

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Queens		STREET ADDRESS, CITY, STATE, ZIP CODE 157 15 19th Avenue Whitestone, NY 11357	

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 - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</p> <p>Based on observation, record review and staff interview during the Recertification /Complaint survey (NY00347053) conducted between 01/26/2025 and 01/31/2025, the facility did not ensure that all alleged violations involving abuse and injury of unknown origin were reported immediately to the New York State Department of Health, but not later than 2 hours after the allegation of abuse was reported. Specifically, the facility did not report within 2 hours when a resident (Resident #94) alleged that another resident (Resident #83) touched their breast. This was evident in 2 out of 37 residents sampled for Abuse.</p> <p>The findings are:</p> <p>The facility's policy titled Abuse - Prohibition Protocol, Types of Abuse, Response/Reporting, last reviewed 1/25, documented that it is the policy of the Grand Rehabilitation and Nursing Center that every resident has the right to be free from abuse, mistreatment, neglect and misappropriation of property.</p> <p>The facility's policy titled, Accident and Incident, Investigating and Reporting-Resident last reviewed 1/25, documented that the facility will report allegations and results of the investigations of alleged violations involving mistreatment, neglect or abuse.</p> <p>The facility investigation report dated that at 6/30/24 at 9:15PM, documented that Resident #94 stated that Resident #83 allegedly touched their breasts. Investigation revealed that on 6/30/24 at approximately 9:15PM, Resident #94 reported to the charge nurse, who notified the Registered Nurse Supervisor, that a resident who was identified as Resident #83, was passing by the hallway. Resident #94 was standing by the sink when Resident #83 allegedly touched their breast. The investigation also documented, that Resident #94 will be seen by the Psychiatrist and Psychologist to follow up on any behavioral changes, and that Resident #94 had a prior history of unfounded accusatory allegation against a staff member, which was investigated and ruled out.</p> <p>The Incident reporting to the New York State Department of Health Intake #NY0047053, documented that the incident occurred on 06/30/24 at 9:15PM, and was reported by the Administrator on 07/01/24 at 2:13PM. The investigation revealed that upon review of camera video on that side of the hallway, it was noted that around 6:35 PM, Resident #83 was wheeling themselves in the hallway and passed by Resident #94's room. From the camera angle, they appeared to shake /held hands for few seconds then upon wheeling back, Resident #83 again held hands with Resident #94.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335130
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1) Resident #83 was admitted to the facility with diagnoses that include Cancer, Neurogenic Bladder and Paraplegia.</p> <p>The Annual Minimum Dats Set dated 06/01/24, documented that Resident #83's cognition as intact, Brief Interview of Mental Status of 14, no behaviors and impairment on both sides to lower extremities.</p> <p>The Comprehensive Care Plan focus titled Resident is at risk for potential abuse, neglect related to dependence on others for activities of daily living care, language barrier, created 2/15/23. Goals include Resident #83 will not experience any form of abuse or neglect through review date, 6/20/24. Interventions include Investigate all allegations of abuse and neglect promptly, assess resident for signs and symptoms of abuse and / or neglect and report to appropriate resources.</p> <p>A Nursing Note dated 06/30/24 documented that as per Resident #94, complained that Resident #83 allegedly touched their breast. Resident #94 stated they did not touch Resident #94's breast, but that they touched Resident #94's hand like 'Hi five', as per interpreter.</p> <p>A Nursing Note dated 07/01/24 documented that Resident #83 was moved to another unit to prevent further interaction, family in agreement with plan of care.</p> <p>A Physician's Note dated 7/1/24 documented Resident #83 was alleged by Resident #94, that they touched Resident #94's breasts while they were in their room. Resident #83 said they never touched nor went into Resident #94's room, Resident #83 was wheeling only in the hallway and was blindly accused by Resident #94. Will order Psychiatry and Psychologist evaluation.</p> <p>2) Resident # 94 was admitted to the facility on [DATE] with diagnoses that include Depression, Bipolar Disorder, and Schizophrenia.</p> <p>The Annual Minimum Data Set, dated dated dated [DATE] documented resident's cognition as intact, Brief Interview of Mental Status of 13, no behaviors, no impairments, that Resident #94 participates in assessment and goal setting.</p> <p>The Comprehensive Care Plan created on 7/3/24 documented Resident #94 is at risk for abuse related to diagnosis of Major Depressive and Bipolar Disorder. Goals include Resident will not experience any form of abuse or neglect through review date, 7/16/24. Interventions include assess resident for signs and symptoms of abuse and report to appropriate resources.</p> <p>The Comprehensive Care Plan created 1/16/24, documented Resident #94 exhibits behavior symptoms such as accusatory behavior. Goals include Resident #94 will verbalize understanding of need to control inappropriate behavior through the review date, 7/16/24. Interventions include to provide resident an opportunity to express themselves.</p> <p>A Nursing Note dated 6/30/24, documented that Registered Nurse Supervisor was called to assess Resident #94 by unit nurse that resident who was in wheelchair by nursing station that Resident #94 alleged another male resident touched their breast. Resident #94 had fully dressed up with shirt and pant.</p> <p>(continued on next page)</p>		

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