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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/24/2024 |
| NAME OF PROVIDER OR SUPPLIER Morris View Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 540 West Hanover 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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48617</p> <p>Complaint #: NJ00178065</p> <p>Based on observation, interview, and review of pertinent facility documentation on 10/24/2024, it was determined that the facility failed to protect the confidentiality of residents' health related information when the facility introduced to the residents the Newave Care, an external medical practice that specializes in preventive care for geriatric patients, which involved data collection and disclosure of residents' PHI (Protected Health Information). This deficient practice was identified in 2 of 4 residents (Resident #7 and Resident #8) and was evidenced by the following:</p> <p>On 10/24/2024, the Surveyor requested a review of the Newave Care program from facility staff. The Newave Care program documents titled, [New Wave]: Working with Your Nursing Home to Provide Extra Care provided by the facility, [New Wave] is an external medical practice that specializes in preventive care for geriatric patients .At [New Wave], we leverage advanced technology, including artificial intelligence (AI), machine learning (ML), and data analytics, to deliver the best .These tools allow us to continuously monitor your clinical data, identify patterns, and predict potential health risks .</p> <p>1. According to Resident #7's Admission Record (AR), Resident #7 was admitted to the facility with the following diagnoses that included but not limited to the following: Type 2 Diabetes Mellitus, Chronic Kidney Disease Stage 3, Diastolic (Congestive) Heart Failure, and Hypertension.</p> <p>According to Resident #7's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated 08/15/2024, revealed Resident #7's Cognitive Skills Patterns showing her/his Brief Interview of Mental Status (BIMS) score of 15 indicating that Resident #7's cognition was intact.</p> <p>On 10/23/2024 at 1:08 p.m. [afternoon], the surveyor interviewed Resident #7 in her/his room. Resident #7 stated the facility had a new care program [New Wave] they were introducing for several weeks already knocking on the door they said it is preventative care, I do not like solicited care, but it seems like there was no warning from the administration [administrator, social worker, unit manager] telling me of [New Wave] group before coming here. They said my doctor approved it as per their list, but it was not my doctor who approved it, it was the DON [Director of Nursing] or administrator who approved it. Somebody went into my records because to be eligible in the [New Wave] program as they said it requires 2 criteria of 2 major diseases. I did not allow it. That's a HIPAA violation.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of Resident #7's Order Summary Report (OSR) dated Active Orders As Of: 10/24/2024 under Order Summary, showed a phone order entry of Refer to [New Wave] to evaluate and follow patient for the following programs if eligible: CCM, PCM, BHI, RPM, RTM, with Order Status: Active and Order Date of 07/17/2024. The OSR further indicated the order entry was made by the [name of] facility Administrator.</p> <p>2. According to Resident #8's AR, Resident #8 was admitted to the facility with the following diagnoses that included but not limited to the following: Idiopathic Peripheral Autonomic Neuropathy, Hyperlipidemia, Non-ST Elevation (NSTEMI) Myocardial Infarction, Dementia, and Hypertension.</p> <p>According to Resident #8's MDS dated [DATE], Resident had a BIMS of 15 indicating Resident's cognition was intact.</p> <p>On 10/23/2024 at 12:36 p.m., the surveyor interviewed Resident #8. Resident stated the [New Wave] was persistent. They came to me, and I told them I was not interested, and they said, let us talk to your daughter. They have been calling my daughter and I told them not to call as I was capable of deciding. If they know my daughter's info, they must have known my medical info.</p> <p>A review of Resident #8's OSR dated Active Orders As of: 10/24/2024 under Order Summary, showed a phone order entry of Refer to [New Wave] to evaluate and follow patient for the following programs if eligible: CCM, PCM, BHI, RPM, RTM, with Order Status: Active and Order Date of 07/17/2024. The OSR further indicated the order entry was made by the [name of] facility Administrator.</p> <p>On 10/23/2024 at 2:57 p.m., the Surveyor interviewed the Social Worker (SW). SW stated she received emails [electronic mail] from the head officer [name] regarding the New Wave program. The SW further stated, I was told they are going to see residents with BIMS of 12 or more. I assume they had PCC [point click care], electronic chart of residents, access from someone before they went to the residents.</p> <p>On 10/23/2024 at 3:19 p.m., the Surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Assistant Director of Nursing (ADON). The LNHA affirmed he made the order entry of the New Wave program in the residents' charts. It was referrals only, the residents and the MD [doctors] were educated, all residents are eligible. The facility's corporate has the contract. When asked if they were given access to PCC right away, LNHA stated, Yes, they do.</p> <p>N.J.A.C. 8:39-4.1(a)(18)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48617</p> <p>Complaint #: NJ00176773</p> <p>Based on observation, interview, and review of medical records on 10/23/24, it was determined that the facility failed to ensure Licensed Registered Nurse (LPN) #1 followed: a) a physician order for a mist humidifier (a device that adds moisture to the air by releasing a fine mist or vapor) for a resident (Resident #1), b) acceptable standards of nursing practice when LPN #1 signed and initialed [indicating it was administered] on the above mentioned order in Resident #1's electronic Medication Administration Record (eMAR) while the order was not carried out.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey states; The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>This deficient practice was observed in 1 of 3 residents reviewed for respiratory orders and was evidenced as follows:</p> <p>On 10/23/24 at 11:27 a.m. [morning], the surveyor observed Resident #1 in her/his room in her/his wheelchair while Certified Nursing Assistant (CNA) #1 was feeding the Resident. The surveyor noted Resident #1's mist humidifier [colored blue] was on top of the TV stand/cabinet. Furthermore, it was observed the mist humidifier was empty, dry, and not plugged in. The surveyor asked CNA #1 where the mist humidifier of Resident #1 and CNA #1 pointed at the device and stated, Nurse takes care of that.</p> <p>On 10/23/24 at 11:52 a.m., the surveyor interviewed and requested LPN #1, while in front of her medication cart, to open Resident #1's eMAR for that day and shift, 10/23/24 7-3 shift [dayshift]. Resident #1's eMAR dated 10/23/24 and 7-3 shift order box for mist humidifier: Turn on Mist Humidifier while resident in the room every shift and fill humidifier with distilled water to appropriate level as indicated on humidifier every shift for Room Humidification, was noted in green color indicating the order was administered.</p> <p>On 10/23/24 at 11:57 a.m., the surveyor in the presence of LPN #1 went to Resident #1's room and asked LPN #1 where Resident #1's mist humidifier. LPN #1 affirmed the Resident's humidifier was not turned on nor was it filled with distilled water to appropriate level as ordered. LPN #1 stated, when surveyor pointed out in the eMAR, the order was in green it indicated the order was done. LPN #1 confirmed she signed the order in eMAR but has not performed the order for Resident #1.</p> <p>According to Resident #1's Admission Record (AR), revealed the Resident was admitted with diagnoses that included but were not limited to Cerebral Palsy, Aphasia, Quadriplegia, Seizures, and Microcephaly.</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>According to Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated 09/26/2024, revealed Resident #1's Cognitive Skills for Daily Decision Making was severely impaired. Furthermore, the Resident's MDS Section GG Functional Abilities and Goals showed Resident #1 was dependent on staff for completion of her/his Activities of Daily Living (ADL).</p> <p>A review of Resident #1's Order Summary Report (OSR) Active Orders as of 10/23/2024, the OSR revealed a physician order of: Turn on Mist Humidifier while resident is in the room every shift and fill humidifier with distilled water to appropriate level indicated on humidifier every shift for Room Humidification with Order and Start Date of 04/25/2022.</p> <p>A review of Resident #1's eMAR dated 10/1/2024 to 10/31/2024 indicated the above-mentioned physician order was signed and initialed by LPN #1 under the column Wed 23 on assigned schedule of Day [dayshift].</p> <p>NJAC 8:39- 11.2 (b)</p> |