New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335132	A. BUILDING ______ B. WING ______	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AN	271-11 76TH AVE NEW HYDE PARK, NY 11040

(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) COMPLETE DATE
I200 SS=D	415.18 Pharmacy Services This Regulation is not met as evidenced by: STATE DEFICIENCIES ONLY 415.18 Pharmacy Services Storage of drugs and biologicals 1) The facility shall store all drugs and biologicals in locked compartments under proper temperature controls, and permit access only to authorized personnel. 2) The facility shall provide separately locked, permanently affixed compartments for storage of controlled drugs and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stores is minimal and a missing dose can be readily detected. Storage of controlled substances shall be in accordance with Article 33 of the Public Health Law and Part 80 of this Title. 3) Poisons and medications for "external use only" shall be kept in a locked cabinet and separate from other medications; and 4) Medications whose shelf life has expired or which are otherwise no longer in use shall be disposed of or destroyed in accordance with State and Federal law and regulations. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility did not remove or discard expired medications. This was evident in 1 of 12 nursing units. Unit 3 North East/West . This resulted in no actual harm with potential for	I200		1/25/09

New York State Department of Health

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	335132	A. BUILDING ______ B. WING ______	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AN	**271-11 76TH AVE NEW HYDE PARK, NY 11040**

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I200	Continued From page 1 more than minimal harm. The finding is: During the environmental tour of the third floor unit on 11/20//08 at 9:40AM, it was observed that Vancomycin syrup 125 mg (milligrams)/(per) 2.5 cc (cubic centimeter) was in the medication refrigerator. This bottle had a label which documented "do not use after 11/17/08." On 11/20/08 at 10:30 AM, the LPN (Licensed practical Nurse) and Registered Nurse) RN Unit Manager were interviewed and both stated that the medications in the refrigerator "...Should be checked every shift by medication nurse."	I200		

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
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Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
335132	A. Building B. Wing	1/26/2009

Name of Facility	Street Address, City, State, Zip Code
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	271-11 76TH AVE NEW HYDE PARK, NY 11040

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).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	01/25/2009	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	01/25/2009	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 11/26/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335132	A. BUILDING 01 B. WING	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	**271-11 76TH AVE NEW HYDE PARK, NY 11040**

(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
K 000	INITIAL COMMENTS The facility must meet the applicable provisions of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000		
K 017 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The following requirement of the Life Safety Code have been previously waived. Repeat waivers are granted based on previous justification by the owner, previous NYSDOH and USDHHS reviews and certification that the condition under which the waivers have been granted have not changed. Please indicate if the facility wishes to waivers to be continued. K17 S/S=B - Residents rooms are not separated from the corridor with a 1 hour fire rating because	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335132	A. BUILDING 01 B. WING	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	271-11 76TH AVE NEW HYDE PARK, NY 11040

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K 017	Continued From page 1 there is a grill above the door that opens into the space between the floor slab above and the suspended ceiling. NYCRR 711.2(a)(1)	K 017		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview it was determined that the facility did not ensure to provide a self closing door to the therapeutic recreation room which is greater than 50 square feet and is being used to store combustibles. The therapeutic recreation room is being used as an office and a storage area to store combustibles such as boxes of paper, decorations, art supplies and other miscellaneous items on all floors. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The findings are:	K 029		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335132	A. BUILDING 01 B. WING ______	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	**271-11 76TH AVE** **NEW HYDE PARK, NY 11040**

(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
K 029	Continued From page 2 1. On the 8th floor- The therapeutic recreation room is being used as an office as well as a storage room. The room contained boxes of paper, decorations, art supplies as well as other miscellaneous items. The room door lacked a self closer. 2. On the 7th floor- The therapeutic recreation room is being used as an office as well as a storage room. The room contained boxes of paper, decorations, art supplies as well as other miscellaneous items and the room door lacked a self closer. 3. On the 6th floor- The therapeutic room was determined to be a dual use area in that it is being used as an office as well as a storage room. The room contained boxes of paper, art supplies, decorations and other miscellaneous items. The room door lacked a self closer. 4. On the 5th floor- The therapeutic recreation room is an office being used as a storage room as well. The room contained boxes of paper, art supplies, decorations and other items. The door lacked a self closer. 5. On the 4th floor- The therapeutic recreation room is being used as an office as well as a storage room. The room contained boxes of paper, art supplies, decorations and other miscellaneous items. The room door lacked a self closer. 6. On the 3rd floor- The therapeutic recreation room is being used as an office as well as a storage room. The room contained boxes of paper, decorations, art supplies and other miscellaneous items and the room door lacked a self closer. In an interview with the Director of Engineering on November 21, 2008 at approximately 11: 25 am he stated that he would put self closing devices	K 029		

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	335132	A. BUILDING 01 B. WING	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	**271-11 76TH AVE NEW HYDE PARK, NY 11040**

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K 029	Continued From page 3 on the doors immediately. NFPA 101 Section 19.3.2.1	K 029		
K 055 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Every patient sleeping room has an outside window or outside door, except for newborn nurseries and rooms intended for occupancy for less than 24 hours. 19.3.8 This STANDARD is not met as evidenced by: The following requirement of the Life Safety Code have been previously waived. Repeat waivers are granted based on previous justification by the owner, previous NYSDOH and USDHHS reviews and certification that the condition under which the waivers have been granted have not changed. Please indicate if the facility wishes to waivers to be continued. K55 S/S=B - Patient rooms do not have windows but all have terrace doors. However, all terrace doors are kept locked. NYCRR 711.2(a)(1)	K 055		

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	335132	A. BUILDING ____ B. WING ____	11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 282 SS=D	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility did not ensure that a resident's written plan of care was followed. This was evident for 1 of 30 sampled residents. (Resident #22). This resulted in no actual harm with potential for more than minimal harm. The finding is: Resident #22 is an 82 year old male admitted to the facility with diagnoses including End Stage Renal Disease, Colon Cancer, and Clostridium Difficile. During the initial tour of the unit on 11/20/08 at 9:30 AM, Vancomycin 125 mg (milligrams)/(per) 5cc (cubic centimeters) was observed in the medication refrigerator. There was 25 cc of Vancomycin remaining in the bottle. The label of this bottle documented an expiration date of 11/17/08. The physicians' orders dated 10/31/08 documented Vancomycin 125 mg by mouth every other day for 7 days. The MAR (Medication Administration Record)	F 282		1/25/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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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	335132	A. BUILDING ______ B. WING ______	11/26/2008

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F 282	Continued From page 1 dated 10/31/08 to 11/28/08 did not document that the Vancomycin was administered on 11/19/08. During an interview with the unit LPN (Licensed Practical Nurse) and Unit Manager Registered Nurse (RN) on 11/20/08 at 10:30AM, both stated that the medication refrigerator is checked every shift by unit licensed nurses. There was no explanation given as to why the Vancomycin was present in the medication refrigerator pass its expiration date. 415.11(c)(3)(ii)	F 282		
F 468 SS=E	483.70(h)(3) OTHER ENVIRONMENTAL CONDITIONS - HANDRAILS The facility must equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility did not ensure that hand rails were continuously provided within the corridor on all resident floors. Breaks in the hand rail were observed in the East West corridor by room # 814 on the North side and by room # 841 on the South side. The missing section on the North side measured approximately 12 feet and the South side measured approximately 15 feet. This was noted. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. The findings are:	F 468		1/25/09

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F 468	Continued From page 2 1. 8th floor- The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. 2. 7th floor- The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. 3. 6th floor- The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. 4. 5th floor-The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. 5. 4th floor- The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. 6. 3rd floor- The East-West corridors on both the North and South units were not provided with hand rails on the resident room side. In an interview with the Director of Engineering on November 20, 2008 at approximately 12:30 pm he stated that the East-West corridors never had hand rails but would be provided with the hand rails immediately. CFR 483.70 (h)(3)	F 468		

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit
335132	01 - MAIN BUILDING 01	1/26/2009

Name of Facility	Street Address, City, State, Zip Code
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHAB	271-11 76TH AVE NEW HYDE PARK, NY 11040

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ID Prefix Reg. # NFPA 101 LSC K0029	01/25/2009	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 11/26/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO