STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60a005	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS AT MORRISTOWN	17 SPRING PLACE 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) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT # : NJ 00186699 CENSUS: 105 SAMPLE SIZE: 5 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/29/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60a005	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00186699

Based on observation, interview and record review, it was determined that the facility failed to ensure the implementation and enforcement of the facility policy and procedure on NJ Exec Order 26.4b1 for 1 of 5 residents reviewed, Resident #3. This deficient practice was evidenced by the following:

On 6/12/25 at 10:35 a.m., the surveyor reviewed Resident #3's medical record (MR) which revealed that Resident #3 moved *NJ Ex Order 26. 4B1* [redacted] Further review of the MR revealed that Resident #3 was a *NJ Ex Order 26. 4B1* [redacted].

At 10:45 a.m., the surveyor observed Resident #3 sitting in his/her room and there was no identifying NJ Exec Order 26.4b1 observed on the resident.

At 11:00 a.m., the surveyor interviewed Resident #3's Responsible Party (RP) who was visiting and inquired about an NJ Exec Order 26.4b1, and the RP stated that she had never seen Resident #3 with any type of NJ Exec Order 26.4b1.

At 12:15 p.m., the surveyor interviewed the Administrator, and inquired about the procedure for residents who were *NJ Ex Order 26. 4B1* [redacted]. The Administrator stated that for any

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A 310	Continued From page 2 resident who posed a *NJ Ex Order 26. 4B1* [redacted], a facility identifying NJ Exec Order 26.4b1 [redacted] on the resident's NJ Ex Orde[redacted]. The surveyor reviewed an undated facility policy titled, "Elopement" which revealed the following: " ... Policy: Provide for all associates .... that if a resident is determined to be at risk for elopement, an identifying community ID Bracelet will be placed on his/her person that includes the community's name, address, and telephone numbers and resident's name when required by the State Regulations. Color photographs of the resident will be taken immediately upon admission to the community and uploaded as needed." Refer to 8:36-4.1(a)(22) [A0401]	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;	A 401		

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SPRING HILLS AT MORRISTOWN	17 SPRING PLACE MORRISTOWN, NJ 07960

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A 401	Continued From page 3 This REQUIREMENT is not met as evidenced by: Complaint # NJ 00186699 Based on observation, interview and record review, it was determined that the facility failed to ensure the resident's right to a safe environment for 1 of 3 residents reviewed for NJ Ex Order 26. 4B1 Resident #3. This deficient practice was evidenced by the following: The Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events), dated NJ Exec Order 26.4b1 regarding a resident NJ Ex Order 26. 4B1 from the NJ Ex Order 26. 4B1. According to the FRE, at approximately 2:30 p.m., a facility resident, Resident #1, observed Resident #3 NJ Exec Order 26.4b1 , and NJ Ex Order 26. 4B1 . The staff "NJ Ex Order 26. 4B1 " but Resident #3 was not in NJ Ex Order . The FRE further indicated that at approximately 2:40 p.m., another resident, Resident #2, saw Resident #3 NJ Exec Order 26.4b1 , asked Resident #3 NJ Ex Order 26. , and the resident responded that he/she NJ Ex Order 26. 4B1 . Resident #2 followed Resident #3 and observed that the resident NJ Exec Order 26.4b1 of a NJ Exec Order 26.4b1 and Resident #2 reported the NJ Exec Order 26.4b1 to the facility. The FRE further indicated that the resident's NJ Ex Order 2 was notified, and the NJ Ex Order 26. 4B1 where Resident #3 was NJ Exec Order 26.4b1 NJ Ex Order 26. 4B1. On 6/12/25 at 9:15 a.m., the surveyor investigated and interviewed the front desk	A 401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 401	Continued From page 4 Receptionist and inquired if residents signed out at the front desk when they were leaving the facility. The Receptionist stated that residents were expected to sign in and out at the front desk, even when they were going for a walk. The surveyor then reviewed the sign-out binder at the front desk and observed that the residents had their own individual sign out sheets with their names on it. Additonally, the surveyor observed that Resident #3 did not have a sign in/out sheet in the binder. The Receptionist explained that Resident #3 NJ Exec Order 26.4b1 [redacted]. At 9:25 a.m., during interview with the Assistant Director of Resident Care (ADRC), a Registered Nurse (RN), the surveyor inquired about the process for residents signing out at the front desk and how safety was ensured for residents who had *NJ Ex Order 26. 4B1*. The ADRC stated that residents were expected to sign in and out whenever they left the facility. She further stated that if there was a concern when a particular resident wanted to go outside, the Receptionist would direct the resident to the nursing office, or the Receptionist would ask nursing if the resident was allowed to go outside. The ADRC further stated that the decision would be based on the individual's level of *NJ Ex Order 26. 4B1* as to whether they were NJ Exec Order 26.4b1 . During continued surveyor interview with the ADRC, the surveyor inquired about what was being done to ensure Resident #3's NJ Exec Order 2 and she stated that after *NJ Ex Order 26. 4B1*, there was a discussion with the NJ Ex Order 26 that a *NJ Ex Order 26. 4B1* unit would be needed for the resident; and that additionally, there was a *NJ Ex Order 26. 4B1* put in place since the *NJ Ex Order 26. 4B1* . The ADRC further stated that the resident's NJ Ex Order 26	A 401		

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A 401	Continued From page 5	A 401		

NJ Ex Order 26. 4B1 during the day and spending time with the resident, and that the NJ Ex Order 26 was NJ Exec Order 26.4b1 facilities, since this facility did not have a NJ Ex Order 26. 4B1 .

At 9:55 a.m., the surveyor reviewed the investigation summary of Resident #3's NJ Ex Order 26. 4B1 which occurred on NJ Exec Order 26. The summary revealed that Resident #3 was observed by multiple residents outside of facility who NJ Exec O Resident #3 NJ Exec Order 26. on the NJ Exec Orde NJ Ex Order 26. 4B1. The summary also revealed that Resident #3 had a NJ Ex Order 26. 4B1 where Resident #3 was NJ Ex Order 2 and Resident #3's NJ Ex Order 2 thought that Resident #3 was just there for a visit but did not realize that Resident #3 had NJ Ex Order 26. 4B1 . Additionally, the summary indicated that Resident #3 NJ Exec Order 26.4b1 without the NJ Ex Order 26. 4B1 .

At 10:30 a.m., the surveyor reviewed Resident #3's medical record (MR), which revealed that Resident #3 moved NJ Ex Order 26. 4B1 . The surveyor observed a document titled, "Admission History and Physical" dated NJ Exec Order 26, which indicated that Resident #3 had a "NJ Ex Order 26. 4B1 " The surveyor also reviewed an additional MR document titled, "NJ Exec Order 26.4b1 Scale", dated NJ Exec Order 26. that revealed a score of "NJ Ex O" The NJ Exec Order 26.4b1 had a scoring which indicated that a score of NJ Ex or above indicated a "NJ Ex Order 26. 4B1 ."

At 10:45 a.m., the surveyor observed Resident #3 in his/her room and the resident was NJ Exec O and NJ Exec Order 26.4 to NJ Exec O but was NJ Ex Order 26. 4B1 In addition, the resident had NJ Ex Order 26. 4B1

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A 401	Continued From page 6 NJ Ex Order 26. 4B1. The resident was NJ Ex Order 26. 4B1 [redacted] on NJ Exec Order 26. The surveyor was not able to interview Resident #3 due to the resident's NJ Ex Order 26. 4B1. At 11:00 a.m., the surveyor reviewed a NJ Ex Order 26. 4B1 note, written by a Licensed Clinical Social Worker (LCSW), from a visit with Resident #3 dated NJ Exec Order 26. [redacted], which revealed that the resident presented with "NJ Ex Order 26. 4B1 [redacted]." At 12:30 p.m. the surveyor interviewed the Director of Nursing (DON) and inquired about interventions that would be put in place when a resident who was a NJ Ex Order 26. 4B1 was admitted. The DON stated that the facility would not accept someone who was a NJ Ex Order 26. 4B1 [redacted]. However, the surveyor observed a NJ Exec Order 26.4b1 assessment, dated NJ Exec Order 26.4 [redacted] which revealed a score of "NJ Ex [redacted]" and according to the NJ Exec Order 26.4b1 Scale, a score of NJ Ex [redacted] or above indicated that Resident #3 was a "NJ Ex Order 26. 4B1."	A 401		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
60a005		8/15/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS AT MORRISTOWN	17 SPRING PLACE MORRISTOWN, NJ 07960

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 08/22/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 08/25/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/12/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
60a005		8/15/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS AT MORRISTOWN	17 SPRING PLACE MORRISTOWN, NJ 07960

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
6/12/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO