STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335024	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beach Terrace Care Center	640 West Broadway Long Beach, NY 11561

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335024	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beach Terrace Care Center	640 West Broadway Long Beach, NY 11561

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record review and interview during an abbreviated survey (NY00383402), the facility did not ensure that residents representative, for one of three residents reviewed for notification (Resident #1), who was designated as the emergency contact person was notified, provided education and given an opportunity to consent or decline prior to performing a treatment change/medical procedure. Specifically, Resident #1 was stated on intravenous antibiotic and Family Member#1 was not notified, additionally Resident #1 developed a facility acquired wound to left toe and Family Member #1 was not notified.The findings are:Resident #1 was admitted to the facility with diagnoses including Stroke, Hypertension, Diabetes and non-Alzheimer's dementia. The Minimum Data Set assessment, dated 6/6/2025 documented a Brief Interview Mental Score of 9 indicating the resident had moderately-impaired cognitive skills for daily decision making.The resident's medical record included the resident face sheet which listed Family member #1 as the emergency contact person for making decisions for the resident.The Policy regarding notification dated 01/2017 documented it is the policy of Beach Care Center to document any change in a resident's condition and to inform designated representative and physician in a timely fashion. The Policy further document Registered Nurse Supervisor and charge nurse or Medical Doctor notifies designated representative if a condition deteriorates, individual notifying designated representative documents same in medical records.A Nursing progress note dated 5/27/2025 documented Resident #1 was seen and examined by Primary Medical Doctor for redness to left foot, new order for Zosyn (antibiotic) 3/375 milligram intravenous every 8 hours for 5 day and Augmentin (antibiotic) 500 milligram by mouth three times a day for 5 days after zosyn is completed. The note further documented a heplock (catheter placed intravenously for infusion) was placed on right hand with 22 gauge needle and the1st dose was given. There was no documented evidence the family was notifiedA Medical Doctor progress note dated 5/27/2025 at 4:43 PM documented Resident was seen for redness on the left foot. No complaint of fever or chills complains of mild pain. On exam resident afebrile (without fever) and hemodynamically stable focal left foot erythema (redness) and edema (swelling) extending to the ankle and area of dark tissue necrotic second toe with tip of toe. No calf tenderness, neurovascular intact. Assessment indicated cellulitis of left foot. The plan was Zosyn 3.375 intravenous every 8 hours for 5 days after that start Augmentin 500mg 3 times a day. There was no documented evidence the family was notified.A review of the wound notes initiated 6/5/2025 documented Resident #1 had a facility acquired unavoidable wound located on left 2nd toe measuring 2.5x2.0 centimeters 100% eschar (dry harden skin) and the treatment order betadine. There is no documented evidence the family was notified.A review of the wound notes dated 7/18/2025 documented wound bed 30% slough 70 granulation measurement 1x1.5x.3 treatment order changed to meta honey. There is no documented evidence the family was notifiedDuring an interview conducted on 8/13/2025 at 2:38PM with Family member #1 they stated they arrived to the facility to find resident #1 in the dining room bleeding from removing the intravenous catheter. They stated the supervisor responded and cleaned the resident. Family member #1 stated they were never notified that Resident #1 would be started on intravenous medication or antibiotic. Family member #1 stated they would have refused the intravenous antibiotic because Resident #1 would not tolerate it. Family member #1 further stated she was not made aware on 6/5/2025 that Resident #1 had developed a wound on the left toe and was receiving treatment. Family member #1 state she is listed on the face sheet and wants to be notified of any changes in treatment or in Residents condition. During an interview conducted on 8/11/20205 at 2:30PM with the evening supervisor they stated they responded to the unit to observe resident #1 in the dinning room and had dislodged the intravenous catheter. Evening supervisor stated they cleaned the site and ensured the residents safety and reassured the family. Evening Supervisor stated that Family Member #1 stated they did not want medication administered intravenously so they notified the physician who ordered oral antibiotics. Evening supervisor stated the family member should have been notified by the unit coordinator on the previous shift.During an interview conducted on 8/6/2025 at 2PM with the unit coordinator they stated they worked as the unit coordinator on 5/27/2025 they further stated they do not recall notifying the daughter when the intravenous antibiotics were initiated.During an interview conducted on 8/6/2025 at 3PM with the Director of Nursing they stated when there is a change, and the resident is cognitively impaired the family is informed by the unit coordinator or the nursing supervisor. They were unable to locate any further evidence the family had been notified.415.3(e)(2)(ii)(c)