State of New Jersey
DEPARTMENT OF HEALTH
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Governor

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Lt. Governor

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DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:	:	
Morris View Healthcare Center	:	DIRECTED PLAN OF CORRECTION
(NJ Facility ID# NJ61411)	:	

TO: Jacob Levy, Administrator
Morris View Healthcare Center
540 West Hanover Avenue
P.O. Box 437
Morristown, New Jersey 07960
morrisview061411@morrisview.com/j.levy@morrisview.com

Dear Mr. Levy,

As you were notified by verbal order on February 18, 2026, effective immediately, the Department of Health ("Department") is imposing a Directed Plan of Correction (DPOC) requiring Morris View Healthcare Center ("Morris View or the facility") to retain the services of an Administrator Consultant and Consultant Director of Nursing.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction) and 3.1 (Enforcement Remedies Available), and N.J.A.C 8:39-9.2 (Administrator), after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at the facility and found significant deficiencies in the facility's measures to address safety and administration.

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed

Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Long-Term Care Facilities set forth at N.J A.C. 8:39-1.1 et seq.

LICENSURE VIOLATIONS

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Recertification Survey at Morris View Healthcare Center on January 30, 2026. The report of this survey will provide additional detail regarding the following licensure violations:

A. F-600 - Free from Abuse and Neglect. The facility failed to implement their abuse policy to ensure residents were protected from physical abuse after a cognitively intact resident (Resident # 194) made an allegation of staff-to-resident physical abuse on January 1, 2026.

B. F-610 - Investigate/Prevent/Correct Alleged Violation. The facility failed to implement their abuse policy by thoroughly investigating an allegation of staff-to-resident physical abuse to a cognitively intact resident (Resident # 194) who reported the abuse allegation to the Registered Nurse (RN #1) on January 2, 2026.

1. N.J.A.C. 8:39-4.1(a)(5), states that:

"Resident Rights. (a) Each Resident shall be entitled to the following rights:...
5. To be free from physical and mental abuse and/or neglect;".

2.N.J.A.C. 8:39-9.4(f), states that:

"Mandatory Notification...
(f) The facility shall notify the State Long-Term Care Ombudsman at (800) 792-8820 immediately of any suspected or reported resident abuse, neglect, or exploitation of residents aged 60 or older, pursuant to P.L. 1983 c. 43 (N.J.S.A. 52:27G-7.1), and shall notify the Department immediately at 1-800 792-9770 with respect to residents under the age of 60.".

3. N.J.A.C. 8:39-13.4, states that:

"Mandatory Staff Education and Training for Communication.
(a) Each service shall conduct an orientation program for new employees of that service unless the orientation program is conducted by the administrator or a qualified designee.

1. For purposes of complying with this requirement, "new employees" shall be defined to include all permanent and temporary resident care personnel, nurses retained through an outside agency, and persons providing services by contract.

2. The orientation program shall begin on the first day of employment.

3. The orientation program for all staff shall include orientation to the facility and the service in which the individual will be employed, at least a partial tour of the facility, a review of policies and procedures, identification of individuals to be contacted under specified circumstances, and procedures to be followed in case of emergency.

(b) Each service shall provide education or training for all employees in the service at least four times per year and in response to resident care problems, implementation of new procedures, technological developments, changes in regulatory standards, and staff member suggestions. All staff members shall receive training at least two times per year about the facility's infection control procedures, including handwashing and personal hygiene requirements.

(c) At least one education training program each year shall be held for all employees on each of the following topics:
1. Procedures to follow in case of emergency;
2. Abuse, neglect, or misappropriation of resident property;
i. Abuse prevention strategies including, but not limited to, identifying, correcting, and intervening in situations where abuse, neglect, or misappropriation of resident property is likely to occur;
ii. Identifying events, such as suspicious bruising of residents or patterns and trends that may constitute abuse, neglect, or misappropriation of resident property;
iii. Protecting residents from harm during an investigation of abuse, neglect, or misappropriation of resident property;
iv. Identification of staff responsible for investigating and reporting results to the proper authorities;
v. Reporting substantiated incidents to the appropriate local/State/Federal agencies and taking all necessary corrective actions depending on the results of the investigation; and
vi. Reporting to the State nurse aide registry or licensing authorities any knowledge of any actions of any court of law which would indicate that an employee is unfit for service.

3. Resident rights;

4. Training in the specialized care of residents who are diagnosed by a physician as having Alzheimer's disease. The required training program shall be in conformance with the curriculum developed by the Department in accordance with N.J.S.A. 26:2M-7.2 (for certified nurse aides, licensed practical nurses, registered professional nurses and other health care professionals who provide direct care to residents within the facility);
i. Copies of the mandatory training program may be obtained from the Department by submitting a written request to:
Certification Program
Division of Healthcare Facilities Evaluation and Licensing
New Jersey State Department of Health and Senior Services.".

C. F-835 - Administration. The facility's Licensed Nursing Home Administrator (LNHA) failed to ensure staff, as well as himself, implemented the facility's abuse policies and procedures to ensure resident safety and well-being by a.) protecting all residents from an alleged perpetrator pending a thorough investigation for an allegation of staff-to-resident physical abuse; and b.) thoroughly investigating an allegation of staff-to-resident physical abuse.

1. N.J.A.C. 8:39-9.2(a) states that:

"The facility shall be directed by an individual who holds a current New Jersey license as a nursing home administrator. The administrator shall be administratively responsible for all aspects of the facility.
1. In a facility with more than 240 beds, in addition to the licensed administrator, there shall be a full-time administrative supervisor who is assigned the evening shift and reports directly to the licensed administrator.
2. In a facility with 100 beds or more, the administrator shall serve full-time in an administrative capacity within the facility.
3. In facilities with fewer than 100 beds, a licensed administrator shall serve at least half-time within the facility.
4. Two facilities may share a common administrator, if such facilities are within a 20-mile radius and if the total number of beds for which both facilities are licensed is no more than 120."

2. N.J.A.C. 8:39-9.3(a) states that:

"There shall be written policies and procedures for personnel that are reviewed annually, revised as needed, and implemented. They shall include at least:
1. A written job description for each category of personnel in the facility and distribution of a copy to each newly hired employee;
2. Personnel policies in compliance with Federal and State requirements;
3. A system to ensure that written, job-relevant criteria are used in making evaluation, hiring, and promotion decisions;
4. A system to ensure that employees meet ongoing requirements for credentials; and
5. Written criteria for personnel actions that require disciplinary action."

3. N.J.A.C. 8:39-27.1(a) provides that:

"The facility shall provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical (including pain management), emotional and social well-being, in accordance with individual assessments and care plans."

The facts substantiating the violations of these rules are set forth below.

On December 31, 2025, during the 11 P.M. to 7 A.M. shift, Resident # 194 who was in the day room with Resident # 158, got into a physical altercation with a Licensed Practical Nurse (LPN #1). The LPN yelled and poked his/her finger on Resident # 194's face and stomped on the resident's right foot. On January 1, 2026, Resident # 194 reported what happened to the Registered Nurse (RN #1). The Administrator in Training (AIT) and another head nurse came in and talked to Resident # 194 and apologized for what happened and told Resident # 194 that should not have happened and that they were going to review the video from the camera in the day room. However, LPN #1 continued to work and gave medications to the residents during the 11 PM to 7 AM shift night.

On January 28, 2026, at 6:55 PM, the DON stated that she/he had a previous conversation with their regional staff to determine if incidents in the facility is a reportable or a grievance, but the DON did not report the specific allegations made by Resident #194. The DON stated if they reported an allegation of

staff-to-resident abuse, the staff member would be removed from the building and are not allowed to return until the investigation was completed. The DON stated that they determined this incident to be a grievance and not an abuse.

On January 29, 2026, at 4:10 PM, the LNHA that as the facility's abuse coordinator and the point person for all allegations of abuse, the incident involving Resident # 194 were discussed by the team and they decided that this incident does not amount to abuse and classified this as a grievance. The decision classifying this incident as a grievance and not an abuse resulted in not sending the LPN home and not reporting this incident to the Department as an abuse allegation.

The facility's actions that led to these deficiencies are:

1. The DON failed to report this abuse allegation to regional staff per facility policy led to the lack of guidance on properly treating this incident as an abuse allegation and not a grievance;

2. The DON's action of treating this as a grievance allowed LPN #1 to continue working in the facility that day, having access to Resident # 194, as well as other residents placed Resident # 194, as well as all residents, at risk of abuse and the likelihood of serious physical and emotional harm, or impairment which resulted in an Immediate Jeopardy (IJ) situation; and

3. The LNHA failed to ensure the proper training of all staff including himself, to implement the facility abuse policy by treating this incident as an abuse allegation and not a grievance, sending the LPN home, reporting this as an abuse incident to the department and thoroughly investigating an allegation of staff-to-resident physical abuse.

These are representative findings that reflect ongoing violations, particularly in the facility's failure to implement their policy and ensure residents were protected from physical abuse and thoroughly investigate an alleged staff to resident physical abuse as well as the facility LNHA's failure to ensure that the staff and himself implement the facility's abuse policies and procedures to ensure resident safety and well-being. These failures demonstrate noncompliance with both state and federal regulations and further compromise the health, safety, and well-being of the facility's residents. These findings do not necessarily include all deficiencies identified during the survey, which will be detailed in the full survey report.

DIRECTED PLAN OF CORRECTION

The Department of Health directs the following plan of correction pursuant to N.J.A.C S 8:43E-2.4.

a. The facility must retain the full-time, on-site services of a Consultant Administrator who is a New Jersey Licensed Nursing Home Administrator (LNHA). The Consultant Administrator shall:

    1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
    2. Oversee the development, implementation and evaluation of corrective action plans;
    3. Develop and implement compliance management systems at the facility;

4. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
5. Ensure staff training needed to comply with applicable licensing standards; and,
6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

b. The facility must retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN).

The two (2) consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to, Kimberly.Hansen@doh.nj.gov Kara.Morris@doh.nj.gov, Carol.Hamill@doh.nj.gov, Lisa.King@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by 12 p.m. on February 20, 2026.

The approved consultants shall be retained and begin work no later than the close of business on February 23, 2026. The consultants shall have no previous or current ties to the facility's principals, management, and/or employers or other related individuals of any kind, including, but not limited to, employment, business, or personal ties. The Administrator and DON consultants shall be present in the facility for no less than 40 hours per week, until further notice from the Department, with documented coverage of all shifts and weekends when the facility is open.

Beginning on Friday, February 27, 2026, the facility shall send weekly progress reports every Friday by 1 p.m. to Kimberly.Hansen@doh.nj.gov, Kara.Morris@doh.nj.gov, and Carol.Hamill@doh.nj.gov. These weekly reports should include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and
3. Status of corrective measures implementation.
4. Nurse Staffing Reports

In addition, the facility is directed at maintaining timely communication with the Department, as may be required. Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and to determine whether corrective measures are implemented by the facility in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties. Please be advised that this Directed Plan of Correction shall remain in place until the facility is otherwise notified by the Department.

Finally, be advised that Department staff will monitor compliance to determine whether corrective measures are implemented by the facility to comply with N.J.A.C. 8:39-4.1(a)(5), N.J.A.C. 8:39-9.4(f), N.J.A.C. 8:39-13.4, N.J.A.C. 8:39-9.2(a), N.J.A.C. 8:39-9.3(a), and N.J.A.C. 8:39-27.1(a).

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7742.

Sincerely,

Lisa King /RSM

Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM:nj
DATE: February 19, 2026
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