

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER The Heritage Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5606 15th Ave Brooklyn, NY 11219	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44843</p> <p>Based on record review and staff interviews conducted during the Recertification Survey from 05/12/2025 to 05/15/2025, the facility did not ensure that the baseline care plan was completed within 48 hours of a resident's admission. This was evident for 1 (Resident #327) of 1 resident reviewed for Communication out of 20 sampled residents. Specifically, the baseline care plan for Resident #327 was not completed until 04/29/2025 which was four days after admission.</p> <p>The findings are:</p> <p>The facility policy titled Baseline Care Plan last reviewed March 2024 stated the Baseline Care Plan must be developed within 48 hours of a resident's admission.</p> <p>Resident #327 was admitted to the facility on [DATE] with diagnoses that included Encounter for removal of internal fixation device, and Multiple myeloma.</p> <p>The Admission Minimum Data Set, dated dated [DATE] documented Resident #327 was cognitively intact, and both Resident #327 and their representative participated in the assessment.</p> <p>The Baseline Care Plan and Summary Report - IDT (Interdisciplinary Team) documented it was created on 04/26/2025 and completed on 04/29/2025.</p> <p>On 05/14/2025 at 10:34 AM, Registered Nurse #2 was interviewed and stated they are notified of new admissions by the Admissions Coordinator during the morning meeting, and by checking the Pre-admission section in the electronic medical record system. Registered Nurse #2 also stated they created the baseline care plan assessment in the electronic medical record system, and it is supposed to be completed within 48 hours of the resident's admission to the facility. Registered Nurse #2 further stated they were not sure who was responsible to oversee the completion of the whole baseline care plan assessment.</p> <p>On 05/14/2025 at 11:22 AM, the Director of Social Work was interviewed and stated they completed the baseline care plan and regular care plans for Resident #327 on 04/28/2025. The Director of Social Work also stated they were the only social worker for the facility, and they do not work during the weekends. The Director of Social Work further stated they had 72 hours in which to complete the baseline care plan.</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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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/14/2025 at 11:34 AM, the Registered Dietitian was interviewed and stated they believed they had 72 hours from admission to complete the baseline care plan. The Registered Dietitian also stated they did not recall when they completed the baseline care plan, but it would have been on or after 4/28/2025 as they did not work on the weekend (04/26/2025 and 04/27/2025).</p> <p>On 05/14/2025 at 11:47 AM, the Director of Rehab was interviewed and stated they had 72 hours to complete the baseline care plan. The Director of Rehab also stated they had no Physical Therapists working on weekends. The Director of Rehab further stated Resident #327 was admitted to the facility on Friday 04/25/2025 and they completed the rehab section in the baseline care plan on the following Monday 04/28/2025.</p> <p>On 05/14/2025 at 11:58 AM, the Recreation Director was interviewed and stated Resident # 27 was admitted on Friday 04/25/2025. The Recreation Director also stated the baseline care plan should be completed within 48 hours. The Recreation Director further stated they did not work on weekends and completed the baseline care plan for Resident #327 as soon as possible on following week and did could not recall the date of completion.</p> <p>On 05/14/2025 at 12:07 PM, the Director of Nursing was interviewed and stated the unit nurse supervisor was responsible for overseeing the completion of baseline care plan. The Director of Nursing also stated the baseline care plan should be completed within 48 hours. The Director of Nursing further stated the staff would complete the baseline care plan on the following Monday morning if the new admission was on late Friday afternoon as the interdisciplinary team members, with the exception of nursing staff, do not work on weekends. The Director of Nursing stated they did not want staff to come into work on weekends just to complete the baseline care plan.</p> <p>On 05/15/2025 at 12:31 PM, the Administrator was interviewed and stated the facility admitted new residents every day throughout the week. The Administrator also stated they had no control over the arrival time of the new residents. The Administrator further stated the staff completed the baseline care plan on the following Monday morning if the resident arrived at the facility late on Friday. The Administrator stated the baseline care plan should be completed within 48 hours of a resident's admission to the facility.</p> <p>10 NYCRR 415.11(c)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44843</p> <p>Based on record review and staff interviews conducted during the Recertification survey from 05/12/2025 to 05/15/2025, the facility did not ensure that based on the comprehensive assessment of a resident, and consistent with the resident's needs and choices, communication including language was provided. This was evident for 1 (Resident #327) of 1 resident reviewed for Communication out of 20 sampled residents. Specifically, Resident #327 whose primary language is Cantonese was not provided with interpretation services during the admission nutrition assessment.</p> <p>The findings are:</p> <p>The facility policy titled Communication reviewed on 05/15/2024 stated the telephonic interpreter and interpreters via language bank will be utilized. The policy also documented the facility will ensure that adequate communication is maintained, and resident's needs are met.</p> <p>The facility policy titled Language Bank reviewed on 1/2/2024 stated a language bank is set up to support clear communication channels for those who do not speak English with proficiency.</p> <p>Resident #327 was admitted to the facility with diagnoses that included Encounter for removal of internal fixation device, and Multiple myeloma.</p> <p>On 05/12/2025 at 09:54 AM, Resident #327 was interviewed and stated they were admitted to the facility on [DATE]. Resident #327 also stated their primary language was Cantonese and they did not speak English. Resident #327 further stated the interdisciplinary team member did not use an interpreter to assess them.</p> <p>On 05/12/2025 at 09:54 AM, a sign for Telephonic Interpreting was observed posted on the wall across from Resident #327's bed.</p> <p>The Admission Minimum Data Set assessment dated [DATE] documented Resident #327's preferred language was Cantonese, and they needed or wanted an interpreter to communicate with a doctor or health care staff. The Admission Minimum Data Set assessment also documented Resident #327 was cognitively intact, and both Resident #327 and their representative participated in the assessment.</p> <p>The Comprehensive Care Plan related to Nursing-Communication initiated 04/25/2025 documented the interventions included to use interpreter/translator to reduce language barrier.</p> <p>The document titled Employee Language Bank listed only one Licensed Practical Nurse working during the evening shift was able to speak the same language as Resident #327.</p> <p>On 05/14/2025 at 02:26 PM, Certified Nursing Assistant #1 was interviewed and stated they were assigned to Resident #327 since their admission to facility. Certified Nursing Assistant #1 also stated Resident #327 was cognitively intact and did not refuse care. Certified Nursing Assistant #1 further stated Resident #327 was a non-English speaker and only understood very simple English.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/14/2025 at 11:34 AM, the Registered Dietitian was interviewed and stated they review the chart and interview the residents to collect data for the Minimum Data Set assessments. The Registered Dietitian also stated Resident #327 was a non-English speaking resident, however they did not use the language line or staff from the language bank to interview Resident #327 when completing the Minimum Data Set assessment. The Registered Dietitian further stated they did not recall why they did not use the language line or staff from language bank to interview Resident #327. The Registered Dietitian stated they should use the language line to interview non-English speaking residents when completing an assessment.</p> <p>On 05/14/2025 at 12:22 PM, the Administrator was interviewed and stated they had language line service and staff at the language bank in order to communicate with non-English speaking residents. The Administrator also stated the signage of language line service was posted throughout the facility. The Administrator further stated the staff should use language line or other staff competent to speak the language to interview non-English speaking residents.</p> <p>10 NYCRR 415.12(a)(2)</p>