

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER New Carlton Rehab and Nursing Center, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Carlton Ave Brooklyn, NY 11238	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, the facility did not ensure that residents' right to a clean, comfortable, and homelike environment was maintained. This was evident for 1 (4th floor) of 4 resident units. Specifically, 1.) multiple rooms on the 4th floor were observed with mismatched paint on the floor, 2.) the shared bathroom, opposite room [ROOM NUMBER], had broken and missing tiles under the sink, and dusty walls and fans, 3.) the baseboard on the unit dining room was not attached to the wall, 4.) the dry wall in multiple rooms were cracked and some with missing paint, and 5.) a hole was observed on the dry wall stuffed with a copper colored steel wool.</p> <p>The findings are:</p> <p>The undated policy titled Cleaning A Resident Room and Cleaning Resident and Public Bathrooms documented that the purpose of the policy was to provide daily housekeeping employees with a complete outline of the equipment and supplies necessary to perform their daily routine. Daily cleaning will ensure optimal levels of cleanliness and sanitation, prohibit the spread of infection and bacteria and maintain the outward appearance of the facility.</p> <p>On 07/09/2024 between 11:09 AM and 11:40 AM, and at 4:12 PM, the following observations were made:</p> <p>a.) room [ROOM NUMBER] was observed with grimy baseboards and tile, mismatched paint in corners.</p> <p>b.) room [ROOM NUMBER] had dusty floor on the door corner, chipped paint on the radiator, chipped dry wall under the window and mismatched paints.</p> <p>c.) room [ROOM NUMBER] had caramel colored stain on the wall.</p> <p>d.) room [ROOM NUMBER] had cream and red colored stains on the wall, the paint on the top of the sink was cracked and had brown colored stains.</p> <p>e.) room [ROOM NUMBER] had mismatched paint on the floor and there were copper colored steel wool stuffed on the hole in the wall.</p> <p>f.) room [ROOM NUMBER] had missing paint at the baseboard.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>g.) room [ROOM NUMBER] had a missing baseboard and the wall by the window had missing paint.</p> <p>On 07/10/2024 between 9:40 AM and 11:02 AM, the following observations were made:</p> <p>a.) The clean utility room had missing tiles. The wall next to the clean utility room also had missing tiles.</p> <p>b.) The baseboard on the unit dining room baseboard had come off. The wall on the left side of the television had dirty edges.</p> <p>c.) The air conditioning unit in room [ROOM NUMBER] had visible dust on the filter and water was dripping on the right side and bottom of the unit.</p> <p>d.) room [ROOM NUMBER] had dusty baseboard and missing paint on the dry wall.</p> <p>e.) room [ROOM NUMBER] had visible gray dust on the air conditioning unit.</p> <p>f.) room [ROOM NUMBER] had dust on the air conditioning unit vents and missing paint behind the heater, and brown colored flakes on the floor.</p> <p>g.) The shared bathroom, opposite room [ROOM NUMBER], had a hole observed on the tile and on the sink pipe, a part of the grab bar was missing, and there were missing tiles under the sink. There was rust colored stain on the toilet bowl, peeling paint on the heater cover, and dust was observed on the fan, toilet paper holder and the stall. There was also water stain on the ceiling.</p> <p>h.) room [ROOM NUMBER] had water stain on the wall, and the air conditioning unit had dust on the vent and filter.</p> <p>i.) room [ROOM NUMBER] had uneven floor by the room entrance and dust on the air-conditioning unit.</p> <p>j.) room [ROOM NUMBER] had dust on the heater vents, closet had cracked and scratched paint, and dirty wall edges.</p> <p>During an interview on 07/12/2024 at 10:59 AM, Housekeeper #1 stated that housekeeping staff is responsible for cleaning resident rooms. They stated that Housekeeping Department assists the Maintenance Department in cleaning the air conditioning units. Housekeeper #1 stated that the Maintenance Department is responsible for the rust and tiles in the bathroom.</p> <p>During an interview on 07/16/2024 at 9:24 AM, the Director of Maintenance and Housekeeping stated that there are a lot of things that need improvement on the unit such as painting. They stated that the bathroom tiles were not properly aligned, and some were missing or not matching. They stated that the fan was dirty and filthy and that the floor in resident rooms need to be stripped and waxed.</p> <p>During an interview on 07/16/2024 at 1:53 PM, the Administrator stated they review the Housekeeping Department cleaning log and performs rounds at least every 2 weeks. The Administrator stated dust can collect quickly that was why they have ongoing maintenance and cleaning schedule.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10 NYCRR 415.5(h)(1)		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101</p> <p>Based on record review and interviews conducted during the Recertification and Complaint Survey (NY00338835) from 07/09/2024 to 07/16/2024, the facility failed to ensure that all alleged violations involving abuse were thoroughly investigated. This was evident in 1 (Resident #121) of 25 total sampled residents. Specifically, on 04/07/2024, Registered Nurse #3 received a report that Resident #121 alleged that Certified Nursing Assistant #6 roughed them up in the bathroom. Registered Nurse #3 did not initiate an investigation and did not put measures in place to ensure that further potential abuse does not occur. The investigation was initiated by the Director of Nursing on 04/08/2024. Additionally, there was no documented evidence that Resident #121 was immediately assessed to identify any potential injury as a result of the allegation.</p> <p>The findings are:</p> <p>The facility policy titled Abuse Prevention with a revised date of 02/2024 documented that all alleged or suspected incidents of abuse will be thoroughly investigated, and findings documented in a report format. The policy documented that the initial investigation will be started by the person in charge at time of occurrence.</p> <p>Resident #121 was admitted to the facility with diagnoses of Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, and Diabetes Mellitus.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #121 had moderately impaired cognition.</p> <p>On 07/09/2024 at 11:57 AM, Resident #121 was interviewed and stated that they could not recall all the details but remembered they were taken in a closed shower and 2 aides slapped them in the face and pulled them by the arms. Resident #121 stated they could not remember who the aides were.</p> <p>The facility Investigative Form dated 04/08/2024 completed by the Director of Nursing documented that on or about 04/08/2024 a visitor stated that someone showered Resident #121 in the weekend. The facility investigation did not document Resident #121's allegation. The facility investigation concluded that based on the interview with Resident 121 who was alert and oriented and can make their needs known, there was no sufficient evidence of abuse or neglect. There was no documentation in the investigative form that the staff written statements were reviewed. It was not documented in the investigative form if Resident #121 had been assessed for potential injuries.</p> <p>A review of the interdisciplinary notes from 04/07/2024 through 04/09/2024 revealed no documented evidence that Resident #121 had been assessed to identify potential injury as a result of the allegation.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/11/2024 at 11:08 AM, Registered Nurse #3, who was the nursing supervisor on 04/07/2023 from 7:30 PM - 7:30 AM, was interviewed and stated that on 04/08/2024, Certified Nursing Assistant #6 reported that Resident #121 accused Certified Nursing #6 of roughing Resident #121 in the bathroom. Registered Nurse #3 stated they spoke with Resident #121 who stated they did not know what they were talking about. Registered Nurse #3 stated they left it alone and did not report the allegation to the Director of Nursing or the Administrator.</p> <p>On 07/11/2024 at 11:35 AM, The Director of Nursing was interviewed and stated that on 04/08/2024, Resident #121's visitor spoke to them about their issue with the shower. The Director of Nursing stated they forgot what the visitor said but stated that they completed an investigation. They stated that abuse was ruled out based on their investigation.</p> <p>On 07/11/2024 at 12:29 PM, the Administrator was interviewed and stated that it is the Director of Nursing's responsibility to complete an investigation and to consult the Administrator if they need assistance.</p> <p>10 NYCRR 415.4(b)(3)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101</p> <p>Based on observations, record review, and interviews conducted during the Recertification Survey from [DATE] to [DATE], the facility did not ensure that food was stored in accordance with professional standards for food service safety. This was evident during the kitchen task. Specifically, there were multiple expired food items in the kitchen dry storage room.</p> <p>The findings are:</p> <p>The undated facility policy titled Food Storage documented sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. All stock must be rotated with each new order received. Rotating stock is essential to ensure the freshness and highest quality of all foods. Old stock is always used first, First in - First out method.</p> <p>An initial tour of the kitchen was conducted on [DATE] from 9:48 AM to 10:33 AM with the Director of Food Services and Dietary Aide #1. The following were observed: 4 boxes of 24 count 8 ounces wild berry oral supplement with a use by date of [DATE]; 1 box of 48 count 5 ounces chocolate pudding with an expiration date of [DATE]; 1 box of 24 count 8 ounces cartons of oral / tube feeding supplement with fiber with use by date of [DATE]; 2 boxes of 24 8 ounces of milk chocolate nutrition shake with a best by date of [DATE]; and 1 box 6 1.5 liter bottles of low glycemic enteral feeding formula an expiration date of [DATE].</p> <p>During an interview on [DATE] at 2:34 PM, the Dietary Aide #1 stated they rotate items on the shelf and removes the out of date items. They stated they had not noticed the expired items before.</p> <p>During an interview on [DATE] at 2:39 PM, the Dietary Aide #2 stated they usually rotate items in the storeroom and had not noticed the expired items.</p> <p>During an interview on [DATE] at 2:46 PM, the Director of Food Service stated they inspected the dry storage room once a week on Monday and did not notice the expired items on the shelf.</p> <p>During an interview on [DATE] at 1:53 PM, the Administrator stated there were expired supplements and tube feeding formulas because there was an order surplus, and the expired items were not discarded in a timely manner.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>42101</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, the facility did not ensure that the garbage storage area were maintained in a sanitary condition. This was evident during the Kitchen and Environmental observation. Specifically, garbage was not properly contained outside of the facility. The garbage dumpster and trash bins were not covered to prevent the harborage and feeding of pests.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Garbage Removal with a revision date of 02/2024 documented that all garbage and rubbish containing food wastes shall be kept in containers. All garbage and rubbish containers shall be provided with fitting lids or covers and must be kept covered when stored or not in continuous use. Housekeeping personnel will empty garbage and rubbish containers taking care not to contaminate food, equipment, utensils or food preparation areas while cleaning. Garbage and rubbish containing food wastes will be stored in a manner that is inaccessible to vermin. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p> <p>During an observation conducted on 07/10/2024 at 10:29 AM -10:40 AM with Dietary Aide #2, the trash bin on the external side of the building was left uncovered after trash was deposited into it.</p> <p>On 07/11/2024 at 02:09 PM, the facility trash storage area was observed, and the trash bins were uncovered. The trash inside the dumpster was noted overflowing with plastic bags.</p> <p>On 07/15/2024 at 08:59 PM, the facility trash storage area was observed and the housekeeping trash bin on the right side of the fence had 2 plastic bags on top.</p> <p>On 07/15/2024 at 05:15 PM, the facility trash storage area was observed and 4 metal trash bins containing trash in plastic bags were not fully covered and the cover had a crack in it.</p> <p>During an interview on 07/11/2024 at 03:29 PM, the Director of Food Services stated that the trash should be covered.</p> <p>During an interview on 07/12/2024 at 10:59 AM, Housekeeper #1 stated that the trash bins outside must be closed but sometimes staff forget to close it. Housekeeper #1 stated they had noticed mice and flies in the garbage bin.</p> <p>During an interview on 07/16/2024 at 11:37 AM, Housekeeper #2 stated the garbage bins do not fully close because of the overflow of trash. They stated that the garbage truck does not pickup garbage on time. Housekeeper #2 stated they had noticed that there were more flies and roaches in the trash area.</p> <p>During an interview on 07/16/2024 at 1:53 PM, the Administrator stated that the contractor for the garbage pickup will bring in new bins to replace the bins that had no cover.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>42101</p> <p>Based on observation, interviews, and record review conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, the facility did not ensure a safe functional environment for the staff. This was evident during the kitchen observation. Specifically, accumulation of dusts were observed on different parts of the kitchen, floor tiles were observed with cracks, and the dry wall in the dry storage room had cracks and holes.</p> <p>The findings are:</p> <p>The facility policy titled Pest Control with a revision date of 01/2022 documented that interior walls are free of cracks and repaired as needed by facility management.</p> <p>During an observation on 07/09/2024 from 9:50 AM to 10:09 AM and on 07/12/2024 at 10:26 AM, the kitchen ceiling pipes, and the back of the 2-tier oven were noted with brown colored dust. The floor fan that was in between the 3-compartment sink and the hand washing sink had dust accumulation with visible strands of dust attached to it.</p> <p>During an observation on 07/10/2024 from 10:28 AM to 10:50 AM, dust accumulation was noted on the kitchen walls, the 2 tier oven, the light fixture above the hand washing sink next to the walk in refrigerator, adjacent pipes on wall. Floor tiles in the cooking area and dish washing room had cracks on it.</p> <p>During an observation on 07/11/2024 at 3:33 PM, the dry wall in the kitchen dry storage area had a hole and the area had a missing baseboard.</p> <p>During an interview on 07/11/2024 at 03:09 PM, the Director of Food Services stated the kitchen should be kept clean to avoid food contamination.</p> <p>During an interview on 07/16/2024 at 9:24 AM, the Director of Maintenance and Housekeeping stated they are new to the facility.</p> <p>During an interview on 07/12/2024 at 3:22 PM, the Administrator stated they had noticed dust on the pipes in the kitchen. They stated that Maintenance Department maintains the walls of the kitchen area.</p> <p>10 NYCRR 415.29</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>42101</p> <p>Based on observation, record review and staff interview conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, 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 environmental observation. Specifically, 1.) vermin droppings were noted on the boxes and top of cans in the kitchen dry storage room, 2.) a cockroach was observed crawling in a resident's room and on the metal frame of the overhead grease trap hood over the cooking stove in the kitchen, 3.) flies were observed in the kitchen and on the 2nd floor unit hallway.</p> <p>The findings include but are not limited to:</p> <p>The facility policy titled Pest Control with a revision date of 02/2022 documented that the purpose of the policy is to prevent and control the entrance of pests and eradicate infestations at the facility.</p> <p>During an observation on 07/09/2024 at 10:13 AM in the kitchen dry storage room, vermin droppings were noted in an open box containing 12 cans of evaporated milk.</p> <p>During an observation on 07/10/2024 at 10:50 AM, a black fly was noted on the electric panel in the kitchen by the hand washing sink.</p> <p>During an observation on 07/10/2024 at 11:05 AM, a fly was noted in the 4th floor unit flying in rooms and in the hallway.</p> <p>During an observation on 07/11/2024 between 12:48 PM and 12:53 PM, vermin droppings were noted on the shelf in the kitchen dry storage area, on top of olive and cranberry jelly cans, and spaghetti sauce and cheddar cheese sauce cans.</p> <p>During an observation on 07/11/2024 at 2:42 PM, a large roach was observed in the kitchen crawling in the ceiling area.</p> <p>During an interview on 07/12/2024 at 10:24 AM, Dietary Aide #2 stated they had not noticed mouse droppings in the dry storage room. They stated there may be some mice in the kitchen, and if so, they need to call the exterminator.</p> <p>During an interview on 07/15/2024 at 2:29 PM, the Director of Food Services stated they knew they had a problem with mice and that they need to push the racks off the wall in the dry storage room to see if there are any cracks in the wall that need to be fixed.</p> <p>During an interview on 07/12/2024 at 3:22 PM, the Administrator stated they had not noticed any vermin in the kitchen dry storage room and that an exterminator comes to the facility weekly.</p> <p>10 NYCRR 415.(5) (h)(1)</p>