

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

PRINTED: 02/09/2024
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 09/07/2022
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 #: NJ00157788 Census: 349 Sample Size: 3 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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609			10/10/22

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

TITLE

(X6) DATE

Electronically Signed

09/21/2022

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 609	<p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>COMPLAINT #: NJ00157788</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 9/7/22, it was determined that the facility failed to report that a Resident [REDACTED] from the facility without the staff's authorization to the New Jersey Department of Health (NJDOH) as required and to follow their policies titled "REPORTABLE EVENTS" and "Elopement Policy" for 1 of 1 resident (Resident #1). This deficient practice is evidenced by the following :</p> <p>The surveyor conducted an interview with the Admission Director on 9/7/22 from 10:38 am to 1:38 pm. The AD stated that on [REDACTED] around 6:08 pm he received the referral through an email from Facility #2's Social Worker (F#2, previous Facility where Resident #1 came from). On [REDACTED] before the morning meeting, the AD spoke to F#2 Social Worker (SW) through the telephone stating "it looks good to me, no problem accepting". The AD agreed that the F#2 arranged the transportation pick up on [REDACTED] at 4:00 pm. Then on [REDACTED], after the morning meeting, the Director of Nursing (DON) denied the referral for Resident #1. At around 2:00 pm, the AD called F#2, spoke to the SW to inform her that Resident #1 was denied for admission. However, Resident #1 was picked up by transportation and dropped off at facility (F#1, admitting facility) lobby. The AD and the DON spoke to Resident #1 in the facility lobby area to</p>	F 609	<p>1. Resident #1 was not affected by this deficient practice. Resident #1 was accepted, however, [REDACTED] was never admitted to the facility.</p> <p>2. All admitted residents have the potential to be affected by having a significant event such a [REDACTED] t go unreported. All incidents/accidents from the previous 3 months will be reviewed to identify any significant events such as elopements that were unreported.</p> <p>3. All administrative staff were educated on the facility's reportable policy. All incidents/accidents will be reviewed by the DON/designee weekly x 4, then monthly x 3 to ensure all significant events such as elopements are reported to the DOH.</p> <p>4. Audits findings will be shared with the QA Committee monthly x 3 for review</p>		

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F 609	<p>Continued From page 2</p> <p>wait there and left to go back to their office to discuss resident's admission to this facility. When the DON and AD came back to the lobby to speak to Resident #1, the Receptionist stated that the resident left the building.</p> <p>On 9/7/22 at 9:30 am, during the entrance conference with the Director of Nursing (DON), the DON stated that she received Resident #1's referral on [REDACTED] at 10:45 am from the Admission Director (AD). She further stated that she denied the referral due to Resident was on "do not accept list". However, it was too late because the Resident was already in the building. She saw the Resident in the lobby. She and the AD went into the office to discuss the next plan. However, when they returned to the lobby the Receptionist told them that the Resident left the building. The DON confirmed that they did not report this incident to the NJDOH.</p> <p>The surveyor conducted an interview with the Reception (F #1 staff) on 9/7/22 at 2:00 pm. The Receptionist stated that on [REDACTED] around 2:00 pm, Resident #1 came to the front door stated he/she came in for admission. The Receptionist revealed that the DON and the AD offered the Resident a chair and they spoke to the Resident. The DON and the AD went inside the office and Resident #1 continued to wait in the lobby. Then a few minutes later, Resident #1 waved his/her hands and stated "[REDACTED]" and left the building. The Receptionist revealed that the DON was aware that Resident #1 left the building.</p> <p>Review of the Referral folder on 9/7/22 showed that Resident #1 was dropped off by transportation to Facility # 1 approximately 2:00 pm.</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>Review of Resident #1's MR from Facility #2 showed the following:</p> <p>The Form "DISCHARGE NOTIFICATION" dated [REDACTED] showed that Resident #1 was to be discharged to Facility #1 on [REDACTED] at 3:00 pm.</p> <p>The facility policy titled "REPORTABLE EVENTS", dated 2/2022, showed "...It is the responsibility for this facility to report events or incidents relating to the safety of the residents to the State Department of Health and Senior Services...5. Specific Reportable Events that must be reported immediately...b. Any major occurrence or incident...including, but not limited to...elopements..."</p> <p>The facility policy titled [REDACTED] Policy", dated 8/2022, showed "...Definition: Elopement - an act of running away without permission...Policy: It will also ensure the safety of residents, to the degree possible, whenever they leave the premises of the nursing home without appropriate discharge orders or instructions...13. The Police and surrounding are hospitals will be notified within reasonable time of discovering resident is missing by Nursing Supervisor or designee...21. The Administrator or DON will report the elopement incident to the appropriate agencies, i.e., the Police, the Office of the Ombudsman for the Institutionalized Elderly or the NJDHSS immediately.</p> <p>NJAC 8:39-27.1(b)</p>	F 609			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315236	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/2/2022
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 F0609	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/10/2022	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 9/7/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO