

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45349</b></p> <p>Based on record review, and interviews during the Recertification Survey initiated on [DATE] and completed on [DATE] the facility did not ensure a person-centered comprehensive care plan was reviewed and revised to address each resident's needs. This was identified for one (Resident #73) of one resident reviewed for Advanced Directives. Specifically, Resident #73 had a Do Not Resuscitate (the resident does not want cardiopulmonary resuscitation (CPR) the person has no heartbeat and is not breathing) Advance Directive in place in [DATE], which was later rescinded in February 2022 by the resident's representative; however, the resident's comprehensive care plan was not revised to accurately reflect interventions for the resident's current Advance Directive, full code status (full support which includes cardiopulmonary resuscitation (CPR), if the patient has no heartbeat and is not breathing).</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Comprehensive Care Plans (CCP) and Resident/Patient Meeting, effective [DATE], documented that the comprehensive care plans will be revised, or new care plans will be developed quarterly, annually, and as needed, within seven days of the Minimum Data Set Assessment completion.</p> <p>Resident # 73 had diagnoses including Diabetes Mellitus, Seizure Disorder, and Major Depressive Disorder. A Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status of 11 which indicated the resident had moderately impaired cognition. The Minimum Data Set documented the resident had behavioral symptoms of rejection of care for one to three days during the assessment period.</p> <p>A comprehensive care plan titled Advance Directive, effective [DATE] and last reviewed on [DATE] documented No Advance Directives in place; however, the interventions in the care plan included to ensure the resident's face sheet and armband reflect Do Not Resuscitate, obtain necessary physician orders to conform to residents wishes, and provide and review information regarding Advance Directives with resident/family/designated representative.</p> <p>The Physician's orders as of [DATE] did not indicate that Resident #73 had Advance Directives in place.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Social Worker #2 was interviewed on [DATE] at 4:02 PM and stated that the social workers are responsible for developing and updating the Advance Directives care plans. Social Worker #2 stated that Resident #73 did not have advance directives upon admission in 2015. In December of 2021, Advance Directives for Do Not Resuscitate and Do Not Intubate and comfort measures (no invasive life-sustaining procedures) were instituted. The resident's surrogate rescinded the comfort measures in February 2022 and requested the resident become a full code. Social Worker #2 stated that the interventions should have been changed in February 2022 to reflect the resident's full code status and they did not know why the interventions in the Advance Directives care plan were not corrected to remove the Do Not Resuscitate status.</p> <p>The Minimum Data Set Director was interviewed on [DATE] at 9:41 AM and stated that the comprehensive care plans should be updated along with the Minimum Data Set assessment schedule and as needed as changes occur. The Minimum Data Set Director further stated that the interdisciplinary team is responsible for ensuring the care plans are timely updated and accurate. The Minimum Data Set Director stated the Social Work department was primarily responsible for developing and updating the Advance Directives care plans. The Minimum Data Set Director stated that the interventions on Resident #73's Advance Directive care plans should have been revised to reflect that the resident was a full code.</p> <p>10 NYCRR 415.11</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49245</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 6/17/2024 and completed on 6/26/2024, the facility did not ensure that each resident's environment remained as free of accident hazards as possible. This was identified for one (Resident #301) of two residents reviewed for Accident Hazards. Specifically, Resident # 301 had a physician's order for Premarin (a cream containing a mixture of estrogen hormones to treat menopause symptoms) vaginal cream to be applied to the vaginal area by the facility staff. During an observation on 6/17/2024, a tube of conjugated (joined together) Premarin vaginal cream was observed on the resident's overbed table. The resident was using the Premarin vaginal cream daily and was applying the cream to their abdominal folds and groin areas themselves. The resident did not have a physician's order to self-administer their medications.</p> <p>The finding is:</p> <p>The facility Medication Administration and Documentation-General policy and procedure, last revised on 6/7/2024, documented that only Physicians or Licensed Nurses may administer medications unless the resident is permitted to administer their medications on the order of the Physician. The Licensed Nurse is responsible for ensuring that medications are not left unattended and are kept secured in a locked area or visible control at all times.</p> <p>Resident # 301 was admitted with diagnoses of Postmenopausal Atrophic Vaginitis, Diabetes, and Asthma. The Annual Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 13, which indicated Resident #301 had intact cognition. Resident # 301 was receiving antibiotics, diuretics (a medication used to reduce fluid buildup), and hypoglycemic (lowers blood sugar) medications.</p> <p>A physician's order dated 4/23/2024 documented to apply conjugated (joined together) Premarin (estrogen) 0.625 milligrams per gram vaginal cream; Insert one applicator (2 grams) by vaginal route once daily.</p> <p>The Comprehensive Care Plan for Vaginitis dated 4/23/2024 documented interventions including administering medications as per physician's orders and monitoring the resident for any adverse reactions.</p> <p>A review of the Electronic Medication Administration Record (EMAR) revealed conjugated Premarin vaginal cream was administered to Resident #301 daily by the nurses, as evidenced by nurses' signatures.</p> <p>During an observation on 6/17/2024 at 10:30 AM, Resident # 301 was sitting in a wheelchair in their room, next to the overbed table. A tube of half-used conjugated Premarin vaginal cream was observed on the overbed table. The conjugated Premarin vaginal cream tube did not have a label with the resident's name or administration directions. There was no staff member present in Resident # 301's room at the time of the observation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident # 301 was interviewed on 6/17/2024 at 10:45 AM and stated they have been applying the Premarin vaginal cream daily to their abdominal fold and groin area. Resident #301 did not recall how they got the conjugated Premarin vaginal cream.</p> <p>A review of the physician's orders from 4/23/2024 to 6/17/2024 revealed that Resident # 301 did not have an order to self-administer any of their medications.</p> <p>A review of the electronic medical record from 4/23/2024 to 6/17/2024 revealed that Resident #301 was not assessed to self-administer their medications.</p> <p>Registered Nurse #2 was interviewed on 6/17/2024 at 10:50 AM and stated Resident #301 was not supposed to have any medications in their room. The conjugated Premarin vaginal cream should have been stored and locked in the treatment cart. Registered Nurse #2 stated that Resident #301 did not have any order to self-administer any medications.</p> <p>Licensed Practical Nurse #2 was interviewed on 6/18/2024 at 11:28 AM and stated they administered the conjugated Premarin vaginal cream to Resident #301 when they worked as a medication nurse on the resident's unit. Licensed Practical Nurse #2 stated they did not observe the conjugated Premarin vaginal cream on Resident #301's overbed table during their shift. Licensed Practical Nurse #2 stated that Resident #301 should not have any medications in their room.</p> <p>The Pharmacist was interviewed on 6/21/2024 at 8:55 AM and stated conjugated Premarin vaginal cream is considered a hazardous drug because the medication contains estrogen and when applied topically, the medication can cause darkening of the skin, redness, irritation, burning, and itching. The Pharmacist stated Premarin vaginal cream can also cause mood changes, fatigue, insomnia (problems falling and staying asleep), irritability, and hair loss therefore, the medication should be administered as per the Physician's Order.</p> <p>The Director of Nursing Services was interviewed on 6/25/2024 at 9:31 AM and stated that all medications should be stored in the medication or the treatment carts. The medications should not be left in the resident's room without proper supervision. The Director of Nursing Services stated the unit staff should notify the unit nurse when they observe unattended medications in the resident rooms.</p> <p>10 NYCRR 415.12(h)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49245</p> <p>Based on record review and staff interviews during the Recertification Survey initiated on 6/17/2024 and completed on 6/26/2024, the facility did not ensure that the attending physician documented in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. This was identified for one (Resident #136) of five residents reviewed for Unnecessary Medications. Specifically, the Medication Regimen Review for Resident #136 dated 5/15/2024 documented a recommendation from the consultant Pharmacist to evaluate Rozerem (a sedative to treat sleeplessness) and to consider trial taper to as needed (PRN) for one week then discontinue, if appropriate. The Physician agreed with the recommendation; however, did not address the recommendation and did not document the plan in Resident #136's medical record.</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Pharmacy Drug Regimen Reviews last revised on 7/25/2017 documented that the Consultant Pharmacist shall review the medical record of each resident and perform a Drug Regimen Review at least once each calendar month. The Attending Physician or licensed designee shall respond to the Drug Regimen Review within seven days of the receipt. The Physician must document on the Drug Regimen Review Sheet if in agreement or disagreement with the recommendation and provide a brief clinical rationale if no change is to be made.</p> <p>Resident #136 was admitted with diagnoses of Insomnia (difficulty falling and staying asleep), acute Respiratory Failure, and Diabetes. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact. The Quarterly Minimum Data Set (MDS) documented Resident # 136 received high-risk medications that included anti-anxiety and hypnotic (drug for sleep disorder) medications.</p> <p>The Insomnia Comprehensive Care Plan dated 2/4/2024 included interventions to administer medications as per the physician's order, monitor for adverse effects, and notify the Physician of any changes in the sleep pattern.</p> <p>A physician's order dated 4/8/2024 documented to administer Rozerem 8 milligrams one tablet by oral route once daily at bedtime for Insomnia.</p> <p>A Medication Regimen Review (MRR) dated 5/15/2024, completed by the consultant Pharmacist, documented Resident #136 was receiving Ramelteon (Rozerem) at bedtime for Insomnia. The consultant Pharmacist recommended that the Physician evaluate the current need and consider a trial to taper the medication to as needed (PRN) for one week, then discontinue, if appropriate. The report indicated that the Physician agreed with the consultant Pharmacist's recommendations; however, the Medication Regimen Review form was not signed or dated by the Physician.</p> <p>A Medical Progress Note from the Attending Physician dated 5/16/2024 at 1:28 PM documented that a review of medication management was performed. The note did not include a plan to address recommendations made by the consultant Pharmacist regarding Rozerem medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Registered Nurse #4 was interviewed on 6/24/2024 at 10:30 AM and stated the Physician's note did not document or address recommendations made by the consultant Pharmacist regarding Resident #126's Rozerem medication use. Registered Nurse #4 stated the Physician saw Resident #136 on 5/16/2024 and documented that a review of the medication management was performed; however, the Physician did not make changes to the Rozerem medication use as recommended by the Pharmacist.</p> <p>A physician's order dated 6/24/2024 documented to administer Rozerem 8 milligrams one tablet by oral route once daily for seven days at bedtime as needed.</p> <p>The Attending Physician #1 was interviewed on 6/25/2024 at 8:10 AM and stated they reviewed and agreed with the recommendation made by the consultant Pharmacist on the Medication Record Review (MRR) on 5/16/2024 and did not document the plan to taper the Rozerem from 8 milligrams per day to as needed.</p> <p>The Director of Nursing Services was interviewed on 6/25/2024 at 9:17 AM and stated Attending Physician #1 should have documented their plan for Rozerem dose reduction in the progress notes.</p> <p>The Consultant Pharmacist was interviewed on 6/25/2024 at 1:54 PM and stated that medications for Insomnia are reviewed periodically. The Consultant Pharmacist stated long-term use of Rozerem causes drowsiness which is why they recommended tapering of the medication use.</p> <p>10 NYCRR 415.18(c)(2)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>44925</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 6/17/2024 and completed on 6/26/2024, the facility did not ensure that all drugs were stored in accordance with professional standards. This was identified for three (Carnation, Broadway, and Azaelia) of seven units reviewed for the medication storage task. Specifically, 1) The Carnation unit medication storage Room was observed on 6/21/2024 with four bottles of Aspirin (blood thinner) 325 milligrams with an expiration date of 4/2024; 2) The Broadway Unit medication storage room was observed on 6/21/2024 with nine bottles of Aspirin 325 milligrams and three bottles of Vitamin B12 (a vitamin supplement) with an expiration date of 4/2024; and 3) The Azaelia Unit medication storage room was observed on 6/21/2024 with three bottles of Aspirin 325 milligrams with an expiration date of 4/2024.</p> <p>The findings are:</p> <p>The facility's Storage of Medicine policy last reviewed on 2/2024 documented the facility shall not use outdated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. The nursing staff shall be responsible for maintaining medication storage.</p> <p>1) During the medication storage task on 6/21/2024 at 6:11 AM, the Carnation Unit medication storage room was observed accompanied by Licensed Practical Nurse #4. There were four bottles of Aspirin 325 milligrams with an expiration date of 4/2024.</p> <p>Licensed Practical Nurse #4 was interviewed on 6/21/2024 at 6:11 AM and stated they were not sure who was responsible for removing the expired medications from the medication room. Licensed Practical Nurse #4 stated the expired Aspirin bottles should not remain on the unit.</p> <p>Unit Manager #10 was interviewed on 6/26/2024 at 11:20 AM and stated they checked the medication storage room every day and it was an oversight on their part that they did not identify the expired medications.</p> <p>2) During the medication storage task on 6/21/2024 at 6:32 AM, the Broadway Unit medication storage room was observed accompanied by Licensed Practical Nurse #5. There were nine bottles of Aspirin 325 milligrams and three Vitamin B12 bottles with an expiration date of 4/2024.</p> <p>Licensed Practical Nurse #5 was interviewed on 6/21/2024 at 6:32 AM and stated they did not deal with expired medications because they work during the overnight shift. The day shift Unit Managers are responsible for checking the expiration dates for medications that are stored in the medication room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Brookside Multicare Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7 Route 25a Smithtown, NY 11787	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Unit Manager #11 was interviewed on 6/26/2024 at 11:23 AM and stated they checked for expired medications in the medication room every day. Unit Manager #11 stated they did not know how the expired Aspirin and Vitamin B12 bottles remained in the medication room because the Pharmacist also checks for expired medications every month. Unit Manager #11 stated the expired medications are expected to be removed from the medication room and placed in the Nursing Supervisor's office for proper disposal.</p> <p>3) during the medication storage task on 6/21/2024 at 6:50 AM, Azaelia Unit medication storage room was observed accompanied by Licensed Practical Nurse #6. There were two bottles of Aspirin 325 milligrams with an expiration date of 4/2024.</p> <p>Licensed Practical Nurse #6 was interviewed on 6/21/2024 at 6:50 AM and stated they did not know there were expired Aspirin bottles in the medication storage room. Licensed Practical Nurse #6 stated all nurses are responsible for checking the expiration dates on all medications.</p> <p>Unit Manager #3 was interviewed on 6/26/2024 at 11:28 AM and stated they check for expired medications every day and did not know how the expired Aspirin bottles were left in the medication storage room. Unit Manager #3 stated they are expected to place the expired medications in the supervisor's office.</p> <p>Pharmacist #2 was interviewed on 6/26/2024 at 12:04 PM and stated they assist the facility in reviewing the medication storage areas monthly to ensure the expired medications are removed from the storage areas. Pharmacist #2 stated either the nurse or the Pharmacist is supposed to remove expired medications from the units. Pharmacist #2 stated they did not know why Carnation, Broadway, and Azaelia units still had expired medication bottles in the medication storage rooms.</p> <p>The Director of Nursing Services was interviewed on 6/26/2024 at 1:55 PM and stated the Pharmacist is expected to visit each unit every month to discard the expired medications. The Director of Nursing Services stated it was not acceptable to have expired medication in the medication storage areas.</p> <p>10 NYCRR 415.18(e)(1-4)</p>