STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315354	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyside Manor	2500 Ridgewood Road Wall, NJ 07719

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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48964 Based on interviews and review of medical records it was determined that the facility failed to complete and electronically transmit the Minimum Data Set (MDS, an assessment tool), within 14 days of the resident's discharge. This deficient practice was identified for 1 of 1 resident, (Resident # 27) reviewed in the Resident Assessment Task for MDS record over 120 days old. On 05/08/2024 the surveyor reviewed the MDS history in the electronic medical record which revealed: Resident #27 was discharged on [DATE]. The surveyor was unable to locate a discharge MDS in Resident #27's electronic medical record. On 05/09/2024, the surveyor interviewed the MDS Coordinator (MDSC), who stated that the discharge MDS on Resident #27 should've been completed within 14 days of discharge date . She also stated, I missed it. On 05/14/2024 the surveyor noted that the discharge MDS was completed on 05/10/2024 and transmitted on 05/13/2024 (completion was due by 1/22/2024 and transmission was due by 02/05/2024). When the surveyor asked for a policy regarding MDS completions, the MDSC stated they did not have a policy for MDS discharge assessments and that they follow the RAI manual. According to Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 user's manual dated October 2023, page 2-17, discharge return-not anticipated must be completed no later than the discharge date + 14 calendar days with the transmission date no later than MDS completion date +14 days. On 05/13/2024, the surveyor interviewed the Director of Nursing who stated that the MDS should have been completed before now. NJAC 8:39-11.2 (e) 3

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 43936 Based on observation, interview, record review and review of pertinent facility documents it was determined that the facility failed to treat a resident's pain to the extent possible in accordance to current professional standards of practice. The deficient practice was identified for 1 of 2 residents (Resident # 38) investigated for Pain. The deficient practice was evidenced by the following: A review of Resident # 38's Significant Change Minimum Data Set (MDS; an assessment tool) dated 05/08/2024 revealed under section J. that he/she received as needed and scheduled medications for pain. A review of Resident # 38's Order Summary Report located in the Electronic Medical Record (EMR) revealed that he/she was receiving oxycodone-acetaminophen (medication used to treat pain) oral tablet 5-325 mg (milligrams) one time a day for pain management prior to care. The order was started on 03/27/2024. Further, the Order Summary revealed an order for Resident # 38 to wear a cervical neck brace at all times. A review of Resident # 38's Diagnoses located in the EMR revealed that he/she was diagnosed with but not limited to Unstable Burst Fraction of First Cervical Vertebra (bone in the cervical spine area crushed in all directions). A review of Resident # 38's Care Plan located in the EMR revealed that Resident # 38 had a focus of chronic pain related to arthritis, neuropathy (Weakness, numbness, and pain from nerve damage) and acute pain related to the cervical fracture. A review of the April, 2024 Medication Administration Audit Report revealed that the oxycodone-acetaminophen oral tablet 5-325mg was scheduled to be given at 9:00 AM. However, the report revealed the following dates an times of the actual administration of the oxycodone-acetaminophen: On 04/06/2024, the medication was administered at 11:03 On 04/09/2024, the medication was administered at 10:26 On 04/12/2024, the medication was administered at 10:21 On 04/13/2024, the medication was administered at 10:55 On 04/14/2024, the medication was administered at 10:37 On 04/21/2024, the medication was administered at 10:46 On 04/28/2024, the medication was administered at 11:02 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility-provided, undated policy titled, PAIN ASSESSMENT & MANAGEMENT revealed, 11. Medicate the resident as the physician ordered. A review of the facility-provided, undated policy titled, Administering Pain Medications revealed on the second page to, Administer pain medications as ordered. On 05/08/2024 at 12:58 PM during the initial tour of the facility, the surveyor visited Resident # 38 in his/her room. At that time, Resident # 38 stated he/she has neck pain and bilateral leg pain. He/She also had a cervical neck brace on. On 05/10/2024 at 10:43 AM during an interview with the surveyor, Registered Nurse # 1 confirmed that Resident # 38 received oxycodone-acetaminophen 5-325mg and that it was scheduled for 9:00 AM. On 05/13/2024 at 9:41 AM during an interview with the surveyor, Registered Nurse # 2 said We [nurses] have to give them [medications] within the hour. If they are scheduled, they have to be within the hour. On 05/13/2024 at 11:34 AM during an interview with the surveyor, the Director of Nursing confirmed she would consider a medication administered as late an hour after an administration time. Further, the DON stated, If it is a standing order, Yes. If it was given at ten and scheduled for nine, then yes. when the surveyor asked would she considered a nine AM scheduled opioid for pain management given after ten AM or eleven AM, a late medication. S 8:39-27.1 (a)