STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335871	A. Building B. Wing	12/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mount Sinai South Nassau T C U	1 Healthy Way Oceanside, NY 11572

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 0868 Level of Harm - Potential for minimal harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on record review and interviews during the Recertification Survey initiated on 12/22/2025 and completed on 12/24/2025, the facility did not ensure it maintained a quality assessment and assurance committee that included the Infection Preventionist (IP) as a member of the committee. Specifically, the Infection Preventionist did not participate and report on the Infection Prevention and Control Program (IPCP) and on incidents (for example health care associated infections) regularly to the Quality Assurance & Performance Improvement committee meetings that were held from 03/31/2025 through 09/11/2025.The finding is:The facility's policy titled Quality Management/Performance Improvement dated 09/2025 documented that all staff participates in the performance improvement process. Quality improvement data/analysis and discussion will take place quarterly at team meetings. Targeted areas for improvement are identified and prioritized based on unit, departmental, regulatory and professional standards of practice and outcomes. Staff education/teaching is integral to performance improvement.A review of the Quality Assurance and Performance Improvement (QAPI) meeting attendance sheets indicated the Infection Preventionist did not attend the Quality Assurance and Performance Improvement (QAPI) meetings held on 03/31/2025, 06/18/2025, and 09/11/1015.The review of a list of Quality Assurance Performance Improvement Committee Members, that was provided by the facility during the entrance conference was conducted. The list did not include the Infection Preventionist as the committee member.During an interview on 12/23/2025 at 11:30 AM, the Medical Director stated they started as the facilitator of the Quality Assurance and Performance Improvement (QAPI) meetings in September 2025 and were not aware that the Infection Preventionist was required to attend these meetings.During an interview on 12/23/2025 at 12:05 PM, Infection Control Practitioner #1 stated they have been working at the facility since April 2025. Infection Control Practitioner #1 stated they had never attended the Quality Assurance and Performance Improvement (QAPI) meeting because they were still in training. During an interview on 12/23/2025 at 12:16PM, the Infection Control Practitioner #2 stated they started working at the facility in February 2025. The Infection Control Practitioner #2 stated they had never attended the Quality Assurance and Performance Improvement (QAPI) meeting because they were still in training.During an interview on 12/23/2025 at 12:30 PM, the Assistant Director of Infection Prevention and Control stated that in March 2025, when the Quality Assurance and Performance Improvement (QAPI) meetings was held, they were on vacation. For the June and September 2025's Quality Assurance and Performance Improvement (QAPI) meetings they were on leave and therefore, did not attend the meetings.During an interview on 12/23/2025 at 1:12 PM, the Director of Infection Prevention and Control stated they are a member of the Quality Assurance Performance Improvement Committee. The Director of Infection Prevention and Control stated they did not attend the September 2025 Quality Assurance Performance Improvement Committee meeting because they were attending and administrative leadership meeting. The Director of Infection Prevention and Control stated that the other two members were new and were still in training. The Director of Infection Prevention and Control stated they could not recall why they did not attend the Quality Assurance and Performance Improvement (QAPI) meeting that was held in June 2025. During an interview on 12/24/2025 at 9:08 (continued on next page)

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 0868 Level of Harm - Potential for minimal harm Residents Affected - Many	AM, the Administrator stated Infection Control issues are discussed in the daily morning meetings. The Administrator stated it was an oversight that the Infection Preventionist was not listed as a Member for the Quality Assurance Performance Improvement Committee. The Administrator stated they should have made sure the Infection Preventionist attended the quarterly Quality Assurance and Performance Improvement (QAPI) meetings. 10 NYCRR 415.27(a-c)