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 05/13/2025

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 #'s : NJ 00186011, NJ 00165976, NJ 00183492 CENSUS: 105 SAMPLE SIZE: 7 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 615	8:36-5.15(b) Notification Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186011	A 615		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/10/25

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 05/13/2025

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 615	Continued From page 1 Based on observation, interview and review of records, it was determined that the facility failed to document that the responsible party (RP) was [redacted] of 7 residents reviewed, Resident #7. This deficient practice was evidenced by the following: On 5/5/25 at 8:59 a.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a form used by health care facilities to report events to the DOH), dated [redacted] which indicated that on [redacted] at approximately 8:30 a.m., Resident #6, reported to the Community Relations Counselor (CRC) that he/she recorded [redacted], Resident #7 [redacted]. The FRE further revealed that Resident #6 explained that he/she [redacted] Resident #7, to show proof that the resident was [redacted] while Resident #6 was in the [redacted] On 5/12/25 at 11:15 a.m., the surveyor reviewed Resident #6's medical record (MR) which revealed Resident #6 moved [redacted] At 11:45 a.m., the surveyor reviewed Resident #7's MR which revealed that Resident #7 moved [redacted]. The surveyor review of the MR also revealed a Brief Interview for Mental Status (BIMS) (A brief cognitive screening tool used to assess cognitive abilities), dated [redacted] that reflected a score of [redacted], which was [redacted] of [redacted]. At 12:00 p.m., the surveyor observed that Resident #7 was seated in an activity living area	A 615		

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 05/13/2025

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 615	Continued From page 2 located next to the elevators. Resident #7 responded to his/her name and made NJ Exec Order 26.4b1 with the surveyor; however, the resident had *NJ Ex Order 26. 4B1* . On 5/13/25 at 10:00 a.m., the surveyor interviewed Resident #6 who stated that there had been *NJ Ex Order 26. 4B1* when the resident lived with Resident #7, which included *NJ Ex Order 26. 4B1* . The resident also stated that Resident #7 often NJ Exe on Resident #6's NJ Exec O of the apartment. Resident #6 further stated that he/she meant NJ Exec Order 26.4b when he/she made the NJ Ex Order 2 ; and only wanted to show the management proof because it was becoming *NJ Ex Order 26. 4B1* with Resident #7. During further surveyor interview with Resident #6, the resident stated that he/she NJ Ex Order 26. 4B1 about Resident #7's *NJ Ex Order 26. 4B1* , but never informed them about Resident #7 *NJ Ex Order 26. 4B1* , and how *NJ Ex Order 26. 4B1* it made the resident NJ Ex Or , until the day that Resident #6, made the NJ Ex Order 26. 4B1 . At 11:00 a.m., the surveyor reviewed a summary of the facility's investigation of the NJ Ex Order 26. 4B1 which revealed that Resident #7 was NJ Ex Order 26. 4B1 . Review of the investigation also revealed that the NJ Ex Order 26 were called and spoke with Resident #6 regarding the NJ Ex Order 26. 4B1 of Resident #7's NJ Ex Order 26. 4 , and the NJ Ex Order 2 . The investigation also indicated that Resident #7's RP was asked to provide a *NJ Ex Order 26. 4B1* , and that Resident #6 was educated on the importance of maintaining NJ Ex Order 26. 4 for all residents.	A 615		

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 05/13/2025

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 615	Continued From page 3 The surveyor interviewed the Director of Nursing and inquired if family notification of incidents was usually documented in the MR progress notes and she stated, "Yes." Surveyor review of Resident #7's medical record, revealed no documentation to reflect that Resident #7, RP was notified of the NJ Ex Order 26. 4B1 when Resident #7 was NJ Ex Order 26. 4B1 Resident #6 during Resident #7's NJ Ex Order 26. 4B1, without his/her NJ Ex Order 26. 4B1.	A 615		
A 753	8:36-7.3(c) General and Health Service Plans (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00183492, NJ 00186011 Based on interview and record review, it was determined that the facility failed to ensure that the Service Plan (SP) was updated and revised based on the resident's response to the care provided for 2 of 7 residents reviewed, Resident #5 and Resident #7 related to an NJ Ex Order 26. 4B1 [redacted]. This deficient practice was evidenced by the	A 753		

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 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 753	Continued From page 4	A 753		

following:

1. On [redacted], the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events to the DOH). The FRE revealed that on [redacted] that Resident #2, called the [redacted] regarding *NJ Ex Order 26. 4B1* [redacted], Resident #5, by another resident, Resident #4. The FRE additionally indicated that the [redacted] responded and received statements from the residents. The FRE further indicated that Resident #5 *NJ Ex Order 26. 4B1* [redacted], and that Resident #2 who reported the [redacted], stated that he/she *NJ Ex Order 26. 4B1* [redacted].

On 5/12/25 at 9:35 a.m., the surveyor reviewed Resident #4's MR which revealed that Resident #4 moved *NJ Ex Order 26. 4B1* [redacted].

At 9:42 a.m., the surveyor interviewed Resident #4 who stated that he/she *NJ Ex Order 26. 4B1* [redacted] which involved Resident #5. Resident #4 stated that he/she *NJ Ex Order 26. 4B1* [redacted]. Resident #4 told the CMA that *NJ Ex Order 26. 4B1*, the CMA said "okay" and said nothing else, then left. Resident #4 further explained that he/she was called into the nurse's office the next day regarding an [redacted] Resident #5. Resident #4 added that he/she told the nurse *NJ Ex Order 26. 4B1* Resident #5 *NJ Ex Order 26. 4B1* [redacted].

The surveyor reviewed Resident #5's MR which revealed that Resident #5 moved *NJ Ex Order 26. 4B1* [redacted]

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 753	Continued From page 5	A 753		

NJ Ex Order 26. 4B1. The MR also indicated that the resident had a Brief Interview for Mental Status (BIMS) (A brief cognitive screening tool used to assess a resident's cognitive ability) score of NJ, which was NJ Exec Order 26.4b1 of NJ Ex Order 26. 4B1 .

At 10:45 a.m. the surveyor attempted to interview Resident #5, however the interview was limited due to the resident's NJ Ex Order 26. 4B1 . Resident #5 was oriented to NJ Ex Order 26. 4B1. The resident was NJ Ex Order 26. 4 .

At 12:45 p.m., the surveyor interviewed a Registered Nurse (RN) who stated that she was the day shift supervisor. The RN stated that several interventions were put in place after the investigation of the NJ Ex Order 26. 4B1 Resident #5. The RN explained that Resident #5 was NJ Ex Order 26. 4B1 and Resident #2 was educated NJ Ex Order 26. 4B1 Resident #5 NJ E Resident #2's NJ Ex Order 26. 4B1. The RN further stated that the staff was educated to NJ Exec Order 26.4 Resident #5 NJ Ex Order 26. 4B1 Resident #2 if they were NJ Exec Order 26.4b1.

At 12:55 p.m., the surveyor reviewed Resident #2's Medical Record (MR), which revealed that Resident #2 moved NJ Ex Order 26. 4B1

At 1:00 p.m. the surveyor interviewed Resident #2 who stated that NJ Ex Order 26. 4B1 Resident #5 to his/her NJ Ex Order 26. 4B1 . Resident #2 further stated that Resident #5 left the apartment sometime before midnight and

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 753	Continued From page 6	A 753		

returned about a half an hour later and knocked on Resident #2's door. Resident #2 stated that Resident #5 was *NJ Ex Order 26. 4B1* [redacted]. Resident #2 stated that he/she assumed that Resident #4, *NJ Ex Order 26. 4B1* [redacted] Resident #5.

Resident #2 added that *NJ Ex Order 26. 4B1* [redacted]. The resident also stated that *NJ Ex* [redacted] Resident #4. Resident #2 explained that after the *NJ Ex Order 26. 4B1*, the Administrator and the Director of Resident Care (DRC) told Resident #2 that he/she *NJ Ex Order 26. 4B1* Resident #5 to his/her apartment, and that Resident #2 *NJ Ex Order 26.* [redacted] Resident #5.

On 5/13/25 at 1:30 p.m., the surveyor interviewed the DRC regarding the *NJ Ex Order 26. 4B1*, and she stated that the investigation revealed that Resident #4 was *NJ Ex Order 26. 4B1* [redacted] Resident #5. The DRC stated that Resident #2 and Resident #4 did not get along and that there were never any prior complaints or issues between Resident #4 and Resident #5.

The DRC further explained that Resident #5 was *NJ Ex Order 26. 4B1* and the staff was educated to *NJ Ex Order 26. 4B* Resident #5 *NJ Ex Order 26. 4B1* Resident #2. The DRC explained that she had conversation with both of Resident #5's *NJ Ex Order 26. 4B1* and that they decided that it would be acceptable if Resident #2 and Resident #5 spent time together in the common areas, but *NJ Ex Order 26. 4B1* [redacted].

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 753	Continued From page 7 The surveyor reviewed the SP for Resident #5 which revealed that there was no documented evidence to reflect the intervention(s) put in place to address Resident #2 and Resident #5. 2. On [redacted], the DOH received a FRE dated [redacted], which indicated that on [redacted] at approximately 8:30 a.m., Resident #6, reported to the Community Relations Counselor that he/she [redacted], Resident #7 [redacted]. The FRE further revealed that Resident #6 explained that he/she [redacted] Resident #7, to show proof that the resident was [redacted] while Resident #6 was in the [redacted]. On 5/12/25 at 11:15 a.m., the surveyor reviewed Resident #6's medical record (MR) which revealed that Resident #6 moved [redacted] At 11:45 a.m., the surveyor reviewed Resident #7's medical record (MR) which revealed that Resident #7 moved [redacted] On 5/13/25 at 10:00 a.m., the surveyor interviewed Resident #6 who stated that [redacted] with Resident #7, which included [redacted]. The resident also stated that Resident #7 [redacted] on Resident #6's side of the apartment. The resident further stated that he/she [redacted] when he/she made the [redacted]; and, just wanted to show the management proof because it was [redacted] Resident #7.	A 753		

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 753	Continued From page 8 At 11:00 a.m., the surveyor reviewed a summary of the facility's investigation of the NJ Ex Order 26. 4B1 which revealed that Resident #7 was NJ Ex Order 26. 4B1 [redacted] The investigation also revealed that the NJ Ex Order 26 were called who spoke with Resident #6 regarding the NJ Ex Order 26. 4B1 Resident #7's NJ Ex Order 26. 4B1 [redacted]. The investigation also indicated that Resident #7's NJ Ex Order 26 was asked to provide a NJ Ex Order 26. 4B1 [redacted], and that Resident #6 was educated on the importance of maintaining privacy for all residents. The surveyor reviewed Resident #7's Service Plan, which revealed that there was no documented evidence to indicate that the SP was updated to reflect the intervention(s) that were put in place regarding Resident #7's NJ Ex Order 26. 4B1 [redacted] The surveyor reviewed an undated facility policy titled, Individualized Service Plan (ISP), which revealed the following: "Each Resident shall receive an Individualized Service Plan, which will include a coordination of resident specific care and service needs...Procedure: A Resident Service Plan shall be developed upon admission, then every 180 days or upon change in condition or services needed..." Refer to 8:36-5.15(b) [A0615]	A 753		

Acceptable POC Received 7/24/25

SPRING HILLS
MORRISTOWN
17 SPRING PLACE
MORRISTOWN, NJ 07960
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Morristown Spring Hills Community
Plan of Action
Executive Director: NJ Exec Order 26.4b1
Date: 07/24/2025

Noncompliance:
The facility has failed to meet the following state health, safety, and quality regulations:
- Regulations/Tag 8:36-5.15(b) A615
- Regulations/Tag 8:36-7.3(c) A753

Corrective Action – Deficiencies
1) **Notification Requirements**: Regulations/Tag 8:36-5.15(b) A615

Element #1 Resident #7 identified in the deficient practice was *NJ Ex Order 26. 4B1*

Element #2 All residents within the community have the potential to be affected by the deficient practice.

Element #3 The Director of Resident Care and the Nursing Supervisor will ensure that notification and written documentation of notification is made on all reportable or sentinel events. Responsible party notification education done with all nurses by Director of Resident Care and Executive Director. **Completion Date for the deficiency is 06/30/2025.**

The Director of Resident Care will review and assess the implementation of policies and procedures through monitoring and auditing processes. The Executive Director and Director of Resident Care will check and ensure compliance. This will be done through routine inspections, quarterly quality assurance activities, and monthly reviews of documentation. Finding any areas of noncompliance or gaps in adherence and taking proper
corrective actions.

Element #4 The Director of Resident Care and the Nursing Supervisor will review the 24-hour report
to ensure compliance within 48 hours. A monthly review will be conducted by the Executive Director to ensure that we are compliant. **Completion Date for the deficiency is 06/30/2025.**

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2) **General and Health Service Plans**: Regulations/Tag 8:36-7.3(c) A753

Element #1 Resident #5 identified in the deficient practice was [redacted]. Resident #7 identified in the deficient practice was [redacted]

Element #2 All residents within the community have the potential to be affected by the deficient practice.

Element #3 The Director of Resident Care will ensure that all nurses are trained in the facilities policy and procedures regarding resident General and Health Service plans. Training began on 06/27/2025 and was completed by 07/03/2025. All nurses will be retrained on an annual basis.

Nurses, and DRC will maintain thorough and up-to-date documentation regarding updating resident care changes in conditions and reporting requirements. This will include nursing notes, care plans, Service plans, Medication administration, and Point of Care tasks. Training began on 06/27/2025 and was completed by 07/07/2025. All nurses will be retrained on an annual basis.

Full audit of all resident Service plans to be completed by 07/31/2025.

Element #4 Resident [redacted] plans are to be reviewed every 180 days. The DRC will ensure that this assessment is completed and documented in the EMR.

Through collaboration with the VP of Nursing, and Regional Nurse we will bi-annually evaluate the effectiveness of the training, and adherence to policy standards to identify areas for improvement. Use this feedback to revise and refine the policies and procedures, as needed, to better meet the needs of the residents and promote compliance. **The Completion date for the deficiency is 07/07/2025.**

Department of Health Surveyors: [redacted] RN-BC,CDP, CADDCT [redacted] RN, BS, PCHA

[redacted]

Executive Director Signature

7/24/25
Date

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
60a005		7/25/2025

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 A0615 Reg. # 8:36-5.15(b) LSC	Correction Completed 06/30/2025	ID Prefix A0753 Reg. # 8:36-7.3(c) LSC	Correction Completed 07/07/2025	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 5/13/2025	☐ 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		7/25/2025

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 A0615 Reg. # 8:36-5.15(b) LSC	Correction Completed 06/30/2025	ID Prefix A0753 Reg. # 8:36-7.3(c) LSC	Correction Completed 07/07/2025	ID Prefix Reg. # LSC	Correction Completed
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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	
5/13/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**