STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335046	A. Building B. Wing	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Manor Geriatric Center Inc	199 N Middletown Road Nanuet, NY 10954

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 51214 During observation and interview during the Recertification Survey conducted from 12/3/24 through 12/10/24 the facility did not ensure each resident was treated with respect and care in a manner and environment that promoted dignity while dining. Specifically, the facility did not avoid daily use of disposable cutlery and/or dishware for residents on [NAME] 1 and North 1. Residents were observed eating meals from styrofoam plates and/or using plastic utensils on 3 separate days. The findings are: During observation on 12/03/24 at 12:32 PM, of the lunch meal in [NAME] 1 Unit Dining Room, Residents #20, #19, #201, and #180 were served their food on styrofoam plates. During observation on 12/04/24 at 1:09 PM, of the lunch meal in the [NAME] 1 Unit Dining Room, Residents #201, #19, #17, and #180 were served their food on styrofoam plates and were given plastic utensils During observation on 12/06/24 at 8:46 AM, of the breakfast meal on the [NAME] 1 Unit, Resident # 45,#10, #202, #23, and #130 were served their food in styrofoam containers. During observation on 12/06/24 at 8:50 AM, in the hallway outside the North 1 Unit, all breakfast trays had styrofoam containers and plastic utensils. During observation on 12/06/24 at 12:46 PM, in the [NAME] 1 Unit dining room, Residents #19, #17, #201, and #180 were served their meals on styrofoam plates. During interview on 12/06/24 at 1:09 PM, Registered Nurse Unit Manager #1 stated they were unsure of the reason styrofoam dishware was being used for some residents, and stated there was no pattern of use of styrofoam dishware. During interview on 12/06/24 at 3:36 PM, the Dietitian stated the facility was short on regular/non disposable plates and plastic utensils. The Dietitian stated the kitchen was responsible for ordering dishes. During interview on 12/09/24 at 10:32 AM, the covering Food Services Director stated the facility should have had backup dishware. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 12/09/24 at 3:02 PM, the facility Administrator stated they were aware of the facility dish shortage. 10 NYCRR 415.5

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51214 Based on record review and interview during the recertification survey from 12/3/24 to 12/10/24, the facility did not ensure residents and/or their designated representative were fully informed of their right to an expedited review of a service termination. Specifically, for one of three residents (Resident #300) reviewed for Beneficiary Protection, the facility did not ensure the Notice of Medicare Non-Coverage form (CMS-10123) was provided to the resident and/or representative at a minimum of two days prior to the end of Medicare Part A covered services. The findings are: There was no documented evidence of a policy specific to the Notice of Medicare Non-Coverage, and the two-day requirement to provide notice to the beneficiary or representative. The 8/27/24 progress note documented Notice of Medicare Non-Coverage was not provided to Resident #300 and family representative. There was no documented evidence the Notice of Medicare Non-Coverage was provided to the designated representative/contact person for Resident #300. During an interview on 12/6/24 at 3:58 PM, the Minimum Data Set Coordinator stated when a resident was going to be discharged , they were supposed to receive prior notice from the Social Worker verbally or by email. They stated they reminded the Social Worker the Notice of Medicare Non-Coverage must be presented to the resident two days prior to discharge. They stated they checked resident's Brief Interview for Mental Status assessment, or received input from the Social Worker to determine whether the resident was able to understand the notification. If the resident lacked capacity, the family or representative would be notified in person or by telephone, if they were notified by telephone the notification would be sent by certified mail. They stated they were not aware of the pending 8/28/24 discharge for Resident #300 until 8/27/24. They stated they did not issue the Notice of Medicare Non-Coverage because it would not have been received in the required time frame of two days prior. During an interview on 12/6/24 at 4:26 PM the Director of Social Work stated they met with Resident #300's spouse on 8/20/24 to discuss discharge. The resident was cleared for discharge by the doctor on 8/26/24 and discharged on [DATE]. They stated they did not know why the Minimum Data Set Coordinator was not aware of the resident's pending discharge until 8/27/24. During an interview on 12/10/24 at 11:57 AM the Regional Director of Nursing stated the facility did not have a separate policy for the Notice of Medicare Non-Coverage. 10 NYCRR 415.3 (g)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43478 Based on observation and interview conducted during the recertification and abbreviated (NY00340747) surveys from 12/3/24 to 12/10/24, the facility did not ensure residents' rights to a safe, clean, comfortable and homelike environment on 4 units. Specifically, 1) Center 3 Unit, walls were chipped in 3 rooms, holes were observed in 2 rooms, wallpaper was peeling in one room, and paint was peeling in 11 rooms, 2)Resident #578 on the Center 1 Unit stated when showered they sat on a shower chair with a torn seat and wet exposed wood and 3) a dust covered fan was blowing on Resident #42 with a tracheostomy. The findings are: The facility policy, Homelike Environment dated 9/2022 documented residents were provided with a safe, clean, comfortable and homelike environment. The facility policy, Maintenance Services Operations dated 10/12 documented Maintenance Department was responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Functions of the maintenance personnel included maintaining the building in good repair and free from hazards. 1). During observation conducted on the Center 3 Unit on 12/04/24 from 10:35 AM until 10:51 AM, the following was observed: room [ROOM NUMBER] walls were chipped, and paint was peeling off the walls behind the door. room [ROOM NUMBER] wall was chipped, and paint was peeling off the wall behind the door. room [ROOM NUMBER] paint was peeling behind the door. room [ROOM NUMBER] paint was scratched behind the door and under the TV by the bed near the window. room [ROOM NUMBER] paint was peeling behind the door. room [ROOM NUMBER] wall had a hole and paint was peeling behind the door. room [ROOM NUMBER] wallpaper was peeling behind the bed/near the sink and the window blind was twisted. room [ROOM NUMBER] paint was peeling behind the door. room [ROOM NUMBER] paint was peeling behind the door and under the TV. room [ROOM NUMBER] paint was peeling behind the door and under the TV, room [ROOM NUMBER] paint was peeling behind the door and there was a hole in the doorway wall. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 12/09/24 at 3:44 PM the Director of Maintenance stated they were not aware of all the concerns on the Center 3 Unit. They stated they completed environmental rounding in resident rooms approximately every 7 weeks, and last completed environmental rounds on unit Center 3 Unit about a month ago. They stated nursing staff should report damage in resident rooms and common areas. During interview on 12/09/24 at 3:57 PM Certified Nurse Aide #6 stated they usually worked in rooms 310-314. They stated they did not observe the above listed damage to the rooms. They stated they would have reported any damage to the nurse manager. During interview on 12/09/24 at 3:59 PM Certified Nurse Aide #7 stated they usually worked in rooms 301-305. They stated they did not observe the above listed damage to the rooms. They stated they would have reported any damage to the nurse. During interview on 12/09/24 at 4:02 PM Registered Nurse Unit Manager #8 stated they did not observe any damage to the rooms on the unit. They stated they would report to the maintenance department either in person or document in the maintenance book. During interview on 12/10/24 at 8:23 AM the facility Administrator stated the maintenance department was responsible to complete environmental rounds on the units and complete the repairs timely. 2). During observation n 12/03/24 at 11:23 AM, 12/05/24 at 2:12 PM, and 12/06/24 at 10:46 AM on the Center 1 Unit, a shower chair was observed with a torn seat and dark- colored, wet exposed wood. During interview on 12/06/24 at 10:46 AM, Resident #579 stated yesterday during their shower they were on a torn shower chair. They stated they tried not to have contact with the torn dark-colored wet exposed wood, but there was no way to avoid their skin coming in contact with the torn seat. During interview on 12/06/24 at 11:09 AM Certified Nurse Aide #17 stated the shower chair with the torn seat and dark- colored, wet, exposed wood was used for residents when they were given showers. During interview on 12/06/24 at 11:19 AM Certified Nurse Aide #18 stated they used the shower chair with the torn seat and dark- colored, wet, exposed wood, when giving resident showers. During interview on 12/06/24 at 11:24 AM Registered Nurse Unit Manager #10 observed the shower chair with the torn seat and dark- colored, wet, exposed wood and stated the Certified Nurse Aides should have told them about it. During interview on 12/06/24 at 11:25 AM the Infection Preventionist/Assistant Director of Nursing stated they were aware of the shower chair with the torn seat and dark- colored, wet, exposed wood, had told administration, but did not take the chair out of service. They stated the shower chair should have been removed from the unit as soon as it was identified. During interview on 12/09/24 at 01:23 PM during an interview, the facility Administrator stated the shower chair should have been taken off the unit. 3) During observation on 12/06/24 at 11:17 AM the fan in room [ROOM NUMBER] was dusty and blowing on Resident #42 with a tracheostomy. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation and interview in room [ROOM NUMBER] on 12/06/24 at 11:33 AM the Infection Preventionist /Assistant Director of Nursing stated housekeeping was supposed to clean the fans and stated they had already been told to do so. They stated it was concerning for the Resident #42 with a tracheostomy to have a dusty fan blowing on them. 10 NYCRR 415.29 41666

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 43478 Based on record review and interview during the recertification and abbreviated (NY00360711) surveys from 12/3/24 to 12/10/24, the facility did not ensure residents or resident representatives were notified in writing of the facility bed hold policy for 4 of 4 residents (Residents #529, #179, #169, and #148) reviewed for hospitalization . Specifically, residents were transferred to the hospital and the facility was unable to provide evidence that written notice of facility bed hold policy was given to the residents or their representatives. The findings are: The facility Bed Hold policy dated 3/2018 documented, 'prior to or at the time of a transfer (or as soon as practicable following an emergency transfer), written information (bed hold information and agreement) will be given to the resident and/or the resident representative that explains in detail: the rights and limitations of the resident regarding bed-holds, reserve bed payment policy as indicated by the resident's primary insurance policy, the resident/representative's option to pay privately to reserve their bed if their primary insurance policy does not provide bed hold coverage. 1). Resident #529 was admitted with diagnoses including cerebral infarct, hemiplegia affecting left non dominant side, and hypertensive heart disease with heart failure. The 11/13/24 Discharge/ Return Anticipated Minimum Data Set Assessment documented Resident #529 was discharged to the hospital. The 11/13/24 Physician Order documented transfer to hospital for evaluation post fall. The 11/13/24 Registered Nurse note documented send Resident #529 to the emergency room for evaluation. There was no documented evidence a written notice of the facility Bed Hold Policy was given to the resident or their representative. During an interview on 12/06/24 at 1:28 PM the Director of Social Work stated nurses were to provide written notice of the facility Bed Hold Policy to the resident and/or resident representative. The Director of Social Work stated there was no documented evidence a written notice of the facility Bed Hold Policy was given to the resident or their representative. 2). Resident #179 was admitted with diagnoses including anemia, urinary tract Infection, schizophrenia. The 9/20/24 Quarterly Minimum Data Set documented the resident had severely impaired cognition. The 10/3/24 Discharge/ Return Anticipated Minimum Data Set Assessment documented Resident # 179 was discharged to the hospital. (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 10/3/24 Situation Background Assessment Recommendation Note documented change in condition: behavior symptoms of agitation, throwing objects at staff, kicking furniture, making loud noises, very disruptive to the unit. Nurse Practitioner ordered to send to Hospital for evaluation. On 12/10/24 at 4:07 PM during an interview, the Director of Social Work stated they did not provide a written notice of the facility Bed Hold Policy to Resident # 179 or their representative. 3). Resident #169 was admitted with diagnoses including chronic respiratory failure, muscle wasting and atrophy, and dependence on ventilator. The 9/20/24 Quarterly Minimum Data Set documented Resident # 169 had severely impaired cognition. The 10/22/24 Discharge/ Return Anticipated Minimum Data Set documented Resident # 169 was discharged to the hospital. The 10/22/24 Respiratory Therapist note documented Resident # 169 was transferred to the hospital for fever. During an interview on 12/09/24 at 12:16 PM the Administrator stated they were made aware that the facility had not been providing written notice of the facility Bed Hold Policy to residents or representatives when they were discharged or transferred to the hospital. On 12/10/24 at 2:46 PM, during a follow-up interview with the Assistant Administrator, they stated they did not provide written notice of the facility Bed Hold Policy to any resident or representative prior to 12/9/24. 10NYCRR 415.3 (i)(3)(i)(a) 51214

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 45478 Based on observation, interview, and record review conducted during the recertification and abbreviated (NY00340747) surveys from 12/3/2024 to 12/10/2024, the facility did not ensure each nurse aide received twelve hours of in-service education per year based on their individual performance review. Specifically, 1.) One of five Certified Nurse Aides (#12) did not have the required 12-hour mandatory in service education per year, and 2.) Four of five Certified Nurse Aides (#12, 13, 14 and 15) annual performance reviews were not up to date. Finding Include: Review of Certified Nurse Aides # 12, #13, #14, 15 and #16 in - service records revealed: Certified Nurse Aide #12 was hired 3/30/1998 and there was no documented evidence that inservice was provided in 2023. Review of Certified Nurse Aides # 12, #13, #14, 15 and #16 annual performance evaluations revealed: Certified Nurse Aide #12 was hired 3/30/1998, and there was no documented evidence that a performance evaluation was completed. Certified Nurse Aide #13 was hired 7/11/1993, and their performance evaluation was undated. Certified Nurse Aide #14 was hired 5/20/2023, and their performance evaluation was undated. Certified Nurse Aide #15 was hired 11/6/2012, and their last performance evaluation was dated 11/16/2012. On 12/10/24 at 1:40 PM, the Assistant Director of Nursing stated they were responsible for providing Certified Nurse Aide education. On 12/10/24 at 1:55 PM, the Director of Nursing stated a system had been in place as of 11/1/24 and Certified Nurse Aides should be completing the 12-hour mandatory training in the system. The Director of Nursing stated they were still working on figuring out who was not up to date with their training. The Director of Nursing stated Certified Nurse Aide evaluations should be completed annually and stated they were not up to date. 10 NYCRR 415.26

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 51647 Based on observation, record review and interview conducted during the recertification survey from 12/3/24 to 12/10/24, the facility did not ensure all drugs and biologicals in 2 of 4 medication storage rooms were labeled and stored in accordance with professional standards. Specifically, one bottle of over-the-counter medication and two bottles of tube feeding formula had past due expiration dates. The findings include: The revised-on January 2019 facility policy titled Medication- Storage documented expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy. During observation on 12/05/24 at 1:28 PM, a bottle of Aspirin 325 mg tablets with an expiration date of 10/24 was on the shelf in the Center 1 Unit medication storage room. During an interview on 12/5/24 at 1:28 PM, Licensed Practical Nurse #2 stated the nurse manger was responsible for checking the medications in the medication storage room. During an interview on 12/05/24 at 2:02 PM, Registered Nurse Unit Manager #3 stated they were responsible for checking medications in the medication storage room. They stated all nurses were supposed to check medication/s each shift prior to transferring them from the storage room to their medication carts. During observation on 12/05/24 at 2:25 PM Vital tube feeding formula with a 12/1/24 expiration date and Jevity tube feeding formula with an expiration date of 5/1/24 were observed in the Center 1 North [NAME] Unit medication room. During an interview on 12/05/24 at 2:25 PM Licensed Practical Nurse #9 stated the 2 expired tube feeding formulas were no longer in use and should have been discarded, as the facility currently utilized a different brand of tube feeding. They stated nursing staff were responsible for discarding expired tube feeding formulas. During an interview on 12/06/24 at 10:36 AM the Director of Nursing stated all nurses were responsible for checking medication carts each shift and medication storage rooms should be checked by the nurse managers weekly. They stated Pharmacy should check the medication room and medication carts quarterly to ensure there were no expired medications. They stated the Dietician was responsible for checking tube feeding formulas, but would not check the medication storage rooms. They stated unused medications/ tube feedings should have been discarded by the nurses. 10 NYCRR 415.18(e)(1-4)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51647 Based on observation and interview conducted during the recertification survey from 12/03/24 to 12/10/24, the facility did not ensure food was stored in accordance with professional standards for food safety practice. Specifically, there was undated food stored in the walk-in refrigerator and in 1 of 3 unit food refrigerators. Findings include: The facility policy titled Food Storage: Refrigerator Food Storage revised May 2024 documented all foods should be covered, labeled, and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates or frozen (where applicable) or discarded. The facility policy titled Unit Food Storage revised April 2023 documented all resident food items will be dated with a use by date. During observation and interview on 12/03/24 at 9:43 AM, the walk-in refrigerator contained two undated sandwiches on a tray. The Food Service Director stated the sandwiches were made today, and that was the reason there was no date on the sandwiches. Approximately five single cheese slices were observed on a plate with clear wrap which was not dated. The Food Service Director stated they were unable to provide information as to when the cheese was placed in the refrigerator. During an observation/interview on 12/03/24 at 1:00 PM with Certified Nurse Aide #11, an undated, wrapped ham sandwich was observed in the unit refrigerator. Certified Nurse Aide #11 stated they did not know how long the sandwich had been in the refrigerator. 10NYCRR 415.14 (h)

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50729 Based on record reviews and interviews conducted during the recertification and abbreviated (NY00348289, NY00348920) surveys from [DATE] to [DATE], the facility did not ensure the Medical Director fulfilled their responsibility for the implementation of resident care when a resident died . This was evident for 1 of 1 residents (Resident #379) reviewed for death. Specifically, the Medical Director was designated as the individual to sign the death certificate for Resident #379. In accordance with State Public Health Law 4041, this was required within 72 hours of death. Resident #379 died on [DATE] and the Medical Director signed the death certificate on [DATE]. Findings include: The facility policy titled - Death- documented for Resident Pronouncement and Release to Mortuary, the primary healthcare provider (or designee) will complete and sign a death certificate in accordance with state or county law (e.g., as soon as possible but not to exceed 72 hours). Resident #379 had diagnoses including subdural hematoma, atrial fibrillation, and coronary artery disease. The Minimum Data Set (an assessment tool) dated [DATE] documented Resident #379's cognition was severely impaired. A progress note dated [DATE] at 10:25 PM documented Resident #379 was found without carotid pulse, pupillary reflex or respirations. In accordance with the Do Not Resuscitate order, no Cardiopulmonary Resuscitation was initiated. Resident #379 was pronounced dead at 9:30 PM and the Medical Director was notified. Next of kin was also notified and stated they would contact the funereal service, and call the facility back with the information. The Director of Nursing and Administrator were made aware. Resident #379's Death Certificate documented the resident died on [DATE] and was signed electronically on by the Medical Director on [DATE]. During a telephone interview on [DATE] at 3:27 PM, Registered Nurse #5 they stated they notified the Medical Director and called the family when the resident died . During an interview on [DATE], the Medical Director stated they looked at the death certificate for Resident #379 and saw that it was signed 7 days after the death. They stated it was an anomaly and had not happened before. During a telephone interview on [DATE] at 12:05 PM, the Director of the funeral home stated they had to call the facility multiple times to get the death certificate signed for Resident #379. They stated the death certificate had to be filed in order to process the body and without a signature, the body of the deceased remained in the freezer at the funeral home. They stated it took 7 days to get the death certificate signed. 10 NYCRR 415.15(a)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 41666 Based on record review and interview during the recertification survey conducted 12/3/24 to 12/10/24, the facility did not ensure each resident was offered pneumococcal immunizations and received education regarding the benefits and potential side effects of the immunizations for 1 of 5 residents (Residents #193) reviewed. Specifically, there was no documented evidence Resident #193 was offered, declined, or educated on the pneumococcal immunization. Findings include: The facility policy dated 8/22/24 and titled Resident Vaccines documented the facility will offer immunizations to the residents, following their consent to aid in the prevention of infectious conditions in accordance with the Centers for Disease Control (CDC) and the Advisory Committee for Immunization Practices. Prior to receiving vaccines, the resident will be provided information and education regarding the potential side effects of the vaccination. The facility should collect vaccination history on admission. A provision of education shall be documented in the resident medical record. Historical information data should be entered into the resident's electronic medical record. Resident #193 had diagnoses including intracranial injury with loss of consciousness, respiratory failure and tracheostomy. There was no documented evidence the resident/resident representative received education, was offered the vaccination, or declined the pneumococcal vaccine. During an interview on 12/10/24 at 1:33 PM Registered Nurse Unit Manager #10 stated upon admission vaccines were supposed to be offered to the resident and/or resident' representative and education was to be provided. They stated they should have gotten the resident's vaccine status back in April when they were admitted , but they missed Resident #193. During an interview on 12/10/24 at 2:06 PM, the Infection Preventionist stated nursing collected the vaccine status from records during the admission process. They stated they did not have a record of vaccine status for all in house residents on paper or electronic medical record. The Infection Preventionist stated they did not have a system to track which residents were vaccine eligible or who had declined the vaccine. During an interview on 12/10/24 at 3:23 PM, the Director of Nursing stated vaccines were important, as they were the first line of defense for preventing disease. The Director of Nursing stated the Infection Preventionist was asked during morning report about resident vaccine eligibility, administration and education and had reported there were no problems. The Director of Nursing stated they were not aware vaccine tracking was not being done. 10NYCRR 415.19 (a) (1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335046	A. Building B. Wing	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Manor Geriatric Center Inc	199 N Middletown Road Nanuet, NY 10954

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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. 41666 Based on interview and record review during the recertification survey conducted 12/3/24-12/10/24, the facility did not ensure each staff and resident was screened, offered the COVID-19 vaccine and provided education regarding the benefits, risks and potential side effects associated with the vaccine for 1 of 5 residents (Resident # 193) and 10 of 10 staff reviewed for COVID vaccines. Specifically, there was no documented evidence of immunization records for COVID vaccine for Resident #193. Additionally, there was no documented evidence of immunization records for COVID vaccine for the Director of Admissions, Certified Nurse Aide #6/#19/#21, Licensed Practical Nurse #22/#23, Occupational Therapist #24, Registered Nurse #25/#10 and Cook, #20. Findings include: The facility policy titled COVID-19 Vaccination for Residents and Staff last revised 11/27/24 documented the facility follows guidance from The Centers for Disease Control as well as Federal and State requirements among residents, staff and others. The facility shall provide education about the importance of receiving the COVID-19 vaccine to residents, resident representatives and staff. Upon admission/readmission the facility shall obtain COVID-19 history to the extent possible. Upon hire, the facility shall obtain COVID-19 vaccine history of new staff. COVID-19 vaccine shall be offered, promoted and encouraged to all eligible residents and staff initiated within 14 of admission and within 14 days of hire for staff. Resident #193 had diagnoses of intracranial injury with loss of consciousness, respiratory failure and tracheostomy. There was no documented evidence the resident/resident representative received education, was offered the vaccination, or declined the COVID vaccine. During the recertification survey the facility was asked to provide the vaccination status for staff for flu, pneumococcal and COVID vaccines. There was no documented evidence the facility had documentation of screening, education offering or current COVID 19 status for the Director of Admissions, Certified Nurse Aide #6,#19 and #21, Licensed Practical Nurse #22, and #23, Occupational Therapist #24, Registered Nurse #25 and #10 and [NAME] #20. During an interview on 12/10/24 at 1:33 PM Registered Nurse Unit Manager #10 stated upon admission vaccines were supposed to be offered to the resident and/or resident representative and education was to be provided. They stated they should have gotten the resident's vaccine status back in April when they were admitted , but they missed Resident #193. During an interview on 12/10/24 at 2:06 PM the Infection Preventionist stated nursing collected the vaccine status from records during the admission process. They stated they did not have a record of vaccine status for all in house residents on paper or electronic medical record. The Infection Preventionist stated they did not have a system to track which residents were vaccine eligible or who had declined the vaccine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/10/24 at 3:23 PM the Director of Nursing stated vaccines were important, as they were the first line of defense for preventing disease. The Director of Nursing stated the Infection Preventionist was asked during morning report about resident vaccine eligibility, administration and education and had reported there were no problems. The Director of Nursing stated they were not aware vaccine tracking was not being done. 10NYCRR 415.19 (a)(1-3)