

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2500 RIDGEWOOD ROAD WALL, NJ 07719</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Census: 50  Sample: 14  The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 640 SS=B	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)  §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment.  §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.  §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit	F 640		2/28/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/04/2020

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.

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F 640	<p>Continued From page 1</p> <p>encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> <li>(i) Admission assessment.</li> <li>(ii) Annual assessment.</li> <li>(iii) Significant change in status assessment.</li> <li>(iv) Significant correction of prior full assessment.</li> <li>(v) Significant correction of prior quarterly assessment.</li> <li>(vi) Quarterly review.</li> <li>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.</li> <li>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</li> </ul> <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to complete and transmit the Minimum Data Set (MDS) - Discharge Assessments in accordance with federal guidelines.</p> <p>This deficient practice was identified for 5 of 8 residents reviewed for Resident Assessment (Resident #1, #3, #4, #5, and #7) and was evidenced by the following:</p> <p>On 02/19/20 at 11:02 AM, the surveyor reviewed the MDS assessments, an assessment tool used to facilitate the management of care, in the electronic medical record (record) for five system-selected residents. A review of the MDS history revealed the following for the five</p>	F 640	<p>1. Resident #1, #3, #4, and #5, were all discharged to the community between [REDACTED]. The Discharge MDS Assessments for Residents #1, #3, #4, and #5 were completed and submitted on [REDACTED]. The CMS Submission Report 3.0 NH Final Validation Report was provided to surveyor on [REDACTED]. Resident #7 expired in the facility on [REDACTED]. The MDS Death in Facility Tracking Record was completed and submitted on [REDACTED]. The CMS Submission Report 3.0 NH Final Validation Report was provided to the surveyor [REDACTED].</p>		

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F 640	<p>Continued From page 2 residents:</p> <ol style="list-style-type: none"> <li>Resident #1 was discharged to the community on [REDACTED]. The record revealed that the discharge MDS was not completed by the facility and was [REDACTED] 6 days overdue.</li> <li>Resident #3 was discharged to the community on [REDACTED]. The record revealed that the discharge MDS was not completed by the facility and was [REDACTED] days overdue.</li> <li>Resident #4 was discharged to the community on [REDACTED]. The record revealed the discharge assessment-return not anticipated MDS was completed on [REDACTED] for the resident's discharge date of [REDACTED].</li> <li>Resident #5 was discharged to the community on [REDACTED] 9. The record revealed that the discharge MDS was "in progress" and was [REDACTED] days overdue.</li> <li>Resident #7 expired in the facility on [REDACTED]. The record revealed that the facility did not complete a death in facility tracking record and was [REDACTED] days overdue.</li> </ol> <p>During an interview with the surveyor on 02/19/20 at 12:07 PM, the MDS Coordinator stated she was responsible for completing the MDS assessments at the facility. The MDS Coordinator stated she had 14 days from the discharge date to complete a discharge MDS. The MDS Coordinator further stated she had seven days to complete the death in facility MDS for a resident who expired in the facility.</p> <p>During an interview with the surveyor on 02/20/20</p>	F 640	<ol style="list-style-type: none"> <li>All Residents discharged from the facility, requiring MDS- Discharge Assessments in accordance with federal guidelines, have the potential to be affected.</li> <li>A monthly master MDS schedule provides a listing of Residents and their MDS Assessment due dates, which includes the MDS type, ARD dates, CAA completion date, Care Plan Review dates, and Care plan Meeting dates. Additionally, the MDS Coordinator revises the list/schedule periodically to reflect any unscheduled changes. This master MDS schedule is provided to the Interdisciplinary Team and copies are kept in binders labeled MDS Schedule at the Nurses' Station and in the MDS office.</li> </ol> <p>The Master MDS Schedule was revised on 2/26/2020 to include the required completion dates for a subset of items as upon a resident's transfer, re-entry, discharge and death.</p> <p>The Master Schedule, in addition to being kept in the binders, will be brought to the weekly Utilization Review meeting for the IDC team to collectively review so to avoid reoccurrence of delays, specifically related to the timely completion of the MDS Assessment for Discharged Residents or a Death in Facility Tracking Record.</p> <ol style="list-style-type: none"> <li>The MDS Coordinator will provide the DON or her designee with a Census Report and a Final Validation Report on or about the 15th and 30th of each month.</li> </ol>	

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F 640	<p>Continued From page 3</p> <p>at 09:15 AM, the Director of Nursing stated that Residents #1, #3, #4, #5, and #7 MDS assessments were processed on [REDACTED] and provided the surveyor with the "CMS Submission Report MDS 3.0 NH Final Validation Report" (validation report).</p> <p>A review of the validation report for Residents #1, #3, #4, and #5 revealed that the MDS assessments were completed late. The validation report further revealed that the MDS assessments were more than 14 days after the Assessment Reference Date (discharge date).</p> <p>The surveyor reviewed Resident #7's validation report which reflected that the death in facility tracking record was submitted late. The validation report further revealed that the submission date was more than 14 days after the discharge date.</p> <p>NJAC 8:39 - 11.2</p>	F 640	<p>The DON or her designee will audit these reports for timely completion and submission of the MDS for all Discharged or Expired Residents. The Audits results will be brought to The Quality Assurance Performance Improvement meetings at least quarterly to ensure compliance. The QAPI process maybe conducted more frequently if needed in the event of non-compliance.</p>		