

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

PRINTED: 09/27/2024
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 08/01/2024
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 C #: NJ00175921, NJ00160483, NJ00159461 Census: 387 Sample Size: 5 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 657			9/5/24

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

TITLE

(X6) DATE

Electronically Signed

08/29/2024

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 657	<p>Continued From page 1</p> <p>or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>C #: NJ 175921</p> <p>Based on record review, as well as review of pertinent facility documents on 7/31/24 and 8/1/24, it was determined that the facility failed to review and revise the care plan timely for 1 of 5 sampled residents (Residents #2) reviewed for care plans. This deficiency is evidenced by the following:</p> <p>1. The "Admission Record" for Resident #2, showed that the Resident was initially admitted to the facility with diagnoses that NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool dated NJ ex order 26.4b1, showed that the resident NJ ex order 26.4b1 with a BIMS of NJ ex order 26.4b1 and required a NJ Ex Order 26.4(b)(1) from staff with Activities of Daily Living (ADL).</p> <p>Review of Resident #2's incident report (RI #1) and corresponding documentation from the progress notes (PN), revealed that on NJ ex order 26.4b1 at 2:20 p.m. "resident was NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) was administered once, resident responded after NJ ex order 26.4b1." Subsequently, on NJ ex order 26.4b1 at 4:35 p.m. IR #2 indicated that the NJ ex order 26.4b1</p> <p>[REDACTED]</p>	F 657	<p>1. Resident #2 NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. Unit managers, nursing supervisors, and nurses, will be reeducated on care plans being reviewed and revised timely.</p> <p>4. Director of Nursing/designee will audit 5 residents weekly x 4, then monthly x 2 to ensure care plans are reviewed, and updated following a significant incident. Audit findings will be shared with the QAPI committee monthly x 3.</p>		

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F 657	<p>Continued From page 2</p> <p>NJ ex order 26.4b1</p> <p>Review of Resident #2's progress notes (PN) dated NJ ex order 26.4b1 at 5:42 p.m., documented by the Licensed Practical Nurse (LPN) NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 The PN further indicated that on NJ ex order 26.4b1 at 10:05 p.m., documented by a Registered Nurse (RN #1) NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>"</p> <p>The Care Plan (CP) initiated on NJ ex order 26.4b1, showed that the Resident NJ ex order 26.4b1, and has a history of NJ Ex Order 26.4(b)(1). The facility failed to revise care plan after resident NJ ex order 26.4b1. In addition, the CP was not reviewed and/or revised to reflect the NJ ex order 26.4b1 and NJ ex order 26.4b1.</p> <p>During an interview with Unit Manager/LPN (LPN #1), who was assigned on the 4th floor, on NJ ex order 26.4b1 at 1:21 pm., she confirmed the aforementioned incident on NJ ex order 26.4b1 at 5:42 p.m. and confirmed that she did not update the (CP).</p> <p>During an interview with the US FOIA (B) (6) with U.S. FOIA (b) (6) (ADON #1 and #2), U.S. FOIA (b) (6), and the US FOIA (B) (6) on 8/1/24 at 1:58 p.m., the US FOIA (B) (6) stated that the CP had to be updated within 24 to 48 hours when there is a change in condition.</p> <p>The policy updated 6/2023, titled "Care Plan," showed under "Procedure...#11: Care plans will</p>	F 657			

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F 657	Continued From page 3 be updated timely and necessary revisions will be made..."	F 657			
F 755 SS=D	NJAC 8:39-11.2(2) Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs	F 755			9/5/24

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F 755	<p>Continued From page 4</p> <p>is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: C#: NJ 175921</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 7/31/24 and 8/1/24 it was determined that the facility failed to follow the Physician's order and to implement the facility policy titled "Medication Administration Policy" for 2 residents (Resident #3 and Resident #4), reviewed for medication administration. This deficient practice was evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD" (AR), Resident #3 was admitted with diagnosis NJ ex order 26.4b1</p> <p>According to the Resident's Minimum Data Set (MDS), an assessment tool dated NJ ex order 26.4b1, Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ ex order 26.4b1 indicating that the resident's NJ ex order 26.4b1</p> <p>The care plan (CP), initiated on NJ ex order 26.4b1 and revised on NJ ex order 26.4b1 indicated that Resident #3 NJ ex order 26.4b1</p> <p>A review of the form "ORDER SUMMARY REPORT" (OSR) revealed an order to NJ ex order 26.4b1</p>	F 755	<p>1. The PCP for resident #3 was notified regarding the missed documentation of treatments. The PCP for resident #4 was notified regarding missed documentation of medication administration.</p> <p>2. All residents have the potential to be affected by not having the PCP notified of medication refusals or missed treatments, and not documented.</p> <p>3. Unit managers, nursing supervisors, and nurses will be reeducated on following physician orders and Medication Administration Policy.</p> <p>4. Director of Nursing/designee will audit 5 resident weekly x 4, then monthly x 2 to ensure physician orders and Medication Administration Policy are being followed. Audit findings will be shared with the QAPI committee monthly x 4.</p>		

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F 755	<p>Continued From page 5</p> <p>NJ ex order 26.4b1</p> <p>A review of Resident #3's "Medication Administration Record (MAR)," for NJ ex order 26.4b1, confirmed the aforementioned physician order. The MAR revealed that on NJ ex order 26.4b1, and NJ ex order 26.4b1, there was no documentation to indicate that the treatment was provided. In addition, there was no documented evidence in Resident# 3's Medical Record (MR) to indicate that the U.S. FOIA (b) (6) was notified on the aforementioned dates.</p> <p>2. According to the AR, Resident #4 was admitted with diagnosis that included but NJ ex order 26.4b1</p> <p>According to the MDS, dated NJ ex order 26.4b1 Resident #4 had a BIMS score of NJ ex, indicating that the resident's NJ ex order 26.4b1</p> <p>The CP was reviewed and revised on NJ ex and revised on NJ ex, this indicated that Resident #4 had a NJ ex order 26.4b1</p> <p>A review of the form OSR revealed an order for NJ ex order 26.4b1</p> <p>A review of Resident #4's MAR for NJ ex order 26.4b1, confirmed the aforementioned physician order. The MAR revealed that on NJ ex order 26.4b1, there was no documentation to indicate that the NJ Ex Order 26.4(b)(1) was administered. In additional, there was no documented evidence in the Resident's MR to indicate that the PCP was notified on the</p>	F 755			

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F 755	<p>Continued From page 6 aforementioned date.</p> <p>During an interview with the surveyors on 8/1/24 at 21:46 p.m., the U.S. FOIA (b) (6) stated that the nurses were expected to administer the medication according to the PCP order. The US FOIA (b)(6) further stated that nurses were also expected to document in the resident's MR the reason why the medications were not administered and if the PCP was notified. The US FOIA (B) (6) explained that "if not documented, means it was not done."</p> <p>During an interview with the surveyors on 8/1/24 at 2:05 p.m., the US FOIA (B) (6) in the presence of Assistant DON (ADON#1), ADON #2, and US FOIA (b)(6) stated that nurses were expected to follow the Physician's order. The US FOIA (b)(6) further stated that if the medication was not administered, the nurses were to call the residents PCP and document in the resident's MR. The US FOIA (b)(6) explained that "if not documented, means it was not done."</p> <p>A review of the facility policy titled, "Medication Administration Policy," reviewed on 04/2024, indicated "POLICY All medications will be prepared ...and administered in a manner consistent with the general requirements outlined in this policy ...K. After Medication Administration: 1. Document necessary medication administration /treatment information (e.g., when medications are administered, medication injection site, refused medications and reasons, prn medications, etc.) on appropriate forms ..."</p> <p>N.J.A.C 8:39-29.2(d)</p>	F 755			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060713	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SINAI POST ACUTE NURSING AND REHAB CENTER **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) COMPLETE DATE
S 000	Initial Comments Complaint # NJ00175921, NJ00160483, NJ00159461 Census: 387 Sample Size: 5 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ00175921, NJ00160483, NJ00159461 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 12 of 14 day shifts and 2 of 14 evening shifts as follows: This deficient practice had the potential to	S 560	1. There was no negative outcome to residents on the shifts identified as not meeting the NJ staffing requirements during the day shift on the dates 10/30/22, 10/31/22, 11/2/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/11/22, and 11/12/22 and during the evening shift on 10/30/22 and 11/6/22.	9/5/24

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

Electronically Signed

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08/29/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 03/24/2024 to 04/6/2024 and 06/23/2024 to 07/06/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below:</p> <p>The facility was deficient in CNA staffing for residents on 12 of 14 day shifts and 2 of 14 evening shifts as follows:</p> <p>-10/30/22 had 28 CNAs for 346 residents on the</p>	S 560	<p>2. All residents have the potential to be affected by the deficient practice of not meeting the NJ Staffing requirement ratios.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring: Advertisement / Job postings for CNA's have been posted on social media websites. Incentives are offered to CNA's to work extra shifts. Incentives are offered for referring a nursing employee. The facility has partnered with staffing agencies. The facility has partnered with a CNA school in an effort to be able to recruit the students once they have completed their certification.</p> <p>4. The Administrator/designee will review the staffing schedule weekly x 4 then monthly x 3 to monitor the staffing ratio on the day and evening shifts. The findings will be reported to the QAPI committee monthly x 3 months.</p>	

New Jersey Department of Health

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S 560	Continued From page 2 day shift, required at least 43 CNAs. -10/30/22 had 31 total staff for 346 residents on the evening shift, required at least 35 total staff. -10/31/22 had 33 CNAs for 346 residents on the day shift, required at least 43 CNAs. -11/02/22 had 40 CNAs for 346 residents on the day shift, required at least 43 CNAs. -11/04/22 had 32 CNAs for 348 residents on the day shift, required at least 43 CNAs. -11/05/22 had 33 CNAs for 348 residents on the day shift, required at least 43 CNAs. -11/06/22 had 27 CNAs for 348 residents on the day shift, required at least 43 CNAs. -11/06/22 had 34 total staff for 348 residents on the evening shift, required at least 35 total staff. -11/07/22 had 29 CNAs for 348 residents on the day shift, required at least 43 CNAs. -11/08/22 had 42 CNAs for 348 residents on the day shift, required at least 43 CNAs. -11/09/22 had 42 CNAs for 344 residents on the day shift, required at least 43 CNAs. -11/10/22 had 41 CNAs for 344 residents on the day shift, required at least 43 CNAs. -11/11/22 had 38 CNAs for 344 residents on the day shift, required at least 43 CNAs. -11/12/22 had 30 CNAs for 344 residents on the day shift, required at least 43 CNAs.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315236	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/6/2024
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 F0657	Correction	ID Prefix F0755	Correction	ID Prefix	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed
LSC	09/05/2024	LSC	09/05/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/1/2024		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060713	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/6/2024
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 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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/05/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/1/2024		<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			