

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/08/2024
NAME OF PROVIDER OR SUPPLIER  The Citadel Rehab and Nursing Ctr at Kingsbridge		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 -26 Cannon Place Bronx, NY 10463	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</b></p> <p>Based on record review and interviews conducted during the recertification and complaint (NY00324696 and NY00318663) survey from 3/3/2024 to 3/8/2024, the facility did not ensure that all alleged violations involving abuse were immediately reported to the New York State Department of Health, but not later than 2 hours after the allegation was made. This was evident for 3 (Resident #265, #181, and #66) of 38 total sampled residents. Specifically, 1) Resident #265's abrasion and bruise to their face and head of unknown origin were not reported to the New York State Department of Health, and 2) a resident-to-resident altercation between Resident #181 and #66 was not reported to the New York State Department of Health within 2 hours of occurrence.</p> <p>The findings are:</p> <p>The facility policy titled Abuse Prevention Program dated 1/2024 documented all reports of resident abuse, neglect, misappropriation of resident property, mistreatment and/or injuries of unknown source shall be promptly reported to local, state, and federal agencies as defined by current regulations.</p> <p>1) Resident #265 had diagnoses of non-Alzheimer's dementia and aphasia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #265 was severely cognitively impaired.</p> <p>The Accident/Incident Report dated 9/18/2023 documented Resident #265 was observed with an abrasion and bruise on the left side of their face and back of their head.</p> <p>The Aspen Complaint Tracking System (ACTS) intake dated 9/22/2023 documented a complainant called to report Resident #265 was found with injuries of unknown origin to their face and head on 9/18/2023.</p> <p>There was no documented evidence Resident #265's injuries of unknown origin were reported to the New York State Department of health within 2 hours of discovery on 9/18/2023.</p> <p>(continued on next page)</p>

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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/8/2024 at 12:48 PM, the Director of Nursing stated they were informed of Resident #265's injuries on 9/19/2023, more than 2 hours after the injuries were discovered on 9/18/2023. The Director of Nursing was unable to explain the reason the facility did not report Resident #265's injuries of unknown origin to the New York State Department of Health.</p> <p>48876</p> <p>2) Resident #181 had diagnoses of non-Alzheimer's dementia and heart failure.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #181 had severe cognitive impairment and did not display behavioral symptoms.</p> <p>Resident #66 had diagnoses of Alzheimer's dementia and coronary artery disease.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #66 had severe cognitive impairment and displayed behavioral symptoms.</p> <p>An Accident/Incident Report dated 6/19/2023 documented staff responded to an altercation in the hallway between Resident #66 and Resident #181. Resident #66 alleged they were slapped in the face by Resident #181 and Resident #181 alleged Resident #66 threw coffee at them.</p> <p>The Facility Incident Report documented the facility reported the resident-to-resident altercation between Resident #66 and Resident #181 on 6/21/2023, more than 2 hours after the occurrence on 6/19/2023.</p> <p>On 3/8/2024 at 12:15 PM, the Director of Nursing was interviewed and stated they were aware they reported the resident-to-resident altercation between Resident #66 and Resident #181 to the New York State Department of Health more than 2 hours after the occurrence and this was not in compliance with the regulatory requirement to report abuse suspicion immediately, but not later than 2 hours of occurrence.</p> <p>10 NYCRR 415.4(b)(2)</p>		