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 09/15/2022

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 #: NJ00157959 Sample: 4 Census: 177 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 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: C #: NJ00157959 Based on interviews and record review, as well as review of pertinent facility documentation on 9/14/22 and 9/15/22, it was determined that the facility failed to ensure that the Resident who was at risk for fall received adequate supervision during EX. Order 26.(4) B transfer for 1 of 1 resident (Resident #2), reviewed for EX. Order 26.(4) B1 EX. Order 26.(4) B1 transfer. The deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD"	F 689	What corrective action will be accomplished for those residents affected by the deficient practice: Resident #2 has had no adverse outcome from the use of a mechanical lift. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be put into place: All residents who use a mechanical lift have the potential to be affected. All residents who use a mechanical lift will be identified to ensure proper use.	10/20/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/05/2022

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F 689	Continued From page 1 Resident #2 was admitted to the facility on EX. Order 26.(4), with diagnoses that included but were not limited to: EX. Order 26.(4) B1 and EX. Order 26.(4) B1 and EX. Order 26.(4) B1 The Minimum Data Set (MDS) an assessment tool dated EX. Order 26.(4), showed that Resident #2's cognition was EX. Order 26.(4) B1 and required extensive assist to total assist of two (2) staff with Activities of Daily Living (ADL). The "Order Summary Report (OSR)" dated EX. Order 26.(4), showed an order for EX. Order 26.(4) B1 EX. required for all transfers every shift. The Care plan (CP) dated EX. Order 26.(4) showed that Resident #2 was at risk for EX. Order due to EX. Order 26.(4) B1 EX. Order 26.(4) B1. Interventions included but not limited to: Follow facility fall protocol and provide safe environment. Resident #2's Kardex showed under "ADL SELF PERFORMANCE SUPPORT...Transfer: Total dependence required Two (2) + persons physical assist..." Resident #2's EX. Order risk assessment on EX. Order 26.(4), scored EX. Order which indicated high risk for EX. Order 26.(4) The Surveyor conducted an interview with the Certified Nursing Assistant (CNA #2) on 9/14/22 at 3:13 pm. CNA #2 stated that Resident #2 required EX. Order 26.(4) B1 assistive device with 2 staff during transfer (i.e., in and out of the bed/chair) to prevent accidents and incidents. However, CNA #2 revealed that on EX. Order 26.(4) around 10:00 am, she transferred Resident #2 via EX. Order 26.(4) B1 alone which was not according to their facility policy and training to	F 689	What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur: The DON or designee will in service all nursing assistants on "Using a EX. Order 26.(4) B1 EX. Order EX. Order 26.(4) B1". The DON or designee will complete the "Nursing Assistant Clinical Skills Checklist and Competency Evaluation; EX. Order 26.(4) B1 with all nursing assistants. How will the corrective actions be monitored: The DON or designee will observe transfers of 5 residents who use the mechanical lift to ensure compliance, weekly x 8 weeks. Results of her observations will be reported at the QAPI for trends and follow up. The QAPI Committee will determine the need for further intervention and in-servicing	

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F 689	Continued From page 2 ensure safe transfer. The CNA explained that although there was no incident/accident that occurred on EX. Order 26.(4) B it could put Resident #2 at risk of EX. Order 26 and other residents if she continued to use the EX. Order 26.(4) B1 device alone. Review of the form "EX. Order 26.(4) B1 Competency Checklist" dated EX. Order 26.(4) for CNA #2, showed "...2. EX. Order 26.(4) B1 Operation a. ensures two caregivers are present..." The Job Description for CNA, undated, showed "Follow established safety precautions in the performance of all duties...Report all safety violations..." The facility's policy titled "USING A EX. Order 26.(4) B1 EX. Order 26.(4) B1" revised on 1/2021, showed "...1. At least two (2) nursing assistants are needed to safely move a resident with a EX. Order 26.(4) B1 2. EX. Order 26.(4) B1 may be used for tasks that require...b. Transferring a resident from bed to chair..." NJAC 8:39-4.1(a) 11	F 689		
F 837 SS=E	NJAC 8:39-27.1(a) 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	F 837		10/20/22

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F 837	Continued From page 3 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 #: NJ00157959 Based on interviews and review of pertinent facility documentation on 9/14/22 and 9/15/22, it was determined that the facility failed to consistently implement their policy on "PERSONAL PROPERTY" and "Charting and Documentation" for 3 of 3 residents (Resident #1, Resident #2, and Resident #3) reviewed for documentation. This deficient practice is evidenced by the following: The Medical record (MR) showed; Resident #1 was admitted to the facility on [EX. Order 26.(4) B]. Resident #1's cognition was [EX. Order 26] and required limited assistance from staff with Activities of Daily Living (ADLs). Resident #2 was admitted to the facility on [EX. Order 26.(4)]. Resident #2's cognition was [EX. Order 26.(4) B] [EX. Order 26.(4) B] and required extensive to total assistance from staff with ADLs. Resident #3 was admitted to the facility on [EX. Order 26.(4)]. Resident #3's EX. Order 26.(4) B1 and required extensive to total assistance from staff with ADLs. The form "INVENTORY OF PERSONAL	F 837	What corrective action will be accomplished for those residents affected by the deficient practice: The Inventory of Personal Effects was completed for Resident #1. The Inventory of Personal Effects was completed for Resident #2. The Inventory of Personal Effects was completed for Resident #3. Unable to retroactively correct missing ADL documentation. Resident #1, #2 and #3 were assessed with no negative outcome. How will other residents having the potential to be affected by the same be identified and what corrective action will be put in place: All residents have the potential to be affected by missing Inventory of Personal Effects and missing ADL documentation. What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur: The ADON or designee will re-in-service all nursing staff on the policy “Personal Property’. The ADON or designee will re-in-service all nursing assistants on “Charting and Documentation”. The Unit Managers will be re-in-serviced on their	

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F 837	Continued From page 4 EFFECTS (IPE) for Resident #1, #2, and #3 showed no documentation to indicate that the personal items were accounted for which was not according to the facility's personal property policy. During the interview with UM #1 on 9/14/22 at 10:40 am, she stated that the IPE form should have been completed on the day of admission. UM #1 further stated that the UMs should ensure that the IPE form was completed and updated throughout the resident's stay. However, the UM was unable to explain why the IPE form was not completed for the aforementioned residents. 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..." The "Documentation Survey Report v2 (DSR)" showed the following; Resident #1's DSR for the month of 8/2022 and 9/2022 and the progress notes (PN) indicated no documented evidence by staff was completed about Resident #1 was provided assistance with ADLs on the following dates and shifts which was not according to their policy: On Personal Hygiene and Transferring During 7:00 am - 3:00 pm shift: On 8/1/22 through 8/4/22, 8/7/22, 8/9/22, 8/12/22 to 8/14/22, 8/16/22, 8/18/22, 8/20/22, 8/21/22, 8/24/22, 8/25/22, and 8/27/22 to 8/29/22	F 837	job descriptions. All current resident charts will be reviewed for Inventory of Personal Effects and updated. All current resident charts were reviewed for ADL documentation compliance. It was identified that not all CNAs had access to the EMR to document. Access was granted. Going forward, the Unit Manager/Supervisor will check the schedule for any new CNA to Morristown Post Acute to ensure access. How will the corrective actions be monitored: The Unit Managers will audit charts for compliance to inventory policy with each new admission and readmission with results reported to the DON. Monthly, the DON will audit 3 charts per unit to ensure the Unit Manager has followed up on The Inventory of Personal Effects. Results of the Unit Manager and DON audits will be reported at the QAPI monthly x3 months and then quarterly x1. The QAPI Committee will determine the need for further intervention. The Unit Managers will complete a daily audit of ADL documentation for compliance then cross reference the schedule to determine if the CNA has access. The Unit Managers will determine CNA out of compliance re-educate/hold accountable. Identified nursing assistance will be reported to the DON. Results of the Unit Managers audits and educations will be reported at the QAPI monthly x3 months then quarterly x1. The QAPI Committee will determine the need for	

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F 837	Continued From page 5 During 3:00 pm - 11:00 pm shift: On 8/5/22, 8/11/22, 8/21/22, 8/23/22, and 8/25/22 On Toilet Use During 7:00 am - 3:00 pm shift: On 8/1/22 to 8/4/22, 8/7/22, 8/9/22, 8/12/22 to 8/14/22, 8/16/22, 8/18/22, 8/20/22, 8/21/22, 8/24/22, 8/25/22, and 8/27/22 to 8/29/22 During 3:00 pm - 11:00 pm shift: On 8/5/22, 8/11/22, 8/21/22, 8/23/22, and 8/25/22 During 11:00 pm-7:00 am shift: On 8/1/22, 8/2/22, 8/5/22, 8/8/22, 8/13/22 to 8/15/22, 8/17/22, 8/20/22, 8/21/22, 8/24/22, 8/27/22, and 8/28/22 Eating and Nutrition - Amount Eaten At 8:00 am and 1:00 pm: On 8/1/22 to 8/4/22, 8/7/22, 8/9/22, 8/12/22 to 8/14/22, 8/16/22, 8/18/22, 8/20/22, 8/21/22, 8/24/22, 8/25/22, and 8/27/22 to 8/29/22 At 6:00 pm: On 8/5/22, 8/11/22, 8/21/22 8/22/22, 8/23/22, and 8/25/22 Resident #2's DSR for the month of 3/2022 , 6/2022, 8/2022, and 9/2022 and the progress notes (PN) indicated no documented evidence by staff was completed about Resident #2 was provided assistance with ADLs on the following dates and shifts which was not according to their policy:	F 837	further intervention.	

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F 837	Continued From page 6 On Personal Hygiene, Transferring, and Eating During 7:00 am-3:00 pm shift: On 3/13/22, 3/16/22, 3/28/22, 3/29/22, 6/1/22, 6/7/22, 6/18/22, 6/24/22, 8/2/22, 8/5/22, 8/7/22, 8/9/22, 8/10/22, 8/13/22 to 8/18/22, 8/20/22, 8/21/22, 8/24/22, 8/25/22, 8/27/22, 9/1/22, 9/3/22, 9/7/22, 9/8/22, and 9/11/22. During 3:00 pm-11:00 pm shift: On 3/13/22, 3/18/22, 3/20/22, 3/21/22, 6/2/22, 6/3/22, 6/6/22, 6/9/22, 6/11/22, 6/12/22, 6/14/22, 6/16/22, 6/17/22, 6/23/22, 6/25/22, 6/26/22, 8/5/22, 8/7/22, 8/8/22, 8/10/22, 8/12/22, 8/14/22, 8/17/22, 8/10/22 through 8/23/22, 8/25/22 to 8/28/22, 8/30/22, 8/31/22, 9/2/22 to 9/4/22, and 9/6/22 through 9/11/22. On Toilet Use During 7:00 am-3:00 pm shift: On 3/13/22, 3/16/22, 3/28/22, 3/29/22, 6/1/22, 6/7/22, 6/18/22, 6/24/22, 8/2/22, 8/5/22, 8/7/22, 8/9/22, 8/10/22, 8/13/22 through 8/18/22, 8/20/22, 8/21/22, 8/24/22, 8/25/22, 8/27/22, 9/3/22, 9/7/22, 9/8/22, and 9/11/22. During 3:00 pm-11:00 pm shift: On 3/13/22, 3/18/22, 3/20/22, 3/21/22, 6/2/22, 6/3/22, 6/6/22, 6/9/22, 6/11/22, 6/12/22, 6/14/22, 6/16/22, 6/17/22, 6/23/22, 6/25/22, 6/26/22, 8/5/22, 8/7/22, 8/8/22, 8/10/22, 8/12/22, 8/14/22, 8/17/22, 8/10/22 through 8/23/22, 8/25/22 to 8/28/22, 8/30/22, 8/31/22, 9/2/22 to 9/4/22, and 9/6/22 through 9/11/22. During 11:00 pm-7:00 am shift:	F 837		

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F 837	Continued From page 7	F 837		

On 3/18/22, 3/19/22, 3/23/22, 3/25/22, 3/27/22, 6/2/22, 6/5/22, 6/8/22, 6/15/22, 6/18/22, 6/25/22, 6/26/22, 6/30/22, 8/2/22, 8/15/22, 8/22/22, 8/24/22, 9/3/22, 9/7/22, 9/8/22, 9/12/22, and 9/13/22.

Resident #3's DSR for the month of 3/2022 , 6/2022, 8/2022, and 9/2022 and the progress notes (PN) indicated no documented evidence by staff was completed about Resident #3 was provided assistance with ADLs on the following dates and shifts which was not according to their policy:

On Personal Hygiene, Toileting , Transferring, and Eating
During 7:00 am-3:00 pm shift:

On 8/2/22, 8/3/22, 8/5/22, 8/10/22, 8/11/22, 8/17/22 through 8/21/22, 8/23/22, 8/26/22 to 8/28/22, 8/30/22, 8/31/22, and 9/3/22 through 9/6/22.

During 3:00 pm-11:00 pm shift:

On 8/5/22, 8/7/22, 8/8/22, 8/10/22, 8/12/22, 8/14/22, 8/17/22, 8/10/22 through 8/23/22, 8/25/22 to 8/28/22, 8/30/22, 8/31/22, 9/7/22 through 9/11/22.

The surveyor conducted an interview with Certified Nursing Assistants (CNA #2 and CNA #3) on 9/14/22 and 9/15/22. The CNAs stated that they should document every shift the care provided to the Residents to indicate that it was done.

The surveyor conducted an interview with the Unit

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Managers (UM #1) on 9/15/22 at 10:36 am. The UM stated that CNAs should document every day at the end of every shift, and the UMs should ensure that they document to indicate that the care was provided to the residents.

The Job description for UM, undated, showed "...1. Twenty four hour responsibility for all nursing care on unit...Responsible for tech ...accurate documentation, maintenance of the clinical record completeness and accuracy...through chart auditing. 12. Supervises CNA performances...23. Chart audits.."

The facility's policy titled "Charting and Documentation" dated on 1/2022, 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...1. Documentation in the medical record may be electronic, manual or a combination. 2. The following information is to be documented in the resident medical record...c. Treatment or services performed...5. Documentation of procedures and treatments will include care-specific details, including: a. The date and time the procedure/treatment was provided...e. Whether the resident refused the procedure/treatment..."

NJAC 8:39-27.1(b)