

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  09/12/2025
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)
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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review and interviews conducted during an abbreviated survey (2604348) the facility did not ensure that investigation and investigation results of all alleged violations involving abuse were reported within a timely manner to the New York State Department of Health. This was evident in 01(one) out of 05 (five) residents sampled (Residents #1). Specifically, the facility received a report on 08/05/2025 that Resident #1 alleged Licensed Practical Nurse #1 twisted their arm while redirecting Resident #1 to leave the room of another Resident. The facility did not report the allegations to the State Agency. The findings include: The Review of the facility policy, entitled Abuse dated 01/2025 documented all reports of resident abuse, shall be promptly reported to state agencies and investigated by the facility. Findings of abuse will also be reported. Resident #1 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder, asthma and diabetes mellitus. The review of the Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition skills for decision making. The review of the Comprehensive Care Plan (CCP) titled behaviors, documented Resident #1 exhibits behavior symptoms such as, creates different scenarios and reasons; refuses care; threatening comments towards staff; verbally aggressive towards staff; throws items at staff; calls staff names; false allegations against staff; makes accusatory statements about staff; falsifies stories. The Investigative Summary dated 08/24/2025 documented on 08/23/2025 Resident #1 reported they went to another unit to see a friend and was told by Licensed Practical Nurse #1 they cannot enter the room, and alleged Licensed Practical Nurse twisted their arm and yelled at them. The investigation concluded no evidence of abuse due to resident's history of making false allegation and witness incident by another staff member. The report further documented the incident was deemed not reportable to the state agency. The review of the Social Worker Progress Note dated 8/25/2025 at 03:00 PM documented in a late note Resident #1 was seen in another resident's room, requested to leave room and the Resident refused. At 03:41PM documented resident seen in another resident's room. Requested by staff to leave the room and the Resident refused. Assistance called to redirect Resident from room. Resident resistant to all redirections. Resident #1 was observed and interviewed on 09/03/2025 at 01:15PM and stated they are not happy because they cannot visit their friend. Stated they entered the room with 02 (two) staff present and Licensed Practical Nurse #1 grabbed and twisted arm, did not have any scratches but had red mark that disappeared. Resident #2 (friend) was not available for interview. Resident #3 observed and interviewed on 09/03/2025 at 01:45PM The review of the Minimum Data set for Resident #3 dated 7/19/2025 documented a Brief Interview for Mental Status-9 indicating moderately impaired for decision making for the Resident. Resident #3 was not able to respond to interview. During the interview conducted on 09/03/2025 at 1:11 PM with the unit Registered Nurse Supervisor (Nurse) who was on duty on 08/23/2025 and stated Resident #1 stated they went to see Resident #2 and the Licensed Practical Nurse #1 told Resident #1 not to enter the room of Resident #2 and not allowed on that unit. The resident stated they asked the nurse to put the television on a particular channel and Resident #1 entered the room and picked up remote, the staff was present and were verbally telling Resident #1 not to enter the room. The Licensed Practical Nurse #1 asked Resident #1 put down the remote. Resident #1 stated the nurse grabbed their arm and they asked the resident to write a statement. The statement documented the staff twisted the arm (side not recalled) of Resident #1. They obtained statements from Licensed Practical Nurse #1 and Licensed Practical Nurse #3, assessed both arms for Resident #1 and there were no marks, redness, scratches on either arm of the resident. The Licensed Practical Nurse #1 denied they ever touched the resident on any part of body and did not twist Resident #1's arm. The Director of Nursing was notified. Licensed Practical Nurse #3 witnessed this and did not see Licensed Practical Nurse #1 touch the resident. They stated the Director of Nursing; made the decision no abuse and the state agency would not be notified. During an interview conducted on 09/03/2025 at 04:30PM with Director of Nursing, they stated Resident #1 reported to the Registered Nurse Supervisor that License Practical Nurse #1 twisted their arm. The Director of Nursing further stated Licensed Practical Nurse #3, did not see Licensed Practical Nurse #1 twist either arm or touch Resident #1. Resident #1 was assessed by the Registered Nurse and there were no injuries, no marks or open areas on either of the Resident's arms and an Accident report was not done. The resident is care planned for making inaccurate statements. The Registered Nurse Supervisor along with the Director of Nursing made the decision to not contact the state</p>		