STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335030	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mosholu Parkway Nursing & Rehabilitation Center	3356 Perry Avenue Bronx, NY 10467

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136 Based on record review and interviews conducted during the Recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure that it promoted and facilitated resident self-determination by supporting resident choice. Specifically, residents' bathing preferences were not honored. This was evident for one of the residents reviewed for Choices out of 27 sampled residents (Resident #76). The findings are: The facility's undated policy and procedure, Bath, Shower/Tub, documented that the facility provides showers two to three times a week and as requested (preference) by the resident/designated representative. Resident #76 was admitted with the diagnoses that include Hypertension and Depression. The quarterly Minimum Data Set assessment dated [DATE] documented Resident #76's cognition as severely impaired and never/rarely made decisions. The resident requires substantial/maximal assistance with showering/bathing self. On 08/13/2024 at 9:10 AM, Resident #76's family representative was interviewed and stated they did not know if they shower the resident. They use a cloth to wash the resident in bed. I would like the resident to get a shower. The Resident Nursing Instruction dated 01/12/2024 documented that Resident #76 is scheduled for showers every Monday and Thursday during the 7:00 AM to 3:00 PM shift. The Resident CNA Documentation History Detail Report dated 07/01/2024 to 08/13/2024 has no documented evidence that showers were provided on Mondays and Thursdays. A review of the progress notes dated 07/16/2024 to 08/05/2024 has no documented evidence that Resident #76 refused to shower. (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: 335030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Mosholu Parkway Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3356 Perry Avenue Bronx, NY 10467	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/15/2024 at 11:14 AM, Certified Nursing Assistant # 3 was interviewed, and stated that they had the resident for a month. The resident gets a shower only when they mess up. Resident #76 is usually washed in bed; a bed bath is given in the morning. The resident messed up this morning, so I gave them a shower. I do not know the resident's shower schedule. On 08/16/2024 at 9:16 AM, the Assistant Director of Nursing was interviewed and stated that the unit's supervisors and nurse ensure that care is provided as ordered. The nurses on the unit and the supervisors are supposed to monitor and ensure that the Certified Nursing Assistant documentation is done and completed. There is no code that Resident #76 refused to shower. There is no documentation of the shower on the accountability. There should have been a code if the resident refused to shower. Resident #76 is supposed to get a shower on Mondays and Thursdays. I am surprised that the regularly assigned aide did not know the resident's shower days. On 08/16/2024 at 10:09 AM, the Director of Nursing was interviewed and stated that the Certified Nursing Assistant's assignment is in the instructions, and nurse's aides must read it and follow the instructions. The unit nurse is responsible for ensuring that care is being provided for the residents and that the documentation is done. Resident # 76 is scheduled for showers on Mondays and Thursdays during the day shift. The staff told me that the resident has been refusing showers, but the accountability and progress notes do not document the resident's refusal. It should have been documented that the resident refused to shower. 10 NYCRR 415.5(b) (1-3)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43350 Based on interviews, observations and record reviews made during the Recertification and Complaint Survey (NY00330894) from 8/12/24 - 8/16/24 the facility did not ensure that all alleged violations including injuries of unknown origin were reported immediately but not later than 2 hours if the event that caused the allegation involved abuse or caused serious bodily injury. Specifically, a resident (Resident #12) sustained a scratch and possible bruise that were not reported to the New York State Department of Health. The findings are: The facility's policy and procedure entitled Abuse Prevention, last reviewed 12/2018, documents that each covered individual must report immediately but not later than 2 hours after forming the suspicion if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. Resident #12 was admitted to the facility on [DATE] with diagnoses including Osteoporosis and Alzheimer's Disease. A Nursing progress note dated 01/01/2024 at 4:13 PM documented that the resident was observed with a linear scratch across the left cheek. The area was cleansed with normal saline and the resident was resting with a family member at their side. Family member requested a copy of the incident report but the Assistant Director of Nursing explained to them that any medical records would need to be requested tomorrow. An Occurrence Report was initiated on 01/01/2024 and a written statement was made by the resident's assigned caregiver, who stated that the scratch was noted at 2:30 PM, and the resident had last been seen by the aide at 1:00 PM, when they participated in the resident's care alone with a second caregiver. The aide said that they did not notice any scratch at that time. The Nursing Supervisor documented that the resident had a history of grabbing at items and staff and that their fingernails were kept short but that on assessment, they were observed with a sharp edge to one fingernail. The Director of Nursing concluded that no abuse or mistreatment had taken place on 01/03/2024. However, no report was made to the Department of Health between 01/01 and 01/03/2024. On 08/13/2024 at 11:03 AM, the resident's family member was interviewed and stated that when they visited the resident on 01/01/2024, they noticed that the resident had a fresh scratch on their cheek as well as a bruise on their forehead and asked the nurse how these had occurred, but the nurse was unable to tell them how this had happened. The Nursing Supervisor was unable to provide any documentation of the previous 24 hours either, so the family member reported the incident to the Department of Health as an allegation of possible abuse. On 08/13/2024 at 11:13 AM, Resident #12 was observed seated in the unit hallway. The resident had no visible bruises or scratches and showed no fear of passing staff members. The resident's fingernails were observed to be long but shaped. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mosholu Parkway Nursing & Rehabilitation Center	3356 Perry Avenue Bronx, NY 10467

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/15/2024 at 8:11 AM, the Assistant Director of Nursing was interviewed and stated that they were the Nursing Supervisor at the time of the incident, but that the Director of Nursing would have had the responsibility of reporting the incident to the Department of Health if it appeared to be evidence of possible abuse. In the case of Resident #12, further investigation showed that there was no evidence of a bruise to the resident's forehead and the most likely explanation for the scratch to their cheek was that the resident had scratched themselves with a fingernail. On 08/16/2024 at 11:26 AM, the Director of Nursing was interviewed and stated that they were not working in the facility on 01/01/2024. However, in the event of any injury of unknown origin, it would be necessary to first report the to the Department of Health and then to investigate the possibility of abuse. The time frame for reporting a serious injury would be two hours, but a minor injury like Resident #12's scratch should still have been reported within 24 hours. 10 NYCRR 415.4 (b)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44472 Based on observations, record reviews and interviews conducted during the Recertification survey from 8/12/24 to 8/16/24, the facility did not ensure that a resident with limited range of motion received appropriate treatment and services to prevent a further decrease in range of motion. This was evident for 1 (Resident # 16) of 2 residents reviewed for Position/Mobility out of a sample of 27 residents. Specifically, Resident # 16 had an active Physician order for bilateral hand gauze to both hands to prevent flexion contracture at the digits, to be worn at all times and remove for Activities of Daily Living (ADL) and skin check. Both hands were observed without the hand gauze on multiple occasions. The findings are: The policy titled Adaptive Device effective 1/15/2020 documents it is the policy of the facility to provide proper adaptive device such as splint, orthosis to maintain or improve residents functional well being and or prevent or slow down the disease process. Resident # 16 diagnoses include: Non-Alzheimer's Dementia, Depression, Bipolar disorder, and Parkinson's Disease The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #16's cognitive level as severe impaired cognition. Resident # 16 had impairment on both sides of upper and lower extremities with orthotics device use by the resident. Resident #16 required substantial assistance for eating, toileting as well as upper and lower body dressing. A Physician's Order initiated on 12/03/2021and last renewed on 8/12/2024 documented to apply bilateral hand gauze to prevent flexion contracture at the digits, to be worn at all times, remove for Activities of Daily Living care and skin checks. The Comprehensive Care Plans Titled Rehab Potential/ ADL Functions and Impaired Skin Integrity initiated on 09/06/2018 updated on 03/01/24 documented: the resident to always have bilateral hand gauze to prevent flexion contracture at the digits to be worn at all times and remove for ADL care and skin care. On 08/12/24 at 10:16 AM, 08/13/24 at 10:14 AM, 08/14/24 at 2:11 PM and 08/15/24 at 10:12 AM. Resident # 16 was observed with contracture of both hands. Bilateral hand gauze were not in place. On 08/15/24 at 09:34 AM Licensed Practical Nurse (LPN) #3 was interviewed and stated they put the hand roll gauze in the resident hands just today, they were not applied since Monday and they do not know why, They were instructed by other staff that Resident #16 needs to have the roll gauze at all times and remove during skin check because it can prevent further contracture and there was an order for that. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/15/24 at 09:55 AM Occupational Therapist #1 was interviewed and stated there is an order to apply roll gauze on both hands of Resident #16, to be worn at all times and to be removed during skin care. On 08/15/24 at 10:15 AM Rehab Supervisor #1 was interviewed and stated when there is an order for a device to be applied to the resident. The unit staff applied them and my staff in the rehab department check them to see if they are properly applied. On 08/16/24 at 10:54 AM Certified Nurse Assistant #4 was interviewed and stated they are new on this floor and they saw the hand roll gauze by the bed side table. After washing Resident #16 they put the hand roll gauze in the resident's hands. The nurse did not tell us to apply them, we just saw it there so we put them in the resident's hands. On 08/16/24 at 11:44 AM LPN #4 was interviewed and stated I am not sure what device the resident is wearing for her contracted hands. I float on all floors and they do not remember what device the resident has. On 08/16/24 at 12:49 PM the Director of Nursing was interviewed and stated they were not aware that the hand rolls were not applied to Resident #16, but going forward they will audit together will the Rehab staff for devices that must be in place as ordered by the doctor. 10 NYCRR 415.12(e)(1)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48876 Based on observation, record review, and interviews conducted during the Recertification Survey from [DATE] to [DATE], the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety. This was evident during the kitchen and food service observations. Specifically, 1.) The dairy and meat walk-in refrigerators contained opened cans and undated, unlabeled, expired food items. 2.) There were no thermometers located in the walk-in and ice cream freezers. 3.) The unit refrigerator temperatures were not maintained, and contained spilled, spoiled, undated and unlabeled food items. 4.) During meal service, staff was observed handing resident's food with bare hands. The findings are: The facility's policy and procedure titled Refrigerator Storage with revision date of [DATE] documented that standards must be followed to ensure the proper storage of refrigerated items. Each refrigerator must have a thermometer that is easily visible. Ideally all perishable foods should be stored at 33 to 41 degrees Fahrenheit and must be below 41 degrees Fahrenheit. All cooked foods must be labeled and dated. Opened, unused portions of packaged foods should be dated to ensure that they will be used first. Recommended refrigerated storage periods are as follows: leftover cooked meats - ,d+[DATE] days, cold cuts/deli meats , d+[DATE] days, eggs in shell follow expiration date, fish ,d+[DATE] days, casseroles -serve the same day as prepared, uncooked casseroles - serve within 24 hours. The facility's policy and procedure titled Food Entering the Facility with revision date of [DATE] documented that food stored in refrigerators are good for no more than ,d+[DATE] hours and will be discarded. Perishable foods must be stored in resealable containers in the refrigerator. Containers will be labeled with resident's name & the use by date. Nursing staff is responsible for discarding perishable foods on or before the use by date or any food that shows obvious signs of food borne danger, Ex: mold growth, foul odor, or past due expiration date. The facility's undated policy and procedure titled Resident Dining Services documented Licensed Nurses will supervise meal service. 1.) On [DATE] at 6:22 AM, an initial kitchen observation was conducted with the dietary aide and the following were observed: The Dairy Walk-in Refrigerator was malodorous and contained: 1 opened 6 pounds of canned of pineapples covered with aluminum foil that was undated. 1 tray of meat, tuna, and peanut butter sandwiches that was undated. 3 half gallon cartons labeled whole eggs with citric acid, degraded and leaking in a metal pan that was dated , d+[DATE], without a year. 1 tray of 30 eggs that was undated. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1 tray of pudding cups dated [DATE]. The Meat Walk-in Refrigerator contained: 1 half of a roll of Turkey Bologna in a plastic wrap dated [DATE]. 2 plastic bins labeled sliced cold cuts dated [DATE]. Multiple plastic bags of white hamburger rolls labeled with manufacturers use by date of [DATE]. 3 undated open packs of hamburger rolls. 1 metal pot of prepared chicken soup covered with foil and undated. On [DATE] at 8:17 AM, the Director of Food Service was interviewed and stated that the opened cans of fruits must not be stored in the refrigerator in the original metal container. Leftovers must be transferred to a plastic container with lid and must be dated and discarded if not used within 24 hours. The trays of eggs must be dated. Sandwiches must be labeled, dated, and discarded within 24 hours. The Director stated that the date labeled ,d+[DATE] on the egg cartons was the date they were taken out, it should have been discarded by the 3rd day and the pan cleaned. The open bread packages must be dated, pudding cups dated [DATE] should have been discarded. The cold cuts and turkey bologna roll should have been discarded. The Director of Food Service stated they do not work on the weekends and there was no kitchen supervision during the weekend. They were not sure why the food items that must be discarded were still there. 2.) The Dietary Aide was unable to locate a thermometer in the meat walk-in refrigerator or in the ice cream freezer during the initial kitchen observation. There was no posted refrigerator temperature logs. An undated, unsigned copy of the Supervisor Critical Monitoring Form was provided by the Director of Food Service. There was no documented/logged evidence that refrigerators and freezers temperatures were consistently measured and maintained. On [DATE] at 10:00 AM, the Director of Food Service stated during the interview that thermometers were behind the boxes and that they placed a new one. On [DATE] at 9:10 AM, the Director of Food Service stated during the interview that daily refrigerator and freezer temperatures are measured and recorded by the [NAME] and the Director of Food Service. They stated they had only been working ,d+[DATE] days a week and that was probably why there was no refrigerator temperature log posted. On [DATE] at 9:11 AM, the [NAME] was interviewed and stated they do not work in the facility on Fridays and Saturdays and that no one measures the refrigerator and freezer temperatures on those days. They stated that food that needs to be discarded were still in the refrigerator because they were shorthanded. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.) On [DATE] at 9:15 AM, the 4th floor pantry refrigerator temperature was observed at 50 degrees Fahrenheit. A brown liquid was adhered to the bottom shelf. The refrigerator had the following contents: one 4 ounce pudding dated [DATE], 1 liquefied baked potato in a plastic bag that was unlabeled and undated, 1 paper shopping bag labeled room [ROOM NUMBER] dated [DATE] containing 3 tacos in aluminum foil, 2 apples, 1 [NAME], three 3.5 ounce containers of whole milk and fruit smoothies with a manufacturer's expiration date of [DATE]. On [DATE] at 10:13 AM, the 3rd floor pantry refrigerator was observed with Licensed Practical Nurse #4. Food was observed in a bowl dated [DATE] and the refrigerator was visibly dirty. On [DATE] at 10: 15AM, Licensed Practical Nurse #4 was interviewed and stated food is supposed to be in the refrigerator only for 48 hours. They stated that the overnight nursing staff is responsible for cleaning the pantry refrigerator daily. On [DATE] at 8:53 AM, the Director of Nursing was interviewed and stated that the pantry refrigerator must be checked every shift and the temperature maintained between 36 - 42 degrees Fahrenheit. They stated that food items that are unlabeled, undated, and are over 48 hours old must be discarded. 4.) On [DATE] at 8:02 AM, during dining observation, Certified Nursing Assistant #5 was observed in room [ROOM NUMBER] buttering bread with bare hands and Certified Nursing Assistant #6 was observed buttering bread with bare hands in room [ROOM NUMBER]. Certified Nursing Assistant #5 and #6 were interviewed on [DATE] at 8:10 AM and both stated they were not provided food handling gloves but should have worn other gloves if the resident wanted buttered bread. On [DATE] at 9:14 AM, the Director of Nursing was interviewed and stated staff should have worn clean vinyl gloves when handling food. The Director of Nursing also stated that the nurse should have assisted with dining and ensured infection control practices were being maintained. On [DATE] at 9:23 AM, the facility Administrator was interviewed and stated that the Director of Food Service works 5 days a week, Monday through Friday and that they do not know what happened to the refrigerator and freezer thermometers and that it is unacceptable that food is not discarded and was stored incorrectly. 10 NYCRR 415.14(h)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 48876 Based on observation, record review, and interviews conducted during the Recertification Survey from 08/12/2024 to 08/16/2024, the facility did not ensure that the garbage storage areas were maintained in sanitary condition. This was evident during the Kitchen Observation. Specifically, garbage was not properly contained outside of the facility or disposed of properly. The outside garbage dumpsters were uncovered, and the trash can inside the kitchen was not covered. The findings are: The facility policy and procedure titled Food-Related Garbage and Refuse Disposal, revised January 2024, documented food-related garbage, and refuse are disposed of in accordance with current state laws. All food waste shall be kept in containers. All garbage and refuse containers are provided with tight- fitting lids or covers and must be kept covered when stored or not in continuous use. Garbage and refuse containers will be emptied daily and as needed. Outside dumpsters provided by garbage pick up services will be kept closed and free of surrounding litter On 08/14/24 at 11:00 AM, An observation of outside garbage dumpsters was conducted with The Director of Food Service. Four outside dumpsters were observed, Three were open and uncovered. One dumpster was observed to be overflowing with black and clear plastic bags. One dumpster was observed overflowing with cardboard and one dumpster was observed three quarters full with white plastic bags. The Food Service Director stated the dumpsters are supposed to be covered. On 08/14/24 at 11:15AM, An interview was performed with the facility Administrator who stated 2 of the outside garbage dumpster lids are broken. The Administrator also stated that neighborhood residents are placing their garbage in the facility bins. During a garbage disposal observation conducted on 08/14/2024 at 12:11PM with a Food Service Worker and the Director of Food Service, A kitchen trash can with contents was removed from the kitchen to the outside dumpster, emptied and returned to the kitchen without a lid. The Food Service Worker was observed not wearing gloves throughout the observation. An immediate interview was performed with The Director of Food Service on 08/14/2024 at 12:20 PM who stated that kitchen garbage lids and dumpsters should always be covered. There was no documented evidence provided that the 2 facility garbage dumpsters lids that were broken were scheduled for repair or replacement. 10 NYCRR 415.14(h)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136 Based on observation, record review, and interview conducted during a Recertification Survey from 08/12/2024 to 08/16/2024 the facility did not ensure that medical records were maintained in accordance with accepted professional standards and practices and that they were complete and accurately documented for each resident. This was evident for 1 (Resident #42) of 1 resident reviewed for Dialysis out of 27 sampled residents. Specifically, Resident #42 had a right upper chest central venous catheter for hemodialysis, but the documentation showed an AV Fistula. The findings include: The facility policy and procedure titled Charting and Documentation, last revised 01/05/2024, states that all services provided to the resident, progress towards the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition shall be documented on the resident's medical record. Resident #42 was admitted with a diagnosis of End-Stage Renal Disease (ESRD) and Diabetes Mellitus. The quarterly Minimum Data Set 3.0 assessment dated [DATE] documented that Resident #42 is cognitively intact with a Brief Interview for Mental Status score of 13. The resident is on Dialysis. On 08/12/2024 at 7:20 AM, Resident #42 was observed resting in bed with a right upper chest wall catheter in place. On 08/13/2024 at 10:12 AM, Resident #42 was interviewed and stated that I go to dialysis three times a week, and they use the catheter on my chest. They do not use my arm. A Medical Doctor's Order dated 08/02/2024 documented Non-Functioning Left AV Fistula and a Right 14F 19 cm tunneled central venous catheter in Place for hemodialysis, monitors for Infection daily. The Nurse Progress Notes, dated 08/05/2024 to 08/15/2024, documented the dialysis assessment: AV fistula/AV shunt, bruit/thrill present. The progress notes dated 08/05/2024 to 08/15/2024 did not document that Resident #42 has a central venous catheter for dialysis. On 08/16/2024 at 1:35 PM, Licensed Practical Nurse #2 was interviewed and stated that Resident # 42 went for dialysis. The resident has a left arm fistula, and I felt the bruit and thrill, which I documented in the chart. I know the resident has a central venous catheter to the chest wall. I did not add the catheter when documenting it on the resident record this morning. I overlooked and did not document that the resident had a catheter. (continued on next page)

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Mosholu Parkway Nursing & Rehabilitation Center	3356 Perry Avenue Bronx, NY 10467

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/16/2024 at 10:22 AM, the Director of Nursing was interviewed and stated that Resident # 42 is on dialysis thrice a week. The resident has a dialysis catheter on his right upper chest wall. The resident has an AV fistula, but it is not being used. It stopped working, so they put the catheter in for the dialysis. The staff is documenting that the AV shunt/AV fistula is being used for the dialysis, but it is not working. 10 NYCRR 415.22(a)(1-4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER: Mosholu Parkway Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 3356 Perry Avenue Bronx, NY 10467	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136 Based on observation, record review, and interviews conducted during the Recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure that infection control prevention practices and procedures were maintained to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections. Specifically. Enhanced Barrier Precautions were not maintained 1) during wound care, 2) during foley catheter care and 3) during care of a resident with central venous catheter insertion. This was evident in 3 out of 27 sampled residents, (Resident #36,42, and #218). The findings are but not limited to: The Centers for Medicare and Medicaid Services (CMS) memo titled Center for Clinical Standards and Quality/Quality, Safety & Oversight Group. Ref: QSO-24-08-NH dated 03/20/2024 documented Enhanced Barrier Precautions recommendation now includes using enhanced barrier precautions for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status-effective 04/01/2024. The facility policy and procedure tilted Enhanced Barrier Precautions with the last revised date 04/01/2024 documented that enhanced barrier precaution is an infection control measures designed to reduce transmission of multidrug -resistant organism (MDRO) in the nursing home. Enhanced Barrier Precautions involved gown and glove use during high-contact resident care activities, for residents known to be colonized or infected with multidrug-resistant organism as well as those at risk for multidrug-resistant organism acquisition. (for example, residents with wounds or indwelling medical devices) 1) Resident #42 was admitted with diagnosis of End-Stage Renal Disease (ESRD). Medical Doctor's order dated 08/02/2024 documented right upper Chest Tunneled Central Venous catheter in place for hemodialysis. On 08/12/2024 at 9:28 AM and 08/15/2024 at 9:35 AM, Certified Nursing Assistant #1 gave morning care to Resident #42 and was observed not wearing gown during the care. There was no signage at the resident's room that Enhanced Barrier Precautions were in place or that personal protective equipment was required. On 08/15/2024 at 10:46 AM Certified Nursing Assistant #2 was interviewed and stated that they do not know about Enhanced Barrier Precautions. There are no residents with catheter or pressure ulcer on the unit. Resident #42 is not on Enhanced Barrier Precautions. On 08/15/2024 at 11:35 AM, Certified Nursing Assistant #1 was interviewed and stated that we do not have anyone on the unit on Enhanced Barrier Precautions. Resident #42 is not on Enhanced Barrier Precautions. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/15/2024 at 12:25 PM, Licensed Practical Nurse #1 was interviewed and stated that Resident #42 is not on Enhanced barrier Precautions. There are no residents on the unit who requires Enhanced Barrier Precautions. On 08/15/2024 at 3:19 PM, the Director of Nursing who is also the Infection Preventionist was interviewed and stated that Enhanced Barrier Precautions is used for residents with multidrug-resistant organism. We have one resident with Methicillin-resistant Staphylococcus aureus (MRSA) in the urine, and the resident is on Enhanced Barrier Precautions. We have residents with indwelling medical devices, but they do not have multidrug-resistant organism (MDRO), so they are not on Enhanced barrier Precautions. 10 NYCRR 415.19(b)(4) 43350 Resident #218 was admitted to the facility on [DATE] with diagnoses including Benign Prostatic Hyperplasia, Urinary Retention and Urinary Tract Infection. The resident was admitted with a Foley catheter and an Indwelling Catheter Care Plan was initiated for the resident on 08/07/2024 with interventions including keeping the catheter anchored to prevent excessive tension and changing the catheter on the first of each month. On 08/12/2024 at 10:30 AM, the resident's urinary drainage bag was observed unanchored and on the floor. On 08/14/2024 at 9:13 AM, Certified Nursing Assistant # 8 was interviewed and stated to be the resident's assigned caregiver. The aide stated that they worked with the resident on 08/12/2024 as well but were assigned to the evening shift on that date. The aide stated that the protocol for catheter care were for the drainage bag to be kept off the floor and clipped to the bed frame and said they would be emptying the drainage bag in a few minutes. On 08/14/2024 at 10:25 AM, Certified Nursing Assistant #8 was observed providing catheter care. The aide applied gloves but no other Personal Protective Equipment. They stated that the resident was not on any precautions so they needed no other protection. Subsequently, they touched multiple surfaces including a bedside chair, the bed curtain and the overbed table with their gloved hands before setting out the new packaged catheter tube and bag. The aide then doffed the gloves and applied new ones without washing their hands, and again touched numerous surfaces including the bedside table. Then they opened the packaging, cleansed the area and changed the tube. They again changed gloves without washing their hands and cleaned up the discarded packaging, removing the contents of the old urinary bag to a urinal. They opened the door and carried the soiled items to a communal bathroom while still wearing the same gloves, emptied the contents of the urinal, rinsed the urinal using a handheld shower while still wearing the same gloves, and then doffed the gloves but did not wash their hands. When asked about this, the aide stated that their hands were clean because they had just given the resident a complete bed bath. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/16/2024 at 8:49 AM, Licensed Practical Nurse #5 was interviewed and stated that they are responsible for making sure that catheter care is done appropriately. When an aide goes to change the catheter bag, they must wash their hands and put on gloves. Then they must change the gloves whenever they start a new procedure. The drainage bag must be kept off the floor. The nurse stated that they were not working on 08/12/2024 and stated, I do not know what happened on Monday, it was an oversight. On 08/16/2024 at 9:11 AM, Certified Nursing Assistant #9 was interviewed and stated that this was their first day with Resident #218, they were new to the facility and had only done a catheter change once before. The aide stated that they had been taught to wear a gown, gloves and a mask for the procedure and to wash their hands before applying or changing the gloves. The aide said they were also told to attach the new drainage bag to the clip on the bed frame. On 08/16/2024 at 11:49 AM, the Director of Nursing was interviewed and stated that all facility aides are taught based on the standards for catheter care, how to clean a catheter, how to change the bag and the importance of infection control. They are trained to use Personal Protective Equipment, a gown and a mask as well as gloves, but that no residents had been placed on Enhanced Barrier Precautions and that this was an oversight on my behalf. 48876 Resident #36 was admitted with diagnoses of Heart Failure and Peripheral Vascular disease with bilateral below the knee amputations. An initial wound Care assessment dated [DATE] documented a skin tear type 3 to the Right Below the Knee Amputation site. A Physician Order dated 07/16/2024, documented wound treatment to the skin tear on the Right Below the Knee Amputation site as normal saline cleanse, application of Xeroform gauze and a dry protective gauze daily. On 08/15/2024 at 10:07 AM, an observation was performed with Licensed Practical Nurse #4 performing wound care. Licensed Practical Nurse #4 was observed not wearing a gown and did not change gloves or perform hand washing after removal of the soiled dressings from the wound bed. There was no posting of signage that Enhanced Barrier Precautions were in place for Resident #36 and that personal protective equipment was required for high contact resident care activities. Licensed Practical Nurse #4 was interviewed on 08/15/2024 at 10:20 AM and stated that they did not wear a gown when they performed the wound care treatment because they had no knowledge on Enhanced Barrier Precautions as they were not in serviced on the topic. Licensed Practical Nurse #4 also stated that there was no posting on the resident's door or personal protective equipment cart placed outside of the door and if they would have known, they would have worn a gown. Licensed Practical Nurse #4 further stated that after they performed the wound care treatment, they acknowledged that they should have performed handwashing after removal of the old dressing. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/16/24 at 09:03 AM, the Director of Nursing, who is also the Infection Control Preventionist, was interviewed and stated that staff was in-serviced that Enhanced Barrier Precautions was only put in place for residents with MDRO and that staff must be re-inserviced for implementation of Enhanced Barrier Precautions for all resident with indwelling medical devices and wounds. 10 NYCRR 415.19(a)(1-3)

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. 44472 Based on observation, interview, and record review conducted during the recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure handrails were firmly affixed and secured to the wall. This was evident for 1 (Unit #2) of 4 resident units observed during the environmental tour. Specifically, 2 sections of handrails were observed loose and not fully connected to the wall in the hallway of Unit 2. The findings are: Policy and Procedure titled Homelike Environment which is undated documents residents are provided with a safe environment. During multiple observations on Unit #2 between 08/12/2024 at 10:00 AM to 08/15/2024 at 1:00 PM, a handrail in the hallway near the elevator had 2 sections that were loose and not fully linked at a joint connection. There was no documented evidence of the loose handrail was reported in the Maintenance Logbook from December 2023 to August 15, 2024. On 08/15/2024 at 10:45 AM, Certified Nursing Assistant #1 was interviewed and stated they call the maintenance worker when something needs to be fixed and was not aware of a Maintenance Logbook used to report repair concerns. On 08/15/2024 at 11:14 AM the Maintenance Worker was interviewed and stated they addressed repair concerns left in the Maintenance logbook and performed unit rounds daily. Their daily rounds included observations of the handrails on resident units. Maintenance worker also stated they were unable to fix loose handrails because there is only one worker in the maintenance department. On 08/16/2024 at 12:44 PM, The Administrator was interviewed and stated they will talk to the owner of the facility to replace loose hand rails because they are aware if handrails cannot be fixed then they have to be replaced because handrails are important for residents safety. The Administrator also stated they are looking to hire an additional worker for the maintenance department. 10 NYCRR 415.29

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48876 Based on observation, record review and staff interview conducted during the Recertification Survey from 08/12/2024 to 08/16/2024, the facility did not maintain an effective pest control program so that the facility is free of pests and rodents. This was evident during the kitchen observation. Specifically, multiple dead cockroaches, water bugs, spiders and silverfish were observed in the food storage room. The findings include but are not limited to: The facility policy titled Pest Control with a revision date of January 2024, documented that the facility shall maintain an effective on-going pest control program to keep the building free of insects and rodents. Pest control services are provided by JB Pest Control. An unsigned document titled Terms and Conditions of JB Pest Control Service Agreement, dated January 1, 2019, documented weekly servicing of the kitchen, dining areas, dietary and storage rooms with chemicals and baits. Glue boards will be refilled as needed. All areas serviced will be logged. This log will be maintained and consulted prior to service. A service log will be kept with the facility staff to register complaints. The closing of large openings (over 1/4) will be the responsibility of management, On 08/12/24 at 06:22 AM, during the kitchen observation with the Dietary Aide, the food storage room was observed with 2 glue boards dated 7/30/2024 that contained multiple dead cock roaches, water bugs, spiders, and silver fish. Several dead roaches were also observed on the floor. A document titled Service Ticket, dated 8/13/2024, documented general comments/instructions from JP Pest Control Management Corp to the facility: Next week would like maintenance or administration to walk around with me. Notified them that water bugs from the pump room are in the basement every time I spray. They are coming up through the pipelines and all the cracks and crevices that are open in the room, baseboards that are falling apart, voids and through the heating systems. The 4th Floor Pest Control Logbook dated August 2024, documented roaches in room [ROOM NUMBER], the common hallway, and in the nurse's station. On 8/10/2024 a mouse was documented to be seen at the nurse's station. On 08/12/24 at 08:17 AM, The Food Service Director was interviewed and stated, roaches are in the kitchen because of the rain. They are coming in from the basement, and they keep coming up in the dish room. The Food Service Director also stated that they are setting traps and the open roach traps should be discarded every day. The Food Service Director further stated all those roaches you saw on the trap were there for 1 day. I kill multiple roaches when I see them crawling from the sewer drains. On 08/14/24 at 09:23 AM, the Administrator was interviewed and stated they are aware of the pest situation and that it is more than unacceptable. There should be no roaches, and that they do see some and have spoken with their pest control company last week. (continued on next page)

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	335030	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 08/16/24 at 03:16 PM, after multiple requests, the Administrator stated that they were unable to produce a Pest Control Log for the Kitchen. 10 NYCRR 415. (5) (h)(1)