

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

PRINTED: 07/26/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315354 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/16/2024 |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER SUNNYSIDE MANOR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2500 RIDGEWOOD ROAD WALL, NJ 07719 | | |
| (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 Survey Date: 5//24 Census: 43 Sample: 14 + 3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. | F 000 | | | |
| F 640 SS=D | 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. | F 640 | | 5/28/24 | |

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

TITLE

(X6) DATE

Electronically Signed

05/31/2024

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>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <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 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.</p> <p>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.</p> <p>On 05/08/2024 the surveyor reviewed the MDS history in the electronic medical record which</p> | F 640 | <p>F640</p> <ol style="list-style-type: none"> 1. Resident #27 was NJ Ex Order 26.4b1 The NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 was completed on NJ Ex Order 26.4b1 and submitted on NJ Ex Order 26.4b1. 2. All residents discharged from the facility, requiring MDS Discharge Assessments in accordance with federal guidelines, have the potential to be affected. 3. An Action Summary report will be printed weekly that shows a list of residents who been admitted and | | |

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| F 640 | <p>Continued From page 2</p> <p>revealed: Resident #27 NJ Ex Order 26.4b1</p> <p>The surveyor was unable to locate a NJ Ex Order 26.4b1 MDS in Resident #27's electronic medical record.</p> <p>On 05/09/2024, the surveyor interviewed the US FOIA (B) (6), who stated that the NJ Ex Order 26.4b1 on Resident #27 should've been completed within 14 days of NJ Ex Order 26.4b1. She also stated, NJ Ex Order 26.4b1</p> <p>On 05/14/2024 the surveyor noted that the NJ Ex Order 26.4b1 was completed on NJ Ex Order 26.4b1 and transmitted on NJ Ex Order 26.4b1 (completion was due by NJ Ex Order 26.4b1 and transmission was due by NJ Ex Order 26.4b1)</p> <p>When the surveyor asked for a policy regarding MDS completions, the US FOIA (b)(6) stated they did not have a policy for MDS discharge assessments and that they follow the RAI manual.</p> <p>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.</p> <p>On 05/13/2024, the surveyor interviewed the US FOIA (b)(6) who stated that the MDS should have been completed before now.</p> <p>NJAC 8:39-11.2 (e) 3</p> | F 640 | <p>discharged in that time period. The report will be reviewed to ensure that the appropriate MDS assessments have been opened for completion. A final validation report will also be printed weekly to ensure the MDS assessments have been completed and submitted in compliance with federal guidelines. These reports will be kept in a binder in the MDS office.</p> <p>4. The ADON or her designee will review the Action Summary Report and the Final Validation report around the 15 th and 30 th of each month to ensure that the assessments have been completed and submitted in compliance with federal guidelines. Any deviations or noncompliance will be brought to the DON and/or the Administrator as they occur. Results will be brought to QAPI quarterly until resolved.</p> | |
| F 697 SS=D | Pain Management | F 697 | | 5/28/24 |

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| F 697 | <p>Continued From page 4</p> <p>A review of Resident # 38's Diagnoses located in the EMR revealed that he/she was diagnosed NJ Ex Order 26.4b1</p> <p>A review of Resident # 38's Care Plan located in the EMR revealed that Resident # 38 NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1</p> <p>A review of the NJ Ex Order 26.4b1 Medication Administration Audit Report revealed that the NJ Ex Order 26.4b1 was scheduled to be given at 9:00 AM. However, the report revealed the following dates and times of the actual administration of the NJ Ex Order 26.4b1:</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 11:03</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 10:26</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 10:21</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 10:55</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 10:37</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 10:46</p> <p>On NJ Ex Order 26.4b1, the medication was administered at 11:02</p> <p>A review of the facility-provided, undated policy titled, "PAIN ASSESSMENT & MANAGEMENT" revealed, "11. Medicate the resident as the physician ordered."</p> | F 697 | Administration Audit Reports focusing on pain management medications to ensure compliance with timely administration of medication, including to medicate the resident as the physician orders, in a timely manner not to exceed 1-hour post the administration time. Any deviations or noncompliance will be brought to the DON and/or the Administrator. The results will be brought to QAPI until resolved. | | |

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| F 697 | <p>Continued From page 5</p> <p>A review of the facility-provided, undated policy titled, "Administering Pain Medications" revealed on the second page to, "Administer pain medications as ordered."</p> <p>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 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1</p> <p>On 05/10/2024 at 10:43 AM during an interview with the surveyor, Registered Nurse # 1 confirmed that Resident # 38 NJ Ex Order 26.4b1 and that it was scheduled for 9:00 AM.</p> <p>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.</p> <p>On 05/13/2024 at 11:34 AM during an interview with the surveyor, the US FOIA (B) (6) confirmed she would consider a medication administered as late an hour after an administration time. Further, the US FOIA (B) (6) 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 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 management given after ten AM or eleven AM, a late medication.</p> <p>§ 8:39-27.1 (a)</p> | F 697 | | | |

POST-CERTIFICATION REVISIT REPORT

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|--------------------------------------------------------------|----|-------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315354 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 7/1/2024 | Y3 |
| NAME OF FACILITY SUNNYSIDE MANOR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2500 RIDGEWOOD ROAD WALL, NJ 07719 | | |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|-------------------------|------------|------------------|------------|------------|------------|
| ID Prefix F0640 | Correction | ID Prefix F0697 | Correction | ID Prefix | Correction |
| Reg. # 483.20(f)(1)-(4) | Completed | Reg. # 483.25(k) | Completed | Reg. # | Completed |
| LSC | 05/28/2024 | LSC | 05/28/2024 | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 5/16/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

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| E 000 | Initial Comments | E 000 | | |
| K 000 | An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 05/16/24. The facility was found to be in compliance with 42 CFR 483.73. INITIAL COMMENTS | K 000 | | |
| K 918 SS=F | A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 05/16/24 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Sunnyside Manor is a two-story building with a basement that was built in 2016. The skilled Nursing is on the first-floor south wing of the facility. It is composed of Type II protected construction. The facility is divided into three - smoke zones. The generator does approximately 100% of the building per the Maintenance Director. The current occupied beds are 42 of 60. Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this | K 918 | | 5/28/24 |

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

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05/31/2024

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| K 918 | <p>Continued From page 1</p> <p>capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the three-year load bank test was completed on the emergency generator in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 8.4.1. This deficient practice had the potential to affect all 42 residents who resided at the facility.</p> <p>Findings include:</p> | K 918 | <p>K918</p> <ol style="list-style-type: none"> The facility did not perform the three-year load bank test on the emergency generator. All Residents have the potential to be affected by the absence of a generator failure. On May 28, 2024 a three-year load bank test was completed by [REDACTED] on the emergency generator in accordance | | |

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| K 918 | Continued From page 2 A review of the facility's generator reports dated for the years 2023 and 2024, provided by the facility revealed a three-year load bank test had not been completed for the emergency generator. During an interview on 05/16/24 at 2:37 PM, the US FOIA (b)(6) confirmed the three-year load bank test had not been completed on the emergency generator. He also stated he has been there since the building was built in 2016 and a load bank test has never been performed on the generator. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110 | K 918 | with NFPA 110 Standard for Emergency and Standby Power Systems. To avoid the recurrence of this event, Sunnyside Manor has contracted with NJ Excep Order 26-461 , to perform the load bank test in accordance with NFPA 110 Standard for Emergency and Standby Power Systems. 4. The Maintenance Director or their designee will record the date with a month ahead alarm on their calendar as a reminder of the impending due date of the three-year load bank test. Any deviations or noncompliance will be brought to the Administrator or their designee as they occur. Results will be brought to the QAPI quarterly until resolved. | | |

POST-CERTIFICATION REVISIT REPORT

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|-------------------------------------------------|---------------------------------------|----------------------------------------------|-------------------------|----------------------------------------------|-------------------------|
| ID Prefix _____ Reg. # NFPA 101 LSC K0918 | Correction Completed 05/28/2024 | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed |
| ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed |
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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

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| FOLLOWUP TO SURVEY COMPLETED ON 5/16/2024 | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|