

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at South Poin		STREET ADDRESS, CITY, STATE, ZIP CODE One Long Beach Road Island Park, NY 11558	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews during the Recertification Survey and Abbreviated Survey (NY 00372615) initiated on 6/1/2025 and completed on 6/5/2025, the facility did not ensure each resident's right to receive written notices, including the reason for the changes, before the resident's room in the facility was changed. This was identified for one (Resident #61) of one resident reviewed for Notification of Change. Specifically, on 1/29/2025 Resident #61 was relocated to a new room on the same floor. The resident's representative was not informed and was not provided an explanation in writing of why the room change was required.</p> <p>The finding is:</p> <p>The facility's policy titled Room Change, last reviewed 1/2025 documented the Social Worker shall give the resident and their designated representative a minimum of 30 days (when possible) of written notice of the pending room change. All residents affected by a room change will receive a written and verbal notification of the change.</p> <p>Resident #61 was admitted with diagnoses including Dementia, Cognitive Communication Deficit, and Hyperlipidemia. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 11, which indicated Resident #61 had moderately impaired cognition. Resident #61 usually understood others and was understood by others.</p> <p>A review of the Electronic Medical Record revealed that Resident #61's family member (Family Member #2) was listed as the primary contact.</p> <p>A review of Resident #61's Electronic Medical Record documented Resident #61 had a room change on 1/29/2025.</p> <p>A nursing progress note dated 1/29/2025, written by Registered Nurse # 2, documented Resident #61 had a room change for psychosocial reasons.</p> <p>A review of the Electronic Medical Record revealed no documented evidence that the resident representative, Family Member #2, was notified of the resident's room change that took place on 1/29/2025.</p> <p>Multiple attempts were made to speak to Resident #61; however, the resident was unable to respond to the questions related to the room change and notification of the room change.</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: 335162	If continuation sheet Page 1 of 4

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 11:39 AM, Resident #61's representative, Family Member #2, stated the facility did not notify them when Resident #61 was moved to a new room on 1/29/2025. Family Member #2 stated they found out about the room change when they visited the resident in the facility several weeks later and noticed Resident #61 was not in their usual room.</p> <p>During an interview on 6/3/2025 at 2:47 PM, Registered Nurse # 2 stated Resident #61 had a room change on 1/29/2025. Registered Nurse # 2 stated they did not notify the resident's representative because the social worker was responsible for notifying the resident and resident representative of the room change.</p> <p>Social Worker #1 was not available to be interviewed during the duration of the survey.</p> <p>During an interview on 6/4/2025 at 11:04 AM, the Director of Social Work stated the social worker was responsible for notifying Resident #61's family member of the room change. The Director of Social Work stated notification should be made before the room change unless there was an emergency.</p> <p>On 6/5/2025 the facility produced a Room/Unit Change Note form that was manually completed indicating Resident #61 had a room change on 1/29/2025. The Room/Unit Change Note form documented under Notification: Resident/Resident Representative was informed of the new room/unit change/a new roommate being admitted to the room -Yes. The form had an unidentified signature and was dated 1/29/2025. The form did not indicate if a written notice of the room change was provided to Resident #61 and their representative.</p> <p>10 NYCRR 415.5(e)(2)</p>		

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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>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** Based on observations, record review, and interviews during the Recertification Survey initiated on 6/1/2025 and completed on 6/5/2025 the facility did not ensure that it provided a safe, clean, comfortable, and homelike environment. This was identified for two (Doric and Emerald Units) of five nursing units. Specifically, on the third floor, the Doric and Emerald Units were observed with damaged and dirty walls and doors, sticky floors, and urine odor. Additionally, room [ROOM NUMBER] and room [ROOM NUMBER] were observed with missing closet doors.</p> <p>The findings are:</p> <p>The facility policy titled Maintenance Services, last reviewed on 1/2025, documented that Maintenance services shall be provided to all areas of the building, grounds, and equipment. Functions of maintenance personnel include but are not limited to, maintaining the building in good repair and free from hazards, establishing priorities in providing repair services, and providing routinely scheduled maintenance services to all areas.</p> <p>1) During an observation on 6/1/2025 at 10:00 AM on the third floor Doric Unit, the following was observed:</p> <p>The walls in the hallway were dirty and stained.</p> <p>The air conditioning unit at the end of the hallway, near room [ROOM NUMBER], had a broken grille with sharp edges.</p> <p>room [ROOM NUMBER] was observed with a hole in the bathroom door.</p> <p>room [ROOM NUMBER]'s bathroom door was damaged and was in disrepair with wood veneer (decorative covering) peeled off.</p> <p>The wall behind the bed in room [ROOM NUMBER] was observed with a large area of unpainted and unfinished plastering.</p> <p>room [ROOM NUMBER] was observed with a hole in the bathroom door.</p> <p>room [ROOM NUMBER] had a urine odor and the bathroom door was observed with a hole.</p> <p>The base molding behind the A bed in room [ROOM NUMBER] was ripped/torn.</p> <p>During an interview on 6/4/2025 at 12:28 PM, Housekeeper #1 stated room [ROOM NUMBER] (private room) smelled like urine because the resident urinates everywhere, on the floor, in the garbage, and sometimes in other rooms. Housekeeper #1 stated they were responsible for just cleaning the bathroom floors; the porter was responsible for cleaning the floor in the room.</p> <p>During an interview on 6/4/2025 at 2:20 PM, [NAME] #1 stated they had to mop the floor in room [ROOM NUMBER] three times a day because the resident urinates on the floor.</p> <p>(continued on next page)</p>		

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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>2) During an observation on 6/1/2025 at 10:00 AM on the third floor Emerald Unit, the following were observed:</p> <p>room [ROOM NUMBER] had a hole in the bathroom door.</p> <p>room [ROOM NUMBER] had sticky floors and missing closet doors. The resident's clothing inside the closet was visible.</p> <p>The entrance door to room [ROOM NUMBER] was chipped with jagged edges and a rough and uneven surface.</p> <p>room [ROOM NUMBER] had missing closet doors, and the resident's clothing inside was visible.</p> <p>During an interview on 6/3/2025 at 12:20 PM, the Director of Laundry and Housekeeping Services stated there is one housekeeper and one [NAME] for the Emerald Unit during the 7:00 AM-3:00 PM shift. The Director of Laundry and Housekeeping Services stated that in the Emerald Unit, certain rooms must be cleaned at least twice per shift due to the residents' behavior of spilling and throwing food on the wall and the floor, urine spills from the urinal, and garbage is thrown on the floor.</p> <p>During an interview on 6/4/2025 at 9:15 AM, Housekeeper #2 stated that they worked full time in the Emerald Unit for a 7:00 AM-3:00 PM shift. Housekeeper #2 stated that their responsibilities included cleaning the tables in the resident's room, cleaning the bathroom, sink, and windows, and dusting the nightstand and bedside table. Housekeeper #2 stated they only mop the bathroom floors, and the rest of the floors are done by the Porter. Housekeeper #2 stated they clean room [ROOM NUMBER] twice a day because the resident is legally blind and spills food and fluid. The resident also uses a urinal and sometimes spills urine on the floor.</p> <p>During an interview on 6/4/2025 at 11:20 PM, the Director of Maintenance stated the building is old and needs a lot of work. The Director of Maintenance stated that the third floor is a behavioral unit, and it is hard to maintain the upkeep of the unit because of the resident population. The Director of Maintenance stated that some residents would spill food and drinks on the floor, throw garbage, urinate on the floor, and draw on the walls. The Director of Maintenance stated that residents sometimes kick the doors, cabinets, chairs, and other furniture resulting in damage to the items. The Director of Maintenance stated the walls have wallpaper on them and it is not easy to paint on the wallpaper and they would have to shut the whole unit to paint the wallpaper. The Director of Maintenance stated that the facility administration is aware of disrepair and environmental issues on the third floor, but they are prioritizing certain other projects at the facility.</p> <p>During an interview on 6/5/2025 at 10:22 AM, the Administrator stated there are plans for reconstruction and fixing the building, including the third floor. The Administrator stated they did not know specific details of the reconstruction project including when construction will start. The Administrator stated in the meantime the Maintenance Department should fix and repair the broken and damaged doors, furniture, etc as much as they can until the reconstruction takes place.</p> <p>10 NYCRR 415.5(h)(2)</p>		