

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Parker Jewish Institute for Health Care & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 271-11 76th Ave New Hyde Park, NY 11040	

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 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. (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: 335132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Parker Jewish Institute for Health Care & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 271-11 76th Ave New Hyde Park, NY 11040	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews during an Abbreviated Survey (2582281), the facility failed to ensure that an injury of unknown source was reported to the New York State Department of Health. This was evident in 1 of 3 residents reviewed for accidents. Specifically, Resident #1 was found with an injury that was unobserved and/or unexplained that was not reported to the New York State Department of Health. The findings are: The facility policy titled Prevention of Patient/Resident Abuse/Neglect/Mistreatment/Exploitation with effective date of 10/20/2022 documented that injuries of unknown source are to be reported immediately to the facility leadership or other officials in accordance with State law. Resident #1 was admitted to the facility with diagnoses which included Hemiplegia/Hemiparesis of the left side, Contracture of the left hand, Pain, and Schizophrenia. The Quarterly Minimum Data Set 3.0 assessment dated [DATE] documented Resident #1 had intact cognition. Weekly Skin Lesion Assessment note dated 07/09/2025 documented Resident #1 had swelling and slight discoloration to the 4th right finger identified on 07/09/2025 that was acquired in house. An x-ray report dated 07/10/2025 documented on 07/09/2025 at 21:39 PM, Right hand x-ray was performed and right 4th finger swelling and discoloration indicated that the resident sustained 4th Proximal Inter-Phalangeal overlap suspicious for dislocation. There was generalized osteopenia otherwise no discrete lytic or blastic lesions. A care plan titled Actual Alteration in Skin Integrity, site, right 4th finger swelling dated 07/09/2025 documented 07/10/2025 involving one view was obtained of the right hand revealing an abnormal 4th Proximal Inter-Phalangeal overlap suspicious for dislocation. A care plan titled Psycho-social/Emotional/Mood/Wellbeing/Behavior/Risk of Harm dated 08/10/2025 documented Resident #1 was observed with reddish discoloration to the right 4th finger and slight swelling. Resident #1 was unable to account for how their finger became red. On 07/10/2025 the 4th right finger was diagnosed as an abnormal Proximal Inter-Phalangeal overlap suspicious for dislocation. Hospital Discharge Instructions dated 07/10/2025 documented Resident #1 was seen in the emergency department for hand pain. Resident #1 x-ray showed a small dislocation and fracture. Resident #1 was put in a splint and had the dislocation reduced. A medical progress note dated 07/10/2025 documented at 05:00 PM, Resident #1 was assessed to have right hand pain, swelling, blue discoloration on the digits of 2nd, 3rd, 4th, and 5th finger and unable to explain why their hand looked like that. Medical Progress note dated 07/10/2025 documented at 07:52 PM, Resident #1 was assessed to have visible swelling, deformation and ecchymosis. Resident #1 should be transferred to the emergency department for realignment. The Resident/Patient Occurrence Report/Investigation form documented time of the occurrence at 08:30 PM on 07/09/2025 in the room, documented Resident #1 was assessed to have swelling and slight dislocation of the right 4th finger and slight discoloration. There was no witness to the occurrence. The resident was transferred to Long Island Jewish for assessment and follow-up. The orthopedic progress note dated 07/10/2025 documented Resident #1 presented for evaluation of their right hand due to swelling seen by staff. Unclear if Resident #1 had any trauma. Unclear if Resident #1 may have injured themselves in the process. Recommend closed reduction and should be transferred to the emergency department for further evaluation. On 11/12/2025 at 09:07 AM the Clinical Director of Nursing was interviewed and stated that they were responsible for the investigative portion of the case. They received a report that there was swelling on Resident #1's right 4th finger with some discolored/reddish and believes that it was due to a self-inflicted injury. They stated there was no witness to the incident and the resident was unable to account for the injury and could not point out anyone responsible for the injury. The facility concluded that it was obvious of how the resident dislocated their finger, the resident had a self-inflicted injury and there was no need to report the incident to the Department of Health. On 11/12/2025 at 3:12 PM, the Director of Nursing was interviewed and stated this was not a reportable incident at the time because the resident only had swelling and there was no documented injury at the time of the assessment, and the swelling could have come from anything such as gout and that is the reason the resident was sent out to the hospital. 10 NYCRR 415.4(b)(2)</p>		