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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315157 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Morristown Post Acute Rehab and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50267</p> <p>COMPLAINT # NJ176547</p> <p>CENSUS: 192</p> <p>SAMPLE SIZE: 3</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide appropriate incontinence care and double diapering a dependent resident who required staff assistance. This deficient practice was identified for 1 of 3 residents reviewed for bladder and bowel incontinence (Resident #2) and was evidenced by the following:</p> <p>According to the Admission Record, Resident #2 was admitted to the facility on [DATE], with diagnoses which included but were not limited to: Traumatic Subdural Hemorrhage without loss of Consciousness, [NAME] Syndrome, Acute and Chronic Respiratory Failure with Hypoxia, Persistent Vegetative State, Cerebral Stroke Syndrome, Gastrostomy Status, Tracheostomy Status, Essential Primary Hypertension.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 6/4/2024, Resident #2 had a Brief Interview for Mental Status (BIMS) of 99, indicating that Resident # 2's cognition was unable to be assessed. The MDS also identified that the Resident #2 was always incontinent of bowel and bladder and was dependent on staff.</p> <p>Review of Resident #2's Care Plan (CP) initiated on 6/15/2023, under Focus: Resident is Persistent vegetative state related to traumatic subdural hemorrhage. Under Goal: Resident will remain free from discomfort and have all needs met. Under Interventions: Anticipate and meet the resident's needs.</p> <p>A Care Plan (CP) initiated on 7/05/2022, included a focus that the resident is at risk for falls r/t [related to] Deconditioning, Incontinence, Unaware of safety needs. Interventions included but were not limited to: Assist with frequent changing.</p> <p>During a tour of the fourth floor with the Unit Manager (UM) on 8/30/2024 at 10:00 a.m., Resident #2 was lying in bed with eyes closed. Resident #2's incontinence brief was saturated with urine.</p> <p>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During another observation at 11:09 a.m. with the assigned Certified Nursing Assistant (CNA), Resident #2 was lying in bed with eyes opened. Resident #2 had two incontinence briefs on, one blue closest to the skin and one yellow. Resident # 2 was soiled with feces and urine, and the urine was soaked all the way through to the bed pad.</p> <p>During interview at 12:14 p.m. with the assigned CNA, CNA indicated that his/her shift started at 7:00 a.m. and stated, I take it for granted that the previous shift changed the residents on their assignment on the previous shift. CNA stated that it was the first time Resident #2 was changed for this shift. CNA further stated that it was important to change residents when soiled to keep skin from breaking down.</p> <p>Interview with the UM at 11:16 a.m. revealed that incontinence care should be done three times per shift which is every two hours, and as needed. UM stated that the shift started at 7:00 a.m. UM further stated that it was not normal practice for Resident #2 to have two incontinent briefs on.</p> <p>Interview with the Director of Nursing (DON) at 1:47 p.m. revealed that the process for incontinence care was for it to be done frequently throughout the shift and as needed. DON further stated that it was not the expectation for a resident to have two incontinence briefs on.</p> <p>Review of the facility's policy titled Incontinence/Perineal Care with reviewed/revised date of 1/1/24, stated: It is the practice of this facility to provide to all incontinent residents during routine bath and as needed in order to promote cleanliness and comfort, prevent infection, to the extent possible, and to prevent and assess for skin breakdown.</p> <p>NJAC 8:39-27.2(h)</p> | | |