

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  Emerge Nursing and Rehabilitation at Glen Cove		STREET ADDRESS, CITY, STATE, ZIP CODE  2 Medical Plaza Glen Cove, NY 11542	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44963</b></p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 12/26/2024 and completed on 1/2/2025, the facility did not ensure the comprehensive care plan was reviewed and revised to meet each resident's current needs. This was identified for one (Resident #21) of two residents reviewed for Activities of Daily Living. Specifically, Resident #21 was observed toileting themselves on 12/26/2024. Resident #21 required staff assistance for toileting transfer and toileting care as per assessments by the Rehabilitation Department and Certified Nursing Aide Accountability Record. A Noncompliance comprehensive care plan developed in 2023 documented Resident #21 was resistive to Activities of Daily Living assistance; however, the comprehensive care plan did not include interventions to for monitoring the resident's noncompliant behavior related to toileting self.</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Comprehensive Care Plan and Resident/Patient Meeting dated July 2024 documented the purpose of the [comprehensive] assessment is to accurately communicate the resident's capability to perform daily life functions and to identify significant impairment(s) in functional capacity and the plan suggested by the comprehensive care plan team for improvement/maintenance for each of the resident's primary care issues. Information including [resident's] ability to perform Activities of Daily Living, and the resident's needs for staff assistance are obtained from the comprehensive assessment and staff interviews to plan care. The Comprehensive Care Plan will be revised quarterly, annually, and as needed, within 7 days of completion of the Minimum Data Set (MDS).</p> <p>Resident # 21 was admitted with Diagnoses including Parkinson's Disease, Difficulty in Walking, and Colostomy Status. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderately impaired cognition. The Minimum Data Set assessment documented Resident #21 did not exhibit behaviors and rejections of care. Resident #62 required moderate assistance for toileting hygiene and maximum assistance for toilet transfer. Resident #21 had an ostomy and was continent of urine.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Behavioral Symptoms- Non-Compliance Comprehensive Care Plan related to rejection of Activity of Daily Living assistance dated 1/23/2024 documented Resident #21 required less than half assist for toileting hygiene and more than half assist for toileting transfer. Interventions included but were not limited to provide incontinent care as needed. No new interventions have been developed and implemented since 4/24/2023. The current care plan did not include interventions to monitor and supervise Resident #21's non compliance related to toileting themselves. An evaluation note dated 10/29/2024 documented that the resident continued to have periods of noncompliance with the plan of care. Staff continue to educate and encourage the resident to comply with the plan of care, the resident can be adamant about their choices despite ongoing education, and staff to continue to maintain resident's dignity and respect resident's rights.</p> <p>An Activity of Daily Living Comprehensive Care Plan dated 4/24/2024 documented Resident #21 required less than half assist for toileting hygiene and more than half assist for toileting transfer. Interventions included but were not limited to provide incontinent care as needed. The current care plan did not include interventions to monitor and supervise Resident #21's non compliance related to toileting themselves</p> <p>An annual Rehabilitation Screening dated 10/16/2024 documented that Resident #21 continued to require minimal assistance of one person for toileting hygiene and moderate assistance of one person for toilet transfer.</p> <p>Certified Nursing Assistant task instruction for October - December 2024 documented Resident #21 was continent of bladder and required more than half assistance (substantial/maximal assistance) for toileting tasks.</p> <p>Resident #21's October 2024 Certified Nursing Assistant Accountability records documented that on 21 occasions the resident was not provided assistance with toileting tasks as indicated in the resident's care plan.</p> <p>Resident #21's November 2024 Certified Nursing Assistant Accountability records documented that on 15 occasions the resident was not provided assistance with toileting tasks as indicated in the resident's care plan.</p> <p>Resident #21's December 2024 Certified Nursing Assistant Accountability records documented that on 43 occasions the resident was not provided assistance with toileting tasks as indicated in the resident's care plan.</p> <p>During the initial tour on 12/26/2024 at 11:28 AM, Resident #21 was observed sitting on the toilet in the bathroom inside their room and the wheelchair was in front of the resident. No staff was observed in the vicinity. Resident #21 stated they went to the bathroom themselves.</p> <p>During an interview on 12/26/2024 at 11:29 AM, Licensed Practical Nurse #1 stated that Resident #1 was allowed and able to toilet on their own. Licensed Practical Nurse #1 stated the resident preferred to transfer and toilet on their own.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/30/2024 at 2:01 PM, Certified Nursing Assistant #1 stated Resident #21 was continent of bladder. Certified Nursing Assistant #1 stated the resident's plan of care indicated that they needed assistance of one person for Activities of Daily Living including toileting but Resident #21 was capable of completing the task on their own and often did not ask for assistance. Certified Nursing Assistant #1 stated many times they observed Resident #21 toileting themselves. Certified Nursing Assistant #1 stated they encouraged the resident to ask for help.</p> <p>During an interview on 12/30/2024 at 2:20 PM, Registered Occupational Therapist #1 stated they assessed and evaluated Resident #21 in August 2024 and discharged the resident from skilled occupational therapy. Registered Occupational Therapist #1 stated the resident required minimum assistance of one person (Resident is able to complete 75% of the task and staff help with 25%) for toileting and transfer.</p> <p>During an interview on 12/31/2024 at 10:15 AM, Resident #21 was observed with tremors of bilateral hands. Resident #21 stated they took care of themselves and did not ask staff for help often.</p> <p>During an interview on 12/31/2024 at 1:08 PM, Registered Nurse Supervisor #1 stated they were aware that Resident #21 tried to be independent with their care and did not call staff for help. Registered Nurse Supervisor #1 stated Resident #21 was capable of toileting themselves. Registered Nurse Supervisor #1 stated there was a non-compliance care plan. Registered Nurse Supervisor #1 stated staff continued to provide verbal encouragement but was unable to state different approaches to address the ongoing non-compliance. Registered Nurse Supervisor #1 they expected staff to respond when Resident #21 pressed the call bell. Registered Nurse Supervisor #1 stated that Resident #21 should toilet with one staff present and assisting if they (Resident #21) were care planned to require minimum assistance of one person for toileting.</p> <p>A Nursing referred Rehabilitation Screening dated 12/31/2024 documented that Resident #21 continued to require minimal assist of one person for toileting hygiene and moderate assist of one person for toilet transfer.</p> <p>During a re-interview on 1/2/2025 at 12:20 PM, Registered Occupational Therapist #1 stated that they re-assessed Resident #21 on 12/31/2024. Resident #21 had tremors, was unsteady, and had difficulty wiping themselves after toileting and pulling up their pants. Registered Occupational Therapist #1 stated Resident #21 cannot toilet themselves independently and staff must be presented to offer hands-on assistance to complete the toileting care safely.</p> <p>During an interview on 1/2/2024 at 12:41 PM, the Director of Nursing Services stated Resident #21 should be provided one-person staff assistance during toileting as per the assessment and care plan. The Director of Nursing Services stated the care plan intervention should have been evaluated for effectiveness and the interdisciplinary team should implement other interventions such as additional education to resident to call for help and increase frequency of round for supervision to address the resident's non-compliance and to ensure the resident's safety during care.</p> <p>10 NYCRR 415.11(c)(2) (i-iii)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45349</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 12/26/2024 and completed on 1/2/2025, the facility did not ensure that food was served in accordance with professional standards for food service safety. This was identified for one ([NAME]) of three dining rooms during the Dining Task. Specifically, the facility did not monitor the temperature of cold food items served to the residents during a lunch meal observation on 12/30/2024 at 12:22 PM. The temperature of two yogurt containers measured at 60 and 62 degrees Fahrenheit (normal range: below 41 degrees Fahrenheit.)</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Food Safety/Storage/Distribution/Service/Procurement - General dated 6/2024, documented Danger Zone refers to temperatures above 41 degrees Fahrenheit and below 135 degrees Fahrenheit that allow the rapid growth of pathogenic microorganisms that can cause foodborne illnesses. Food Service/Distribution refers to the processes involved in getting food to the resident. This may include holding foods under refrigeration for cold temperature control. Refrigerated Storage: potentially hazardous foods (examples include yogurt) must be maintained at or below 41 degrees Fahrenheit.</p> <p>During the lunch meal service in the [NAME] dining room on 12/30/2024 at 12:22 PM, the Dietary Supervisor measured the temperature of two yogurt containers on the individual resident trays prior to being delivered from the kitchen to the dining room. The yogurt measured 60 degrees and 62 degrees Fahrenheit. The Dietary Supervisor was immediately interviewed and stated there was an increased risk for infection and/or gastrointestinal issues if the food was served outside of the proper serving/holding temperatures.</p> <p>During an interview on 12/30/2024 at 1:03 PM, the Food Service Director stated the temperature of the yogurt and cold food items are checked when the items are placed onto the individual resident trays and the trays are then stored in the walk-in refrigerator unit until the time of service. The Food Service Director stated that the resident trays were delivered to the dining room at approximately 11:55 AM-12 noon. The Food Service Director stated that 60 degrees Fahrenheit is not the proper serving temperature for yogurt or any cold food and should be below 42 degrees Fahrenheit. The Food Service Director the residents can get sick from the cold food served at a temperature above 42 degrees as there is an increased risk of bacterial growth.</p> <p>During an interview on 1/2/2025 at 12:10 PM, the Administrator stated they were not aware of an issue with the cold food items being served above the safe temperature zone prior to notification during the survey process.</p> <p>10 NYCRR 415.14(h)</p>		