STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315157	A. BUILDING _____ B. WING _____	C 07/01/2020

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 DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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 #: NJ00137298 Census: 52 Sample Size: 3	F 000		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, as well as review of pertinent facility documents on 7/1/20, the facility staff failed to ensure that Resident's dignity was maintained for 1 of 3 sampled residents (Resident #3). This deficient practice was evidenced by the following. 1. According to the "Admission Record" form, Resident #3 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool, dated [redacted], Resident #3 had [redacted] and required extensive assistance from staff with Activities of Daily Living (ADLs).	F 557	How will corrective action be accomplished for those residents found to be affected by deficient practice? At the time the concern was raised, resident #3 was dressed, nails were trimmed, and the assigned CNA was educated about the responsibility to ensure residents are groomed and dressed. How will facility identify other residents having the potential to be affected by the same deficient practice? All residents Have the potential to be affected What measures will be will be put in place or systemic changes made to ensure that the deficient practice will not occur? All CNAs will be educated about assisting residents with ADLs, including dressing	7/10/20

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/10/2020

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F 557	Continued From page 1 The Care Plan (CP) initiated on 5/29/20, showed that the Resident had decreased function in all areas of ADLs. Intervention included but was not limited to: assist with dressing and grooming. During the tour on 7/1/20 at 9:39 am the Unit Manager stated that Resident #3 was not properly dressed for family visit on [redacted]A. She further stated that residents should be dressed properly when visiting with families since they have not seen the residents for months. The facility's "Resident Concern Report (RCR)" dated [redacted]A showed that Resident #3 was sent out for family visit wearing a facility's gown and his/her nails were not trimmed. The same RCR form under the "Findings and Disposition" showed that the facility's Administrator was made aware of the Resident's appearance and proceeded to investigate the matter immediately. The Administrator located the Resident's clothing, had the nurse trim the Resident's nails, and re-educated the Resident's Certified Nursing Assistant (CNA #1) about her responsibility to ensure Residents were groomed and dressed appropriately at all times. The "NOTE TO FILE" dated 6/25/20, attached to the CNA #1's personal file showed that the CNA was educated about her responsibilities to ensure Residents in her care were dressed and well-groomed at all times. The surveyor conducted an interview with Resident #3 on 7/1/20 at 10:10 am. The Resident revealed that he/she had a family visit on [redacted]A. The Resident further revealed the he/she would like to be dressed properly when visiting with family.	F 557	and grooming, as well as a review of resident rights and dignity. Unit managers and Nursing supervisors will round daily on units to ensure that all residents have had their needs met and are presenting in a dignified manner. How will facility monitor its corrective actions to ensure the deficient practice will not recur? DON or designee will audit 10 residents weekly to monitor for compliance x 3 months, and results of the data will be analyzed monthly and reported to the QAPI committee	

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F 557	Continued From page 2 The surveyor conducted a telephone interview with CNA #1 on 7/1/20 at 1:16 pm. The CNA revealed that when she came to work at 3:00 pm on [redacted] Resident #1 was already in the wheelchair wearing a gown only. The CNA further revealed that when she realized that Resident #1 had a family visit coming up at 4:00 pm, she was unable to get someone to help her dress the Resident in such a short amount of time. The facility's "Certified Nursing Assitant" job description showed that: " ...Personal Nursing Care Functions ...Assist resident with dressing/undressing as necessary ...Assist residents with nail care (i.e., clipping, trimming, and cleaning their finger/toenails) ..." The facility's policy titled "RESDIENT RIGHTS" reviewed and revised on 12/2019 showed that: "Policy Statement Employees shall treat all residents with kindness, respect and dignity ...Federal and state laws guarantee certain basic rights to all resident of this facility. These rights include the resident's right to: a. a dignified existence ..." The facility's policy titled "SUPPORING ACTIVITIES OF DAILY LIVING (ADLS)" reviewed and revised 12/2019 showed that: "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene ..."	F 557		
F 658	NJAC 8:39 4.1 (a) 12 Services Provided Meet Professional Standards	F 658		7/10/20

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F 658 SS=D	Continued From page 3 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: C#: NJ00137298 Based on interviews, and record review, as well as review of pertinent facility documents on 7/1/20 it was determined that the facility failed to document to indicate that repositioning of a Resident was performed for 1 of 3 Residents (Resident #3) reviewed for turning and repositioning. This deficient practice is evidenced by the following: 1. According to the "Admission Record" form, Resident #3 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool, dated [redacted], Resident #3 had [redacted] and required extensive assistance from staff with Activities of Daily Living (ADLs). The Care Plan (CP) initiated on 5/29/20 and revised on 7/1/20, showed that the Resident had [redacted] Intervention included but was not limited to: assist with turning or repositioning every two (2) hours and as needed. The "Medication Review Report" for 7/2020	F 658	How will corrective action be accomplished for those residents found to be affected by deficient practice? The facility could not retroactively correct the deficiency as it relates to Resident #3. One-on-one education was conducted with the nurses who failed to document in the MAR/TAR for Resident #3. How will facility identify other residents having the potential to be affected by the same deficient practice? All residents Have the potential to be affected What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur? Staff in-services and education was provided. Unit managers and Nursing supervisors will monitor completion of documentation at the end of each shift for compliance. Continued education and monitoring will be given to staff members if deficient practice is identified How will facility monitor its corrective actions to ensure the deficient practice will not recur? DON or designee will audit completion of all documentation 3-5 x/ week for one month then weekly x 3 months. Results of the data will be analyzed and reported to the QAPI committee quarterly	

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F 658	Continued From page 4	F 658		

showed an order dated 6/5/20 to reposition every 2 hours.

The "Treatment Administration Record (TAR)" for 6/2020 showed the aforementioned order. It further showed that it was not documented on the TAR to indicate that the Resident was repositioned on 6/6/20 at 10:00 pm, on 6/11/20 at 10:00 pm, on 6/13/20 at 8:00 am, 10:00 am, 12:00 pm and 2:00 pm, on 6/18/20 at 8:00 am, 10:00 am, 12:00 pm and 2:00 pm, on 6/19/20 at 4:00 am and 6:00 am, on 6/21/20 at 4:00 am and 6:00 am, and on 6/24/20 at 8:00 am, 10:00 am, 12:00 pm and 2:00 pm.

Resident #3's "Progress Notes (PN)" for 6/2020 showed that there was no documentation to indicate that the Resident was repositioned on the aforementioned dates and times.

The surveyor conducted an interview with the Director of Nursing (DON) on 7/1/20 at 2:27 pm. The DON revealed the TAR had to be signed by a nurse who took care of the Resident on the aforementioned dates and times when repositioning was performed.

The facility's "L.P.N. [Licensed Practical Nurse] JOB DESCRIPTION" showed that: "
...RESPONSIBIITIES AND DUTIES ...13. Responsible for proper and accurate documentation and maintenance of clinical records ..."

The facility's "R.N. [Registered Nurse] JOB DESCRIPTION" showed that: "
...RESPONSIBIITIES AND DUTIES ...13. Responsible for proper and accurate documentation and maintenance of clinical records ..."

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F 658	Continued From page 5 NJAC 8:39-11.2(b)	F 658		