

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER The New Jewish Home, Manhattan		STREET ADDRESS, CITY, STATE, ZIP CODE 120 West 106th Street New York, NY 10025	

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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>44843</p> <p>Based on interviews and record review conducted during the Recertification Survey from 10/31/2024 to 11/07/2024, the facility did not ensure residents, or their designated representatives were provided appropriate notification at the termination of Medicare Part A benefits. This was evident in 2 (Resident #402 and Resident #403) of 3 residents reviewed for Beneficiary Notification out of 38 total sampled residents. Specifically, the facility did not ensure that Notice of Medicare Non-Coverage were mailed to the residents' representatives on the same day telephone notification was made.</p> <p>The findings are:</p> <p>The facility policy titled Medicare Beneficiary Notice for Non-Coverage of Service with a last revision date of 01/03/2024 documented that residents / representatives are notified in writing when a decision of Medicare non coverage is made a minimum of 2 days' notice before the last covered Medicare day. The facility policy also documented a copy of annotated Notice of Medicare Non-Coverage should be mailed to the resident's appointed or authorized representative the day telephone contact is made.</p> <p>The Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 states that the form must be delivered at least two calendar days before Medicare covered services end and included the requirement that notification of changes in coverage for an institutionalized beneficiary/enrollee who is not competent be made to a representative. The instructions also stated that if the provider is personally unable to deliver a Notice of Medicare Non-Coverage to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise them when the enrollee's services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date. The instructions also state that when direct phone contact cannot be made, the notice should be sent to the representative by certified mail, return receipt requested.</p> <p>1) Resident #402 was discharged from Medicare skilled services and was discharged home on 05/22/2024. The Notice of Medicare Non-Coverage documented that Resident #402's designated representative was called on 05/20/2024 and was informed that Resident #402's coverage will end on 05/22/2024. There was no documented evidence that the notice was mailed to Resident #402's representative on the same day that telephone notification was made.</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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>2) Resident #403 was discharged from Medicare skilled services on 09/09/2024. The Notice of Medicare Non-Coverage documented that Resident #403's designated representative was called and informed that Resident #403's coverage will end on 09/09/2024. There was no documented evidence that the notice was mailed to Resident #403's representative on the same day that telephone notification was made.</p> <p>On 11/06/2024 at 04:04 PM, the Director of Minimum Data Set & Managed Care was interviewed and stated that residents who will be discharged from Medicare Part A services are given at least 48 hour notice and that their right to appeal is explained. They stated that if a resident is cognitively intact, they ask them to sign the Notice of Medicare Non-Coverage. They stated that if a resident is cognitively impaired to make decisions, they notify the resident's designated representative, and that the Finance Department will mail them the notice afterwards. The Director of Minimum Data Set & Managed Care stated that Residents #402 and #403 did not sign the Notice of Medicare Non-Coverage. They stated that although Residents #402 and #403 were both cognitively intact, they had advised the staff to contact their designated representatives about their discharge from Medicare Part A services.</p> <p>On 11/07/2024 at 10:07 AM, the Account Receivable Manager was interviewed and stated they are responsible for mailing the Notice of Medicare Non-Coverage to the designated representatives. The Account Receivable Manager further stated they had no evidence to prove if the Notice of Medicare Non-Coverage was actually mailed to the designated representatives.</p> <p>On 11/07/2024 at 10:27 AM, the Administrator was interviewed and stated the Minimum Data Set Coordinator was responsible for providing Notice of Medicare Non-Coverage to residents and/or their designated representatives to review and sign before discharging them from Medicare Part A. The Administrator also stated they should mail, email, or use other methods to send the Notice of Medicare Non-Coverage to the designated representative on the day they notified the designated representative and keep a proof of it.</p> <p>10 NYCRR 415.3(g)(2)(i)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on interview and record review conducted during the Recertification Survey from 10/31/2024 to 11/07/2024, the facility did not ensure that all alleged violations involving abuse, neglect, including injuries of unknown source, were reported immediately, but not later than 2 hours after the allegation was 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 New York State Department of Health. This was evident in 2 (Resident #212 and #188) of 7 residents reviewed for Accidents out of 38 total sampled residents. Specifically, 1.) Resident #212 had an unwitnessed incident on 03/04/2024 when Resident was observed on the floor with bleeding to the left leg. X-ray report showed a sub-capital fracture of the right femoral neck with mild displacement. Resident #212 was unable to explain the occurrence. 2.) Resident #188 had an unwitnessed incident on 09/25/2024 when Resident was observed on the floor with discoloration to their right eyebrow. Both incidents were not reported to the New York State Department of Health.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse/Neglect/Mistreatment-Prevention, Assessment of Reporting with a last revision date of 11/04/2022 documented that for events that take place in the nursing home, if during the investigation identifies that bodily severe injury has occurred and there is reasonable suspicions that abuse, neglect, mistreatment or exploitation is the cause, reports situation within two hours to New York State Department of Health.</p> <p>1.) Resident #212 was admitted to the facility with diagnoses of Atrial Fibrillation and Non-Alzheimer's Dementia.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] documented Resident #212 cognition as moderately impaired with a Brief Interview of Mental Status score of 11. The resident required substantial assistance with bed mobility and is dependent on transfer.</p> <p>The Comprehensive Care Plan related to Fall initiated on 04/27/2023 documented that Resident #212 is at high risk for falls related to confusion, deconditioning, and unawareness of safety needs. The interventions include to ensure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance and a low bed in place.</p> <p>The updated fall care plan dated 03/04/2024 documented that Resident #212 had an unwitnessed fall in the afternoon with a visible injury on their left lower leg.</p> <p>A nurse's progress note dated 03/04/2024 at 2:00 PM documented that at 1:24 PM, the nurse on duty called the supervisor and reported that Resident #212 had an unwitnessed fall. The resident was observed sitting on the floor on the right side of the bed. On assessment, the resident had a visible injury, bloody hematoma on the left lower leg measuring 7 centimeter x 6 centimeter. The resident was able to move both extremities. The Nurse Practitioner and the family were made aware.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility incident report dated 03/04/2024 documented that at 2:16 PM, Resident #212 was noted sitting on the floor on the right side of the bed, head pressed against the enabler, and bleeding from the left leg. The resident was unable to give a description.</p> <p>The physician note dated 03/04/2024 at 3:48 PM documented that the nurse reported that Resident #212 was observed sitting on the floor on the right side of the bed. The resident sustained a bloody hematoma 7x6 cm on the left lower leg. Resident #212 was seen after an unwitnessed fall, with no loss of consciousness, vital signs were stable, and a pain scale of 10. Passive range of motion on both lower extremities, tenderness on hip palpation, no skin ecchymosis on hips. There was a hematoma with a small skin tear on the anterior left lower leg (shin) with small bleeding.</p> <p>A nurse's Progress Note dated 03/05/2024 at 3:08 PM documented that the Nurse Practitioner performed an assessment and ordered Bacitracin ointment for the left shin once a day, as well as an x-ray of the pelvis, hips, and femur.</p> <p>The pelvis and hip radiology results dated 03/05/2024 showed a sub-capital fracture of the right femoral neck with mild displacement.</p> <p>The facility's summary of investigation documented that the plan of care was followed, and there was no reasonable cause to believe that abuse, neglect, or mistreatment had occurred.</p> <p>On 11/07/2024 at 10:04 AM, Assistant Director of Nursing #1 was interviewed and stated they completed the summary of investigation and concluded that Resident #212 was at high risk for falls and that abuse did not occur because the plan of care was followed. They stated that Resident #212 sustained fracture of the femur. Assistant Director of Nursing #1 stated that the incident was not reported to the New York State Department of Health because the fall incident was not a case of abuse and that the fracture was sustained from the fall.</p> <p>On 11/07/2024 at 11:48 AM, the Director of Nursing was interviewed and stated that Resident #212 had a fall in their room and that the resident had a fracture. The Director of Nursing stated they were not aware that unwitnessed fall with major injury should be reported to the Department of Health.</p> <p>37787</p> <p>2.) Resident #188 was admitted to the facility with diagnoses of Age-related Osteoporosis, Parkinson's Disease, Dementia with Agitation and Behavioral Disturbances.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE] documented Resident #188 had severely impaired cognitive skills. Resident #188 was always incontinent of bowel and bladder. The assessment further documented that Resident #188 was dependent in all activities of daily living.</p> <p>A facility's Accident / Incident Report documented that on 09/25/2024 at 6:45 AM, Resident #188 was observed lying on the right side of their bed and was noticed with a discoloration on the right forehead. Resident was unable to give description. A review of the Accident / Incident Report and employee statements did not indicate any witness to Resident #188's fall occurrence.</p> <p>A nurse's progress notes dated 09/25/2024 at 6:45 AM documented that Resident #188 discoloration on the forehead was 1.5 centimeter x 1.5 centimeter. Cold compress was applied.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A comprehensive care plan on unwitnessed fall was initiated for Resident #188 on 09/25/2024 related to the unwitnessed fall with laceration on the right forehead.</p> <p>On 11/06/2024 at 12:33 PM, Registered Nurse #4 was interviewed and stated that Resident #188 was observed on the floor in their room next to their bed with laceration on the right eyebrow. The Registered Nurse further stated that it was not reported because they believe that the laceration was from the fall.</p> <p>On 11/07/2024 at 11:17 AM, the Director of Nursing was interviewed and stated that Resident #118 had an unwitnessed fall on 09/25/2024 and sustained a laceration on the right eyebrow. The Director of Nursing stated that the incident was not reported because there was no reason to believe that abuse, neglect may have happened.</p> <p>10 NYCRR 415.4(b)(2)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48876</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 10/31/2024 to 11/07/2024, the facility did not ensure that resident environment remains as free of accident hazards as is possible. This was evident in 1 (Sutro 2) of 13 units observed. Specifically, a housekeeping cart containing chemical disinfectants, antiseptic sprays, and bleach was observed unattended in the unit corridor with the cabinet door ajar and the keys hanging from the lock.</p> <p>The findings are:</p> <p>The facility policy titled Accidents and Hazards with a reviewed date of 08/2024 documented that it is the policy of the facility to provide residents with an environment free of hazards.</p> <p>The facility policy titled Standard Housekeeping Cart Set-up with a revision date of 10/21/2024 documented that housekeeping carts are to be kept locked at all times. Keys are not to be permitted to be left on the cart or in the lock. The housekeeping cart will be set up in a standardized manner. The set-up guidelines for the contents of the housekeeping cart cabinet includes air freshener, window/glass cleaner, Hydrogen Peroxide Disinfectant or approved disinfectant, furniture polish, cream cleanser/pumice stone if required.</p> <p>The facility policy titled Section: Safety, Chemical Storage with a reviewed date of 10/21/2024 documented that chemicals stored on housekeeping carts shall be in the control of the housekeeper at all times. Carts should remain locked when not in direct control of the housekeeper.</p> <p>On 11/05/2024 at 02:46 PM, the Housekeeper was observed mopping inside Room #S271. The housekeeping cart was observed in the hallway corridor with the door open and the keys hanging out of the lock. The housekeeping cart was not in direct view of the housekeeper. Inside the housekeeping cart cabinet were bottles of chemical disinfectants, bleach, and antiseptic sprays.</p> <p>On 11/05/2024 at 02:48 PM, the Housekeeper was interviewed and stated that they leave the cart in the hallway corridor when they are inside a resident's room. They stated they were supposed to keep the housekeeping cart locked to avoid anyone from getting into the cart and accessing chemicals they could use to cause harm to themselves or anyone else.</p> <p>On 11/06/2024 at 02:50 PM, The Assistant Director of Environmental Services was interviewed and stated that when a housekeeper is mopping a resident's room, the housekeeping cart should be close to them outside the door. The Housekeeping cart should be closed and locked because they cannot physically see it when it is outside the door and a resident can get into the chemicals and harm themselves or others. The Assistant Director of Environmental Services also stated that the housekeeping cart keys should be kept with the housekeeper.</p> <p>10 NYCRR 415.12(h)(1)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48876</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 10/31/2024 to 11/07/2024, the facility did not ensure drugs and biologicals were stored in accordance with professional standards of practice for 1 of 13 units (2nd Floor Sutro Building). Specifically, the facility medication cart was not kept locked or under direct observation of authorized staff.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Storage and Discard Dating of Drugs and Biologicals, effective date 01/04/2023, documented that all medications and other drugs, including treatment items, shall be stored in a locked cabinet, cart, or room inaccessible to residents and visitors. During medication administration, the nurse will lock the cart if they step out of visual range. Drugs shall be inaccessible only to authorized personnel.</p> <p>On 11/05/2024 at 2:05 PM, an unlocked medication cart was observed in the hallway corridor of the 2nd floor unit of the Sutro building adjacent to the unit dining room. The medication cart was unattended and was out of the sight of Licensed Practical Nurse #1 who was observed exiting Room #S271.</p> <p>On 11/05/2024 at 2:09 PM, Licensed Practical Nurse #1 was observed returning to the medication cart and was interviewed. Licensed Practical Nurse #1 stated that the medication cart was unlocked because they went to care for Resident #48 in Room #S271 who was asking for help. Licensed Practical Nurse #1 further stated that they should have locked the medication cart prior to attending to Resident #48 because anything could have been taken from the medication cart by anyone which could have potentially cause harm to the facility residents and others.</p> <p>On 11/06/2024 at 4:13 PM, Registered Nurse #1, who was the nursing supervisor, was interviewed and stated that the medication cart should always be locked even if the nurses turn their back to the cart, they should push the lock close. Registered Nurse #1 stated that if a resident needs help, the nursing staff should lock the medication cart before leaving it unattended. Registered Nurse #1 further stated that if the medication cart is unlocked and unattended, residents, staff or visitors can go through the medication cart, take the medications, and harm themselves or others.</p> <p>On 11/07/2024 at 8:03 AM, The Director of Nursing was interviewed and stated that the standard is for the medication cart to be locked before the nurse leaves it unattended.</p> <p>10 NYCRR 415.18 (e)(1-4)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from [DATE]/ to [DATE], the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety. This was evident during the kitchen and food service observations. Specifically, the walk-in refrigerator and the emergency food storage contained expired food items.</p> <p>The findings are:</p> <p>The facility's policy titled Food and Supply Storage with a last revision date of ,d+[DATE] documented that most, but not all products contain an expiration date. The words 'sell-by', 'best-by', 'enjoy- by', or 'use -by', should precede the date. The 'sell-by is the last date food can be sold or consumed; do not sell products in retail areas or place on patient/trays/resident plates past the date on the product. Foods past the use by, sell-by, best-by or enjoy by date, should be discarded.</p> <p>On [DATE] at 11:30AM, during kitchen observation with the Food Services Director, 2 packets of unfrozen tortillas with expiration date of [DATE] was observed in the refrigerator called the Cook's Box as per the Food Service Director.</p> <p>An interview with the Food Service Director was immediately conducted who stated that the tortillas were being defrosted and that they can use the product 3 months after the expiration date, once its frozen, and that the tortillas was being defrosted at this time.</p> <p>On [DATE] at 02:57 PM, the Emergency Food Storage supply was observed with the Food Services Director. Several cans of chili con carne with beans with an expiration date of ,d+[DATE] was observed.</p> <p>On [DATE] at 03:05 PM, the Food Service Director was interviewed and stated that the executive chef is responsible for checking the expiration dates of the supplies and in their absence, they have the other chefs that does the checking. The Food Service Director stated they do not have a log that indicates if the items are checked or not and was not aware as to when the food supplies were last checked for expiration. The Food Services Director stated that the expired items have a 3-month window that they can still be used after the expired date. The Food Service Director also said that for the emergency supply of food, the stock person would rotate the goods, so as not to have expired items, but no log is kept as to when this occurs.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on observation, record review, and staff interviews conducted during the Recertification Survey from 10/31/2024 to 11/07/2024, the facility did not ensure that infection prevention control practices were followed to help prevent the spread, development, and transmission of communicable diseases and infections. Specifically, 1.) The facility did not conduct an annual review of the water management plan, and 2.) Enhanced Barrier Precautions were not maintained during intravenous medication administration through a Peripherally Inserted Central Catheter.</p> <p>The findings are:</p> <p>1.) The facility policy and procedure titled Legionnaire's Disease: Prevention and Control with a last revision date of October 2024 documented that the Director of Plants Operations will review and update annually the environmental assessment of the water system.</p> <p>A review of the document titled Potable Water Survey, Sampling Program, and Plan that was signed for by the facility owner on 07/08/2019 showed that the facility did not have a recent review of their Water Management Plan in the last 12 months.</p> <p>On 11/04/2024 at 11:30AM, the Director of Maintenance was interviewed and stated that they had scheduled a vendor to review the water management plan and that they would ensure that the water management plan includes all the required components.</p> <p>48876</p> <p>2.) The facility policy titled Enhanced Barrier Precautions with a last reviewed date of 05/29/2024 stated that the purpose of the policy was to prevent the spread of novel or targeted multidrug-resistant organisms. The policy stated Enhanced Barrier Precautions refer to the use of gown and gloves during high-contact resident care activities that provide the opportunities for transfer of multidrug-resistant organisms to staff hands. High-contact resident care activities includes device care or use of a device including central lines. Enhanced Barrier Precautions apply to all residents with indwelling medical devices.</p> <p>Resident #130 was admitted to the facility with diagnoses that include Peritoneal Abscess and Pyothorax.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #130 had intact cognition and was receiving intravenous medications.</p> <p>A physician's order dated 10/16/2024 documented Enhanced Barrier Precautions related to the presence of a Peripherally Inserted Central Catheter.</p> <p>A physician's order dated 10/30/2024 documented orders for Ampicillin-Sulbactam Sodium Injection Solution Reconstituted. Use 3 gram intravenously every 12 hours for Eggerthella lenta Bacteremia until 11/19/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During medication administration observation on 11/04/2024 at 03:14 PM, Registered Nurse #8 was observed performing intravenous medication administration via a Peripherally Inserted Central Catheter for Resident #130 without wearing a gown. An Enhanced Barrier Precaution sign was posted on the wall outside the resident's door.</p> <p>On 11/04/2024 at 3:20 PM, Registered Nurse #8 was interviewed and stated that they acknowledged the Enhanced Barrier Precautions signage that was posted for Resident #130 and that the precautions were implemented to prevent the spread of multidrug-resistant organisms for all patients with indwelling tubes, catheters, and wounds. Registered Nurse #8 further stated that they should have worn a gown, but they did not because they were nervous.</p> <p>On 11/04/2024 at 03:25 PM, Registered Nurse #7, who was the unit nursing supervisor, was interviewed and stated that Registered Nurse #8 should have worn a gown because they were in close contact providing care for a Resident with an indwelling medical device.</p> <p>On 11/07/2024 at 03:05 PM, The Director of Nursing was interviewed and stated that Enhanced Barrier Precautions have been put in place to prevent transmission of infections and the staff is to read the signage that is posted and follow the directive. The Director of Nursing stated that all staff who are performing care that requires close contact with a resident who has wounds and/or indwelling medical devices must don gloves and gowns.</p> <p>10 NYCRR 415.19 (a)(1-3)</p>		