

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/15/2024
NAME OF PROVIDER OR SUPPLIER  Cobble Hill Health Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  380 Henry Street Brooklyn, NY 11201	

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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40652</b></p> <p>Based on record review and interviews conducted during the recertification and abbreviated survey (NY00316471) from 2/8/2024 to 2/15/2024, the facility did not ensure allegations involving abuse were reported to the New York State Department of Health within 2 hours of occurrence. This was evident for 2 (Resident #246 and #210) of 38 total sampled residents. Specifically, Residents #246 and #210 were involved in a resident-to-resident altercation that was not reported to the New York State Department of Health within 2 hours.</p> <p>The findings are:</p> <p>The facility policy titled Abuse, Mistreatment, Neglect and Exploitation and Misappropriation of Resident Property dated 11/2023 documented the Administrator and Director of Nursing has the responsibility to report all alleged violations in which there is reasonable cause to believe that abuse, neglect, or misappropriation has occurred.</p> <p>Resident #246 had diagnoses of hypertension and dementia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #246 was severely cognitively impaired.</p> <p>Resident #210 had diagnoses of hypertension and dementia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #210 was severely cognitively impaired.</p> <p>The facility Incident Report dated 5/11/2023 documented Resident #246's son witnessed Resident #210 grab and hit Resident #246.</p> <p>Nursing Note dated 05/11/2023 documented Resident #246's son reported to the nursing staff that Resident #210 grabbed and hit Resident #246.</p> <p>The Aspen Complaint Tracking System intake dated 05/12/2023 documented the facility reported the resident-to-resident altercation between Resident #246 and #210 on 5/12/2023 at 01:38 PM.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documented evidence the resident-to resident altercation between Resident #246 and #210 was reported to the New York State Department of Health within 2 hours of occurrence.</p> <p>On 02/14/2024 at 02:08 PM, the Director of Nursing was interviewed and stated the facility reported allegations of abuse and injury of unknown origin to the New York State Department of Health within 2 hours of occurrence. The incident between Resident #246 and #210 occurred on 5/11/2023 at 03:05 PM and was reported to the New York State Department of Health on 5/12/2023 at 10:20 AM. The Director of Nursing stated they interviewed staff and obtained statements prior to reporting an incident. If the facility determined abuse occurred after gathering statements, the incident would be reported. Resident #210 did not intend to harm Resident #246.</p> <p>On 02/15/2024 at 10:38 AM, the Administrator was interviewed and stated suspected abuse and injury were reported to the New York State Department of Health as soon as possible. Resident #246 did not sustain injury and Resident #210 did not have a history of abuse. Staff also did not witness the incident between Resident #246 and #210. The incident was reported the same day.</p> <p>10 NYCRR 415.4(b)</p>		