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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335160 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/11/2024 |
| NAME OF PROVIDER OR SUPPLIER Lynbrook Restorative Therapy and Nursing | | STREET ADDRESS, CITY, STATE, ZIP CODE 243 Atlantic Avenue Lynbrook, NY 11563 | |

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) |
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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50423</p> <p>Based on observation, interviews, and record review during the Recertification Survey initiated on 10/7/2024 and completed on 10/11/2024, the facility did not ensure that drug records were in order and accounted for all controlled drugs. This was identified for one (Unit 2) of two nursing units during the Medication Storage Task. Specifically, the Controlled Substance Administration Record form for Resident #29 for Lacosamide (Vimpat-a controlled medication) indicated there were 56 tablets available; however, the blister pack for Lacosamide only had 55 tablets remaining.</p> <p>The finding is:</p> <p>The facility policy titled Controlled Substance Handling, effective 1/2011 and last revised 12/2022, documented that after a [controlled medication] dose is administered, the licensed nurse administering the drug signs the electronic medication administration record and the controlled substance administration record sheet.</p> <p>Resident #29 was admitted with diagnoses including Seizures and Type 2 Diabetes Mellitus. The Annual Minimum Data Set assessment dated [DATE] documented a Brief Interview for a Mental Status score of 11, which indicated the resident had moderate cognitive impairment.</p> <p>A Comprehensive Care Plan titled Diagnosis-Neurological Status effective 2/2/2024 and reviewed on 10/1/2024 documented the resident had a Seizure disorder with interventions including administering medication as ordered, monitoring for signs and symptoms of impaired swallowing, encouraging rest periods, and assisting with activities of daily living as needed.</p> <p>A physician's order effective 3/6/2024 and last renewed on 10/8/2024 documented to administer Vimpat (an anti-seizure medication) 150 milligrams tablet, 1 tablet by oral route every 12 hours for Seizures.</p> <p>During an observation of Unit 2's medication cart on 10/10/2024 at 12:22 PM with Licensed Practical Nurse #1, Resident #29's Controlled Substance Administration Record form for Lacosamide (Vimpat) documented that 56 tablets were remaining; however, the blister pack for Lacosamide (Vimpat) only had 55 tablets remaining.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview conducted immediately after the observation on 10/10/2024, Licensed Practical Nurse #1 stated they had administered one tablet of Lacosamide (Vimpat) to Resident #29 at 8:40 AM; however, they forgot to document on the Controlled Substance Administration Record form. Licensed Practical Nurse #1 stated they should have signed the Controlled Substance Administration Record form immediately after administering the medication.</p> <p>During an interview on 10/10/2024 at 2:26 PM, Registered Nurse #2, the nurse supervisor for Unit 2, stated they expected the Controlled Substance Administration Record form to be updated at this time the controlled substance medication is administered. Licensed Practical Nurse #1 should have updated the Controlled Substance Administration Record form at the time the controlled medication was administered.</p> <p>During an interview on 10/10/2024 at 3:25 PM, the Director of Nursing Services stated the nurse should have signed the Controlled Substance Administration Record form for Resident #29 immediately after administering the medication.</p> <p>10 NYCRR 415.18(b)(1)(2)(3)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49245</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 10/7/2024 and completed on 10/11/2024, the facility did not ensure that drugs and biologicals were labeled in accordance with currently accepted professional principles. This was identified for one (Unit 2 medication cart) of two units observed during the Medication Pass. Specifically, on 10/9/2024, the medications cart for Unit 2 was observed with an opened bottle of Lipopolysaccharide-Sugar Free (LPS-SF) supplement without a date indicating when the bottle was first opened for use.</p> <p>The finding is:</p> <p>The facility policy and procedure titled Supplement, last revised on 5/29/2024, documented that all oral supplements including Lipopolysaccharide-Sugar Free (LPS-SF) shall be maintained by nursing or in the nursing medication cart. Once opened, the supplement will be dated and discarded per the manufacturer's guidelines.</p> <p>The storage instructions on the bottle for Lipopolysaccharide-Sugar Free (LPS-SF) documented that Lipopolysaccharide-Sugar Free (LPS-SF) should be stored at room temperature in a clean hygienic manner. Reseal tightly after opening and discard after 60 days.</p> <p>Resident #331 was admitted to the facility with diagnoses that included Cellulitis, Multiple Rib Fractures, and Congestive Heart Failure. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderately impaired cognition. The Minimum Data Set (MDS) documented that Resident #331 was at risk for developing pressure ulcers and needed pressure-reducing devices, nutrition, and hydration.</p> <p>A Comprehensive Care Plan (CCP) dated 9/20/2024 titled Dietary Nutrition, documented Resident #331 had potential weight fluctuations related to fluid shifts secondary to Congestive Heart Failure, with interventions including adequate nutrition and hydration, dietary supplements, snacks, and nourishment.</p> <p>A physician's order dated 9/23/2024 documented Supplement: Give Lipopolysaccharide-Sugar Free (LPS-SF) 30 milliliters orally daily.</p> <p>During a Medication Pass observation on 10/9/2024 at 8:26 AM with Licensed Practical Nurse #1, the medication cart on Unit 2 was observed with a bottle of Lipopolysaccharide-Sugar Free that was opened and had no date to indicate when the bottle was first opened.</p> <p>During an interview on 10/9/2024 at 9:00 AM, Licensed Practical Nurse #1 stated the Lipopolysaccharide-Sugar Free bottle was already opened and they did not know when the bottle was first opened. Licensed Practical Nurse #1 stated they should have discarded the undated bottle.</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 10/9/2024 at 1:40 PM, Pharmacist #1 stated the undated Lipopolysaccharide-Sugar Free bottle should have been discarded. As per the manufacturer's guidelines, after opening the Lipopolysaccharide-Sugar Free bottle should be discarded after 60 days. Pharmacist #1 stated to determine the 60th day, the nurses should have dated the bottle when it was first opened.</p> <p>During an interview on 10/9/2024 at 2:13 PM, Registered Nurse #2 stated the medication nurses are responsible for checking the medication carts for expired medications, undated opened supplements, and other medications. Registered Nurse #2 stated that Licensed Practical Nurse #1 should have discarded the undated opened bottle of Lipopolysaccharide-Sugar Free and opened a new one.</p> <p>During an interview on 10/10/2024 at 12:14 PM, the Director of Nursing Services stated the Lipopolysaccharide-Sugar Free supplement bottles must be dated when opened. The Director of Nursing Services stated the nurse should discard the undated open bottle, should have opened a new one, and should have indicated the date on the new bottle when it was first opened.</p> <p>10 NYCRR 415.18(e) (1-4)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49245</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 10/7/2024 and completed on 10/11/2024, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable diseases and infections. This was identified for one (Resident #58) of three residents reviewed for Transmission Based Precautions. Specifically, Resident #58 was placed on Contact Isolation for Extended-Spectrum-Beta-Lactamases (ESBL-an enzymes that are resistant to most antibiotics) bacteria in the urine as per the physician's order. Certified Nursing Assistant #1 was observed entering Resident #58's room without wearing appropriate Personal Protective Equipment including a gown and gloves.</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Transmission Based Precautions, last revised on 9/11/2024 documented the facility will use Transmission-Based Precautions to manage specific, highly transmissible, or epidemiologically important pathogens based on the mode of transmission: contact, droplet, and airborne. The Infection Preventionist/Designee will explain and inform staff members about the need for Transmission-Based Precautions and will perform periodic observations to ensure accurate implementation. Nurses will obtain appropriate Transmission Based Precautions category orders, develop a Comprehensive Care Plan, and post appropriate isolation signage outside the resident's room. Personal Protective Equipment (PPE) includes gloves, surgical mask, gown, and goggles/eye shield if splashing is expected. Contact Precautions will be used when there is evidence of multi-drug-resistant organisms (MDRO) or other epidemiologically significant organisms causing clinical symptoms. Hands should be washed with soap and water before and after each resident contact and after contact with resident's belongings, environmental surfaces, and resident care equipment.</p> <p>Resident #58 was admitted with diagnoses of Type 2 Diabetes, Sepsis, and Extended-Spectrum-Beta-Lactamases (ESBL) Resistance in the urine. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #58 had intact cognition. The Admission Minimum Data Set (MDS) assessment documented that Resident #58 had incontinence of both bowel and bladder. Resident #58 was dependent on staff for all activities of daily living including toileting, personal hygiene, and showering.</p> <p>The Comprehensive Care Plan (CCP) titled Contact Isolation, dated 9/25/2024 documented interventions which included maintaining precautions as per the physician's order; maintaining single room isolation; wearing Personal Protective Equipment (PPE); and monitoring signs and symptoms of infection.</p> <p>A physician's order dated 9/25/2024 documented Contact Precautions/Isolation secondary to Extended-Spectrum-Beta-Lactamases (ESBL) in urine.</p> <p>A physician's order dated 9/25/2024 documented Meropenem (antibiotics) one gram per 50 milliliters in 0.9 percent sodium chloride. Give 1 milliliter (0.02 grams) by intravenous route every 8 hours for 5 days.</p> <p>A physician's order dated 10/8/2024 documented Vancomycin (antibiotics) 1,000 milligrams intravenous, infuse 1250 milligrams daily for 3 days.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an observation in Unit 1 on 10/7/2024 at 12:36 PM, a precautions sign outside Resident #58's room indicated Contact Isolation Precautions: everyone must perform hand hygiene before and after entering Resident #58's room. The sign also instructed to use Personal Protective Equipment (PPE) including wearing a gown and gloves before entering Resident #58's room and discarding the gown and gloves before exiting the room. Certified Nursing Assistant #1 was observed entering Resident #58's room with a lunch tray without using a gown and gloves. Certified Nursing Assistant #1 did not perform hand hygiene before entering Resident #58's room and when exiting the room.</p> <p>During an interview on 10/7/2024 at 12:40 PM, Certified Nursing Assistant #1 stated they did not wear a gown and gloves before entering Resident #58's room because they did not know that Resident #58 was on contact precautions and they were only bringing the meal tray for Resident #58. Certified Nursing Assistant #1 stated they did not read the precautions sign outside Resident #58's room. Certified Nursing Assistant #1 stated when a resident is on contact isolation, Personal Protective Equipment (PPE) should be only used for high-contact care.</p> <p>During an interview on 10/7/2024 at 12:45 PM, Registered Nurse #1, the Unit Supervisor stated Certified Nursing Assistant #1 should have read and followed the instructions on the signage outside Resident #58's room. Registered Nurse #1 stated that Resident #58 was on contact isolation and that everyone who entered Resident #58's room should have performed hand hygiene and put on a gown and gloves before entering the resident's room.</p> <p>During an interview on 10/9/2024 at 11:05 AM, the Infection Preventionist stated Certified Nursing Assistant #1 should have followed the instructions for the contact isolation precautions posted outside the resident's room. The Infection Preventionist stated all staff and visitors must perform hand hygiene, and wear a gown and gloves when entering Resident #58's room.</p> <p>During an interview on 10/10/2024 at 1:46 PM, the Director of Nursing Services stated that Certified Nursing Assistant #1 had breached the infection control precautions as soon as they entered the room without performing hand hygiene and without wearing the appropriate Personal Protective Equipment (PPE), as indicated on the signage outside Resident #58's room. The Director of Nursing Services stated they expect all staff to follow all infection protocols in the facility to prevent the spread of infection.</p> <p>10 NYCRR 415.19(a) (1-3)</p> | | |