/8/22, and 4/11/22, it was determined that the facility failed to report to the Administrator an injury of unknown origin and follow the facility's policy on "Abuse Investigation and Reporting" and "Accidents and Incidents-Investigating and Reporting" for 1 of 10 residents (Resident #1), reviewed for abuse investigation. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)", Resident #1 was admitted to the facility on EX. Order 26.(4) B1 and discharged on EX. Order 26.(with diagnosis that included but was not limited to: EX. Order 26.(4) B1 EX. Order 26.(4) B1 Resident #1's Care Plan initiated on EX. Order 26.(4) B showed that the Resident had EX. Order 26.(4) B1 EX. Order 26.(4) B1. Intervention included but was not limited to: Provide consistent care to EX. Order 26.(4) B1 EX. Order 26.(4) B1. The "Progress Notes (PN)", dated EX. Order 26.(4) at 11:19 pm, documented by Licensed Practical Nurse (LPN #3, assigned to Resident #1), revealed that Resident #1 returned from the EX. Or	F 609	What corrective action will be accomplished for those residents affected by the deficient practice: Resident #1 no longer resides at Morristown Post Acute Rehab & Nursing. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be put in place: All residents may be affected by this deficient practice. What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur: Staff will be in-serviced on the Accident/Incidents Policy and Abuse Policy by the Director of Nursing or designee. In servicing will be completed by 5/14/22. The DON or designee shall audit, though the daily clinical meeting, all reports of any injury to the residents and will investigate all such reports. A tracker on all injuries of unknown origin will be maintained by the DON or designee and reported to the Administrator on occurrence or notification. How will the corrective actions be monitored: 4: The Director of Nursing will report results of audits to the QAPI Committee	

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F 609	Continued From page 2 floor and an EX. Order 26.(4) B1 was observed on the Resident's EX. Order 26.(4) B1. The PN did not indicate how the Resident sustained a EX. Order 26.(4) B1 on the EX. Order 26.(4) B1 on or before EX. Order 26.(4) B1 The surveyor conducted an interview with the Unit Manager (UM #1) on 4/7/22 at 12:16 pm, she stated LPN #3 reported that Resident #1 had a EX. Order 26.(4) on EX. Order 26.(4) B1. UM #1 revealed that she did not investigate neither did she notify the Administrator or the Director of Nursing (DON) of the scratch on the Resident's EX. Order 26.(4) B1. The surveyor conducted an interview with the Director of Nursing (DON) and Administrator on 4/8/22 from 11:50 am to 1:45 pm, they revealed that the aforementioned incident was not investigated. They further stated that they should have been notified immediately because the EX. Order 26.(4) would be considered an injury of unknown origin which would require facility investigation according to their policy. Post survey. The surveyor conducted a telephone interview with LPN#3 on 4/12/22 between 9 am and 12 noon. LPN #3 stated that she could not recall exactly the date she first identified the scratch on the Resident's right cheek. She stated that she did not report the incident to the nurse supervisor or to the Administration so it could be investigated according to their policy to rule abuse. The facility's policy "Accidents/Incidents (IA)" revised on 12/2021, showed "All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator...The Nurse Supervisor/Charge	F 609	monthly x3 then quarterly x2 with review for effectiveness and trends with follow up action. The Committee will also determine the need for further review and education	

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F 609	Continued From page 3 Nurse and /or the department director or supervisor shall promptly initiate and document investigation of the accident or incident...The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the Director of Nursing Services within 24 hours of the incident or accident..." The facility titled, "Abuse Investigation and Reporting" dated 1/2021 showed "Policy Statement All reports of resident abuse, neglect, exploitation...mistreatment and/or injuries of unknown source ("abuse") shall be thoroughly investigated by the facility management...Administrator: 1. If an incident...or injury of unknown source is reported, the Administrator will assign the investigation to an appropriate individual..."	F 609		
F 658 SS=D	N.J.A.C. 8:39-4.1(a)5 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00153845, NJ00149642, NJ00147097, NJ00153924 Based on interviews and record review, as well review of pertinent facility documents on 4/7/22,	F 658	What corrective actions will be accomplished for those residents affected by the deficient practice: Resident #1 no longer resides at Morristown Post Acute Rehab and Nursing. Resident #10 no longer resides	5/14/22

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F 658	Continued From page 4 4/8/22, and 4/11/22, it was determined that the facility failed to follow the acceptable professional standard of practice for documentation and following physician's order for 2 of 10 residents (Resident #1 and Resident #10) reviewed for physician order and documentation. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)", Resident #1 was admitted to the facility on EX. Order 26.(4) B1 and discharged on EX. Order 26.(4) with diagnosis that included but was not limited to: EX. Order 26.(4) B1 EX. Order 26.(4) B1. Resident #1's "Progress Notes (PN)" showed the following: On 1/17/22 at 11:19 pm, documented by Licensed Practical Nurse (LPN #3), showed that Resident #1 observed to have an old EX. Order 26.(4) on the EX. Order 26.(4) B1. However, there was no documented evidenced that the Resident's primary physician (PP) was notified of the EX. Order 26.(4) on or prior to EX. Order 26.(4) when the EX. Order 26. was identified. On 2/26/22 at 10:05 pm, documented by LPN #1, showed that she received a telephone order from Resident #1's PP to EX. Order 26.(4) B1 and EX. Order 26.(4) B1. The PN further showed that on 2/28/22 at 7:38 am, documented by LPN #2, that the EX. Order 26.(4) B1 was not collected. However, there was no documented evidenced that the PP was notified of the EX. Order 2 not collected from the Resident. The surveyor conducted an interview with the Unit Manager (UM #1) and the Director of Nursing (DON) on 4/8/22 through 4/11/22 between 9 am and 12:00 pm, they stated that there was no	F 658	at Morristown Post Acute Rehab and Nursing. How will other residents having the potential to be affected by the same deficient practice be identified: All residents have the potential to be affected when staff is not documenting according to standard of practice. What measure will be put into place or systemic changes will be made: The policy Charting & Documentation will be re-in-serviced to all licensed staff by the ADON or designee to be completed by 5/14/22. Supervisor will perform 24-hour chart checks of physician orders with follow up by the unit managers using the Order Summary Report. Findings will be reported to the DON. ACTION How will the corrective action be monitored to ensure the deficient practice does not recur: The DON will report to the QAPI committee results of the audits monthly x3 months and then quarterly x2 for trends and follow up action. The QAPI Committee will determine the need for further intervention and re-in-servicing.	

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F 658	Continued From page 5	F 658		

documented evidenced that the PP was notified of the aforementioned incident and when the [redacted] was not collected on [redacted].

2. According to the AR, Resident #10 was admitted to the facility on [redacted] and discharged on [redacted] with diagnosis that included but was not limited to [redacted].

The Care Plan (CP) initiated on [redacted] showed that Resident #10 had [redacted] with [redacted], to [redacted] every [redacted] hours.

The "Order Summary Report (OSR)" on [redacted] showed an order for [redacted] every [redacted] hours for [redacted].

The "TREATMENT ADMINISTRATION RECORD (TAR)" for the month of [redacted] showed the aforementioned order. The TAR further showed that the Resident was [redacted] on the following dates and time:
On 7/25/21 at 4:45 am then followed at 11:48 am (which was [redacted] hours past the aforementioned physician order).
On 7/26/21 at 11:32 am then followed at 10:12 pm (which was [redacted] hours past the aforementioned physician order).
On 7/27/21 at 6:01 am then followed at 10:08 pm (which was [redacted] hours past the aforementioned order).

The "Progress Notes (PN)" from [redacted] to [redacted] showed no documentation indicating why the aforementioned order was not done according to the physician's order.

The facility's policy titled "Charting and

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F 658	Continued From page 6 Documentation" revised on 1/2021, showed "...All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care...Documentation of procedures and treatment will include care-specific details, including...Notification of family, physician or other staff..." NJAC 8:39-11.2(b) NJAC 8:39-27.1(b)	F 658		
F 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: C #: NJ001520245, NJ00153323 Based on interviews, record review, and review of	F 837	What corrective actions will be accomplished for those residents affected by the deficient practice:	5/14/22

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F 837	Continued From page 7 other pertinent facility documents on 4/7/22, 4/8/22, and 4/11/22 it was determined that the facility failed to consistently implement their policy on Personal Property for 5 of 10 residents (Resident # 2, Resident #3, Resident #4, Resident #6, and Resident #7) reviewed for personal belongings. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)", Resident #2 was admitted to the facility on EX. Order 26.(with diagnosis that included but was not limited to: EX. Order 26.(4) B1 2. According to the AR, Resident #3 was admitted to the facility on EX. OrderEX. Or with diagnosis that included but was not limited to: EX. Order 26.(4) B1 EX. Order 26.(4) B1. 3. According to the AR, Resident #4 was admitted to the facility on EX. Order 26.(4 with diagnosis that included but was not limited to: EX. Order 26.(4) B1. 4. According to the AR, Resident #6 was admitted to the facility on EX. Order 26.(4 with diagnosis that included but was not limited to: EX. Order 26.(4) B1 EX. Order 26.(4) B1 5. According to the AR, Resident #7 was admitted to the facility on EX. Order 26.(and discharge on EX. Order 26.(with diagnosis that included but was not limited to: EX. Order 26.(4) B1 Review of the form "INVENTORY OF PERSONAL EFFECTS (IPE)", undated, for Resident # 2, Resident #3, Resident #4, Resident #6, and Resident #7 on EX. Order 26.(, EX. Order 26.(, and EX. Order 26.(4 , showed no documentation to indicate that the personal items were accounted for which	F 837	Residents #2, #3, #4, #6, and #7 no longer reside at Morristown Post Acute Rehab and Nursing. How will other residents by identified having the potential to be affected by the same deficient practice: All residents have the potential to be affected when staff is not inventorying and documenting their personal items. What measures will be put into place or systemic changes swill be made to ensure the deficient practice will not recur: The ADON or designee shall in-service the staff on the inventory of personal effects to be completed by 5/14/22. The ADON or designee shall audit 3 recent admit charts weekly to ensure the Inventory of Personal Effects is completed, correct any found incomplete and re-educate staff as needed to ensure compliance. Results of her audits will be reported to the Director of Nursing. How will the corrective actions be monitored: The ADON will report to the QAPI committee results of the audits monthly x3 months and then quarterly x2 for trends and follow up action. The QAPI Committee will determine the need for further intervention and re-in-servicing.	

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F 837	Continued From page 8	F 837		

was not according to the facility's policy.

During the interview with Resident # 3 and Resident #4 on [redacted] from 9:15 am to 10:05 am, they stated that none of the staff went through their personal items for inventory.

During the interview with UM #2 and UM #3 on 4/8/22 from 9:15 am to 10:30 am, they stated that the IPE should have been completed on the day of admission. They stated that the UM's were to ensure that the IPE form was completed and updated throughout the resident's stay.

The facility policy titled, "PERSONAL PROPERTY", dated 12/2018, showed "Residents are permitted to retain and use personal possession and appropriately clothing, as space permits...The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished..."

NJAC 8:39-4.1(15)