

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</b></p> <p>Based on observations, record review, and interviews conducted during the Recertification survey from 02/08/2024 to 02/15/2024, the facility did not ensure a person-centered Comprehensive Care Plans was developed and implemented to meet a resident's needs. This was evident for 1 (Resident #36) of 2 residents reviewed for Urinary Catheter out of 38 total sampled residents. Specifically, Resident #36's Comprehensive Care Plan was not developed with interventions to address their urinary (Foley) catheter.</p> <p>The findings are:</p> <p>The facility policy titled Comprehensive Care Planning and Baseline dated 10/2023 documented the Comprehensive Care Plan will include measurable goals and timetables to meet the resident's medical, nursing, and psychosocial needs.</p> <p>Resident #36 had diagnoses of Benign Prostrate Hypertrophy and Diabetes Mellitus.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #36 was cognitively intact and had an indwelling catheter.</p> <p>The Physician's Orders dated 12/29/2023 and renewed 1/23/2024 documented Resident #36 received urinary output monitoring every shift and Foley catheter care every shift and as needed.</p> <p>The Comprehensive Care Plan related to urinary incontinence and indwelling catheter initiated 12/28/2023 documented interventions that included assisting with clothing management, maintaining dignity, and providing medications as ordered for Resident #36.</p> <p>There was no documented evidence the Comprehensive Care Plan related to Resident #36's indwelling catheter included interventions to address monitoring the resident's urinary output and providing Foley catheter care.</p> <p>On 02/15/2024 at 12:12 PM, Registered Nurse #5 was interviewed and stated the supervisors and nurses on the unit were responsible for developing Comprehensive Care Plans. Resident #36's care plan related to indwelling catheter should have addressed the resident's need for Foley catheter care.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/15/2024 at 01:53 PM, the Assistant Director of Nursing was interviewed and stated the Registered Nurses were responsible for developing and completing care plans. Resident #36's care plan related to indwelling catheter should have been developed with goals and interventions that addressed their need for Foley catheter care.</p> <p>10 NYCRR 415.11(c)(1)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37787</b></p> <p>Based on observation, record review, and interview conducted during the Recertification survey from 2/8/2024 to 2/15/2024, the facility did not ensure that a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion. This was evident for 1 (Resident #243) of 3 residents reviewed for Limited Range of Motion out of 38 total sampled residents. Specifically, Resident # 243 did not have bilateral hand rolls in place according to Physician's Order.</p> <p>The findings are:</p> <p>The facility policy titled Activities of Daily Living Care Guidelines dated 10/2023 documented the Certified Nursing Assistant will apply splints, braces, and assistive devices as directed.</p> <p>Resident #243 had diagnoses of Alzheimer's Disease and Anemia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #243 was severely cognitively impaired, had functional limitations on their left upper extremity, and required assistance with activities of daily living.</p> <p>On 2/8/2024 at 10:45 AM, Resident #243 was observed in bed with bilateral hand contractures and no hand rolls in place.</p> <p>On 2/15/2024 at 10:46 AM, Resident #243 was observed with one hand roll in the left hand and no hand roll in the right hand.</p> <p>The Physician's Order dated 3/29/2022 and renewed 01/30/2024 documented bilateral hand rolls were applied to Resident #243 during the day and removed every shift for skin inspection.</p> <p>There was no documented evidence Resident #243's bilateral hand rolls were applied in accordance with the Physician's Order.</p> <p>On 2/15/2024 at 11:10 AM, Certified Nursing Assistant #7 was interviewed and stated Resident #243 required bilateral hand rolls to help the resident extend their hand and fingers.</p> <p>On 2/15/2024 at 11:56 AM, the Occupational Therapist was interviewed and stated Resident #243 was ordered to wear bilateral hand rolls that should only be taken on for hygiene purposes.</p> <p>On 2/15/2024 at 11:10 AM, the Assistant Director of Nursing was interviewed and stated bilateral hand rolls should be in place for Resident #243 in accordance with Physician's Order to prevent further hand contractures.</p> <p>10 NYCRR 415.12(e)(2)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48931</p> <p>Based on observation, record review, and interviews conducted during the Recertification survey 02/08/2024 to 02/15/2024, the facility did not ensure a resident requiring dialysis services received such services consistent with professional standards of practice. This was identified for 1 (Resident #645) of 38 total sampled residents. Specifically, there was no Physician's Orders for Resident #645 to receive hemodialysis treatment.</p> <p>The findings are:</p> <p>The facility policy titled Hemodialysis dated 09/04/2023 documented all dialysis residents will be monitored pre and post dialysis treatment.</p> <p>Resident #645 was admitted to the facility on [DATE] with diagnoses of Hypertension, Diabetes, and Hyperlipidemia.</p> <p>The Comprehensive Care Plan related to hemodialysis initiated 1/31/2024 documented Resident #645 received dialysis treatment at a dialysis center.</p> <p>The Nursing Hemodialysis Communication Form dated 2/1/2024, 2/3/2024, 2/6/2024, 2/8/2024, and 2/10/2024 documented pre and post dialysis monitoring and vital signs for Resident #645.</p> <p>There was no documented evidence Resident #645 had a Physician's Order to receive hemodialysis treatment 3 times weekly.</p> <p>On 02/14/2024 at 11:37 AM, an interview was conducted with Registered Nurse #6 who stated Resident #645 received hemodialysis treatment 3 times weekly and the monitoring was documented on the Communication Form.</p> <p>On 02/14/2024 at 03:39 PM, an interview was conducted with Medical Director #1 who stated Resident #645 had chronic kidney disease and received hemodialysis treatment from a dialysis center. There should have been a Physician's Order for Resident #546 to receive hemodialysis treatment.</p> <p>10 NYCRR 415.12</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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> 42101</p> <p>Based on observations, record review, and interviews conducted during the Recertification survey from [DATE] to [DATE], the facility did not ensure food was prepared and served in accordance with professional standards for food service safety to prevent foodborne illness. This was evident during kitchen observation. Specifically, expired food was observed in the kitchen refrigerator.</p> <p>The findings are:</p> <p>The facility policy titled Labeling and Dating Items dated ,d+[DATE] documented all food items that enter the facility will have the date that the case was received to ensure that all food items entering the facility are utilized using the First In, First Out process. Any items found out of date will not be used and will be discarded.</p> <p>On [DATE] at 09:38 AM, the kitchen Refrigerator #1 was observed with 2 (5 lb) tubs of egg salad with a use by date of [DATE] and 2 (5 lb) plastic containers of egg salad with a use by date of [DATE]. Refrigerator #3 was observed with 2 wrapped whole baked hams with a use by date of [DATE].</p> <p>On [DATE] at 10:48 AM, Dietary Aide #1 was interviewed and stated they received food deliveries three times a week on Wednesday, Friday and Monday and rotated items using the First In, First Out method. Dietary Aide #1 stated they were shocked that food items were expired because they usually check for expired items in the refrigerators when they looked for inventory. Dietary Aide #1 stated they forgot to check for expired food items. The Food Service Director checked the refrigerators for expired items as well.</p> <p>On [DATE] at 11:45AM, the Food Service Manager was interviewed and stated they checked the refrigerators twice daily for expired items. If items were due to expire the next day, the Food Service Manager discarded them.</p> <p>On [DATE] at 01:23 PM, the Food Service Director was interviewed and stated that each manager did a kitchen walk through daily on each shift. All kitchen staff were instructed to check for expired foods and to use the First In First Out method of rotation. The expired food items found in Refrigerators #1 and #3 were overlooked.</p> <p>10 NYCRR 415.14 (h)</p>		