

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  06/16/2025
NAME OF PROVIDER OR SUPPLIER  Sinai Post-Acute Nursing & 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Complaint NJ00182662</p> <p>Based on record review and interview it was determined that the facility failed to consistently provide ostomy care for a resident who was dependent on staff for colostomy management. The deficient practice was cited for 1 of 3 residents (Resident #1017) reviewed for the need of assistance with activities of daily living and was evidenced by the following.</p> <p>The surveyor reviewed the closed record for Resident #1017 which revealed the following information.</p> <p>The admission Record indicated the resident was admitted with diagnoses including but not limited to colon cancer and colostomy (a surgical operation in which a piece of the colon is diverted to an artificial opening in the abdominal wall to bypass a damaged part of the colon).</p> <p>The admission Minimum Data Set (MDS) assessment tool indicated the resident utilized an ostomy for bowel continence (Section H0400). The MDS indicated the resident was dependent upon staff for managing the ostomy (Section GG).</p> <p>The 12/22/25 toileting care plan for colostomy care included instructions for nursing to keep skin around the stoma clean and dry.</p> <p>A 2/9/25 facility Concern Form provided by the Director of Nursing (DON) described an incident in which the colostomy drainage bag had not been emptied during the 11 PM to 7 AM shift by the nurse on duty.</p> <p>On 6/12/25 at 10:11 AM the surveyor interviewed the Certified Nursing Assistant (CNA #1) who worked the oncoming 7 AM to 3PM shift. She stated when she came onto her shift she checked the resident who had a full colostomy drainage bag which had burst. She stated stool was on the resident and on the bed. CNA #1 alerted her nurse supervisor (Nurse #1).</p> <p>On 6/12/25 at 10:19 AM the surveyor interviewed Nurse #1 who had worked the oncoming 7 AM to 3 PM shift. Nurse #1 stated CNA #1 called her into the room of Resident #1017. She observed the full and open colostomy drainage bag. Nurse #1 stated she assessed the resident who did not have any excoriation of the surrounding skin. The resident was washed. Nurse #1 notified the resident's responsible party and also reassured the resident. Nurse #1 called the 11-7 nurse (Nurse #2) who was responsible for the resident's care. Nurse #2 stated she got busy and forgot to check on the resident.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor was unable to speak with CNA #2 or Nurse #2 at the time of the survey.</p> <p>On 6/12/25 at 1:00 PM the surveyor discussed the concern with the DON and the Administrator.</p> <p>The surveyor reviewed the facility policy and procedure titled Ostomy Care (Colostomy, Jejunostomy, Ileostomy, Ileo Conduit), last reviewed September 2024.</p> <p>The policy statement read as follows: The facility strives to provide ostomy care to residents in a manner that promotes dignity and resident health by maintaining cleanliness and skin integrity, preventing odors, and preventing infections.</p> <p>NJAC 8:39-27.1(a); 27.2</p>