

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/21/2021
NAME OF PROVIDER OR SUPPLIER SINAI POST ACUTE NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 65 JAY STREET NEWARK, NJ 07103		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ 144443, 144778 Census: 333 Sample: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 812 SS=D	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 144443, 144778	F 812			4/28/21
			F812 – Food procurement, Store/ prepare/ Serve -Sanitary		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/28/2021

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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F 812	<p>Continued From page 1</p> <p>Based on observation, interviews and record review, as well as review of pertinent facility documents on 4/21/21, it was determined that the facility failed to ensure that the refrigerator located in the dayroom on the 3rd floor, that the staff had checked and documented the temperature daily according to the facility's policy. Also, the facility failed to ensure that staff had labeled and dated the residents' food items for storage in the refrigerator for 1 of 2 units. This deficient practice is evidenced by the following:</p> <p>During the tour of the 3rd floor on 4/21/21 at 9:34 am, in the presence of the Unit Manager (UM), the surveyor observed that the refrigerator located in the day room did not have temperatures documented on the "PANTRY REFRIGERATOR LOG (PRL)" dated 4/2021 from 4/13/21 to 4/21/21. A total of 9 days. In addition, 4 plastic bags with foods no labels or dates. According to the UM, this refrigerator is used for the storage of food items for residents on this floor.</p> <p>During an interview with the UM on 4/21/21 at 9:34 am., she stated that it was her job to ensure that the refrigerator was checked daily and documented on the PRL form. The UM stated that food items brought in from the community must be labeled with the resident's name and dated prior to storing it in the dayroom's refrigerator. The UM revealed that she could not tell how long the foods were in the refrigerator because they were not dated.</p> <p>During an interview with the Administrator on 4/21/21 at 12:49 pm, she stated that it was the UM's responsibility and the night nursing staff to</p>	F 812	<p>1. The following corrective actions have been accomplished for the identified deficiency:</p> <ul style="list-style-type: none"> - All items found in the 3rd floor dayroom refrigerator on 4/21/21 that were not properly labeled were discarded - The Nurse documented the Temperature Log for the 3rd Floor dayroom refrigerator for 4/21/21 <p>2. All residents that have food placed in the dayroom refrigerator have the potential to be affected by the deficient practice.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <ul style="list-style-type: none"> - All Nursing staff were in serviced on ensuring that all food placed in the dayroom refrigerator be labeled with the residents name and date, and to discard food that over 72 hours or is not properly labeled . - The 11-7 staff were in serviced on their responsibility to check the temperatures of the dayroom fridge daily and to document the temperature on the log - The Unit Manager was re-educated on her responsibility to check daily that all items in the dayroom fridge are being properly labeled and discarded as needed as well as to check that the temperature log is being appropriately completed. <p>4. The Administrator or designee will audit 3 dayroom refrigerators 2 times a week x 90 days to ensure that all temperature logs are being completed, all items in the refrigerator are properly dated/labeled and that all items not labeled or in the refrigerator over 72 hours are discarded..</p>		

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NAME OF PROVIDER OR SUPPLIER SINAI POST ACUTE NURSING AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 65 JAY STREET NEWARK, NJ 07103			
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F 812	<p>Continued From page 2</p> <p>check the refrigerator temperature in the dayroom and to ensure it was documented on the PRL form. She confirmed that the resident's food items should be labeled and dated. She stated that foods that were not labeled/dated should be thrown away.</p> <p>The facility's policy titled, "Use and Storage Brought into the Facility by Residents/Visitors" initiated on 12/2010 and revised on 11/2020, showed: "...PROCEDURES...3. Foods brought in from the community may be stored in the dayroom refrigerators after dating and labeling with the residents name...4. Cooked Foods brought in by visitors that are dated and labeled, and kept in the personal or dayroom refrigerator may be held and consumed for up to 72 hours..."</p> <p>The facility's policy titled, "Refrigerator Temperatures" initiated on 12/2010 and revised on 11/2020, showed: "...POLICY: It is the policy of this facility to keep foods stored at a safe temperature PROCEDURE: 1. Check temperature of refrigerator daily...6. 11-7 shift nurse is responsible for checking the refrigerator temperature and filling out the Refrigerator Temperature log.</p> <p>NJAC 8:39-17.2 (g)</p>			F 812	<p>The findings will be reported to the QAPI committee on a monthly basis x 3 months.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315236	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/5/2021
NAME OF FACILITY SINAI POST ACUTE NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 65 JAY STREET NEWARK, NJ 07103	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0812	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/28/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/21/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			