STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315157	A. BUILDING _____ B. WING _____	**07/01/2020**

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0557 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 [DATE] with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool, dated 6/2/20, Resident #3 had moderate cognitive impairment and required extensive assistance from staff with Activities of Daily Living (ADLs). 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 6/25/20. 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 6/25/20 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 6/25/20. The Resident further revealed the he/she would like to be dressed properly when visiting with family. 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 6/25/20, 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 . NJAC 8:39 4.1 (a) 12
F 0658 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C#: NJ 298 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 [DATE] with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool, dated 6/2/20, Resident #3 had moderate cognitive impairment 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 impaired skin integrity to the sacral area and left lateral heel. 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 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 . NJAC 8:39-11.2(b)

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.