

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 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	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>40823</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 included but were not limited to: Displaced Oblique Fracture of Shaft of Right Fibula, Muscle Wasting and Atrophy, Opioid Dependence, and Cocaine Abuse.</p> <p>The Minimum Data Set (MDS), an assessment tool dated 7/3/24, showed that the resident was cognitively intact with a BIMS of 15 and required a partial/moderate assistance 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 7/1/24 at 2:20 p.m. resident was found on floor grunting, not responding to simple commands, Narcan was administered once, resident responded after 3 minutes. Subsequently, on 7/7/24 at 4:35 p.m. IR #2 indicated that the resident was found unresponsive and 4 mg [milligram] Narcan given x3 [3 times].</p> <p>Review of Resident #2's progress notes (PN) dated 7/1/24 at 5:42 p.m., documented by the Licensed Practical Nurse (LPN) RESIDENT WAS FOUND LEHARGIC IN PRONE POSITION ON THE FLOOR IN HER ROOM. PRN NARCAN WAS ADMINISTERED (Draft). The PN further indicated that on 7/8/24 at 10:05 p.m., documented by a Registered Nurse (RN #1) Resident was found unresponsive 4mg of Narcan 3 were given, resident regain conscious and verbally responsive .resident is alert and stable, no injury noted.</p> <p>The Care Plan (CP) initiated on 6/27/24, showed that the Resident had a risk for falls evidenced by difficulty walking and muscle weakness, and has a history of poly-substance abuse. The facility failed to revise care plan after resident had a fall on 7/1/24. In addition, the CP was not reviewed and/or revised to reflect the overdoses on 7/1/24 and 7/7/24.</p> <p>During an interview with Unit Manager/LPN (LPN #1), who was assigned on the 4th floor, on 8/1/24 at 1:21 pm., she confirmed the aforementioned incident on 7/1/24 at 5:42 p.m. and confirmed that she did not update the (CP).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) with Assistant DON (ADON #1 and #2), Assistant Administrator, and the Administrator on 8/1/24 at 1:58 p.m., the DON 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 be updated timely and necessary revisions will be made .</p> <p>NJAC 8:39-11.2(2)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40823</p> <p>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 that included but were not limited to Surgical Aftercare Following Surgery On The Skin and Subcutaneous Tissue.</p> <p>According to the Resident's Minimum Data Set (MDS), an assessment tool dated 5/7/24, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident's cognition was intact.</p> <p>The care plan (CP), initiated on 5/1/24 and revised on 5/20/24, indicated that Resident #3 had an actual skin breakdown, potential for deterioration and further skin breakdown. Interventions included but not limited to administer treatment as ordered.</p> <p>A review of the form ORDER SUMMARY REPORT (OSR) revealed an order to cleanse site with normal saline, pat dry, apply light coat of Silvadene cream to incision sites, cover with dry gauze wrap with kerlix then ace wrap daily (wipe previous days Silvadene off prior to reapplication) every evening shift for surgical care, dated 6/4/24.</p> <p>A review of Resident #3's Medication Administration Record (MAR), for 7/2024, confirmed the aforementioned physician order. The MAR revealed that on 7/5/24, 7/12/24, and 7/19/24 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 Primary Care Physician (PCP) was notified on the aforementioned dates.</p> <p>2. According to the AR, Resident #4 was admitted with diagnosis that included but were not limited to Opioid Dependence.</p> <p>According to the MDS, dated [DATE], Resident #4 had a BIMS score of 15, indicating that the resident's cognition was intact.</p> <p>The CP was reviewed and revised on 5/6/24 and revised on 5/20/24, this indicated that Resident #4 had a history of poly-substance abuse and was on methadone program.</p> <p>A review of the form OSR revealed an order for Methadone Oral Solution 10 milligram (mg)/5 Milliliter (ml), give 65 mg by mouth in the morning for Opioid Dependence ordered on 1/4/24.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #4's MAR for 7/2024, confirmed the aforementioned physician order. The MAR revealed that on 7/19/24, there was no documentation to indicate that the Methadone was administered. In addition, there was no documented evidence in the Resident's MR to indicate that the PCP was notified on the aforementioned date.</p> <p>During an interview with the surveyors on 8/1/24 at 21:46 p.m., the Unit Manager/Licensed Practical Nurse (UM/LPN #1) stated that the nurses were expected to administer the medication according to the PCP order. The UM/LPN 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 UM/LPN 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 Director of Nursing (DON), in the presence of Assistant DON (ADON#1), ADON #2, and Administrator stated that nurses were expected to follow the Physician's order. The DON 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 DON 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>		