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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 11/07/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48617</p> <p>Complaint #: NJ00178715</p> <p>Based on interview, record review, and review of facility's pertinent documentation on 11/06/2024, it was determined that the facility failed to obtain physician orders for laboratory services performed on 3 of 4 residents (Resident #1, Resident #2, and Resident #3) reviewed for laboratory services and physician orders.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. According to Resident #1's Admission Record (AR), Resident was admitted to the facility with the following diagnoses that included but not limited to: Urinary Tract Infection, Hydronephrosis with Renal and Urethral Calculous Obstruction, Hypertension, Hyperlipidemia, Anxiety Disorder, Depression, Benign Prostatic Hyperplasia, and Congestive Heart Failure.</p> <p>According to the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated 04/09/2024, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident's cognition was intact. The MDS further revealed in Section GG-Functional Abilities, Resident #1 required supervision to minimal assist in his/her completion of Activities of Daily Living (ADLs).</p> <p>A review of the Resident laboratory results from his/her electronic medical record revealed the following:</p> <p>a. Comprehensive Metabolic Panel (CMP) and CBC [Complete Blood Count] with Auto Differential - collected on 5/3/2024 at 12:00 [noon].</p> <p>b. Glomerular Filtration Rate [GFR] - collected on 5/3/2024 at 13:52 [1:52 p.m./afternoon].</p> <p>c. Comprehensive Metabolic Panel and CBC - collected on 5/22/2024 at 08:00 [morning].</p> <p>d. Glomerular Filtration Rate- collected on 5/22/2024 at 12:02 [afternoon].</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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of Resident #1's Order Recap Report (ORR), a detailed list of the completed and discontinued physician orders, with Order Date: 03/01/2024-11/30/2024 indicated there were no documented Physician orders for the above-mentioned laboratory services performed on the Resident on the specified collection dates.</p> <p>2. According to Resident #2's AR, Resident was admitted to the facility with the following diagnoses that included but not limited to: Other Diseases of Stomach and Duodenum, Acute Posthemorrhagic Anemia, Gastrointestinal Hemorrhage, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Heart Failure, and End Stage Renal Disease.</p> <p>According to the MDS, dated [DATE], Resident #2 had a BIMS of 15 indicating Resident's cognition was intact.</p> <p>A review of the Resident laboratory results from his/her electronic medical record revealed the following:</p> <p>a. Urine Culture and Urinalysis - with collection date of 10/31/2024 at 14:11 [2:11 pm/afternoon].</p> <p>b. CBC [Complete Blood Count] with Differential; Comprehensive Panel Plasma; GFR, Estimated - with collection date of 10/03/2024 at 08:34 [morning].</p> <p>c. Urinalysis with Reflex to culture-Urine Microscopic-Urine Culture -Organism 1 Sensitivities - with collection date of 09/27/2024 at 08:33 [morning]; Urine Culture - Organism 2 Sensitivities - with collection date of 09/26/2024 at 05:00 [morning].</p> <p>A review of Resident #2's Order Summary Report (OSR), a detailed list of active, completed, and discontinued physician orders, with Order Date: 08/01/2024-11/30/2024 revealed there were no documented Physician orders for the above-mentioned laboratory services performed on the Resident on the specified collection dates.</p> <p>3. According to Resident #3's AR, Resident was admitted to the facility with the following diagnoses that included but not limited to: Malignant Neoplasm of Bladder, Personal History of (Healed) Traumatic Fracture, Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, Urinary Tract Infection, Chronic Kidney Disease, and Rheumatoid Arthritis.</p> <p>According to the MDS, dated [DATE], Resident #3 had a BIMS of 15 indicating Resident's cognition was intact.</p> <p>A review of the Resident's laboratory results from his/her electronic medical record revealed the following:</p> <p>a. Urine Culture-Organism 1 Sensitivities - with collection date of 08/22/2024 at 14:30 [2:30 p.m./afternoon].</p> <p>b. Comprehensive Panel Plasma-GFR; CBC - with collection date of 08/27/2024 at 08:37 [morning].</p> <p>c. CBC - with collection date of 08/30/2024 at 06:31 [morning].</p> <p>(continued on next page)</p> |

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| <p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>d. Lipid Profile - with collection date of 11/05/2024 at 11:50 [morning].</p> <p>A review of Resident #3's ORR with Order Date: 08/01/2024-11/30/2024 indicated there were no documented physician orders for the above-mentioned laboratory services performed on the Resident on the specified collection dates.</p> <p>In an interview of the Surveyor with the Registered Nurse-Unit Manager (RN-UM) on 11/06/2024 at 11:23 a. m. [morning], the RN-UM stated, nursing staff after getting MD [physician] order for labs would carry out the order, call the labs and schedule pick up for the specimen especially for urinalysis and culture and once we get the results we relay to the doctor. RN-UM further stated there should be physician orders for labs ordered in the residents' charts.</p> <p>In an interview of the Surveyor with the Director of Nursing (DON) on 11/06/2024 at 3:08 p.m. [afternoon], DON stated they had transition of lab companies last January to February and stated he will check. DON provided Surveyor with ORR and OSR reports. Surveyor informed DON of missing Physician orders for lab services performed on Residents as shown. DON stated all residents' charts are purely electronic, no more paper, and physician lab orders might be queued in the electronic medical record of residents as during the transition the physicians can enter remote orders in the charts. At this point, the DON was unable to provide documented evidence of physician orders for the lab services performed for the Residents.</p> <p>A review of the facility's policy titled, Physician Orders under its Policy Statement: It is the policy of this facility to secure physician orders for care and services for residents as required by state and federal law .; under Procedure .3. In order to maintain resident/patient safety when a verbal and/or telephone order is taken from a healthcare Provider, the following must occur: a. The order must be documented on a physician order form or entered into the electronic health Record (EHR) .</p> <p>N.J.A.C. 8:39-27.1(a)</p> | | |