

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2024
NAME OF PROVIDER OR SUPPLIER Beth Abraham Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 612 Allerton Avenue Bronx, NY 10467	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure a resident, or their representative received their personal funds account statement on a quarterly basis. This was evident for 1 (Resident #55) of 38 total sampled residents. Specifically, there was no documented evidence Resident #55, or their representative was provided with a quarterly personal funds statement.</p> <p>The findings are:</p> <p>The facility policy titled Resident Funds Account dated 8/2023 documented the Business Office will provide at least quarterly to the resident or the resident's representative, a statement showing the account balance including funds deposited, withdrawn, and interest accrued.</p> <p>Resident #55 had diagnoses of hypertension, and paraplegia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #55 was moderately cognitively impaired.</p> <p>On 2/1/2024 at 3:53 PM, Resident #55's representative/power of attorney was interviewed and stated the facility did not send them personal funds account statements quarterly to inform them of Resident #55's account balances.</p> <p>Resident #55 had a current personal funds account balance of .</p> <p>There was no documented evidence Resident #55, or their representative were provided with quarterly personal fund account statements.</p> <p>On 2/1/2024 at 11:24 AM, the Director of Finance was interviewed and stated personal fund account statements were provided to the residents quarterly by Recreation. The Business Office did not keep a record of which residents received their statements and when they receive them. Recreation staff provided residents with a copy and the residents returned a signed copy to the Business Office on their own volition. The Director of Finance stated Resident #55 had a personal funds account but was unable to state whether the resident or their representative received a quarterly personal funds account statement.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/5/2024 at 12:54 PM, the Administrator was interviewed and stated the facility did not have documented evidence quarterly personal funds statements were provided to residents.</p> <p>10 NYCRR 415.26(h)(5)(i)</p>

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on record review and interviews conducted during the recertification survey from [DATE] to [DATE], the facility did not ensure that residents' personal funds deposited with the facility were conveyed to the individuals or probate jurisdiction administering the residents' estate within 30 days of death or discharge from the facility. This was evident for 3 (Resident #685, #686, and #687) of 38 total sampled residents. Specifically, the facility did not convey the personal funds accounts for Resident #685, #686, and #687 to the probate jurisdiction administering the residents' estates within 30 days of expiration.</p> <p>The findings are:</p> <p>The facility policy titled Resident Funds Account dated ,d+[DATE] documented upon resident death, the unutilized resident funds and final accounting of those funds shall be conveyed to the appointed executor or administrator of the resident's estate within 30 days.</p> <p>The Trial Balance of resident personal fund accounts as of [DATE] documented the following:</p> <ul style="list-style-type: none"> - Resident #685 expired [DATE] and current personal funds balance was \$6,569.27. - Resident #686 expired [DATE] and current personal funds balance was \$6,224.50. - Resident #687 expired [DATE] and current personal funds balance was \$11,482.49. <p>On [DATE] at 9:06 AM, the Director of Finance was interviewed and stated residents' personal funds were sent to the resident's representative once the resident expired. The personal funds for residents without representatives were sent to unclaimed funds. The funds for Residents #685, #686, and #687 were overdue, the accounts should have been closed already, and the funds should have been transferred.</p> <p>On [DATE] at 12:54 PM, the Administrator was interviewed and stated they were aware the Business Office did not close the personal funds accounts of residents who expired more than 30 days ago and was addressing the issue.</p> <p>10 NYCRR 415.26(h)(5)(iv)</p>		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>45351</p> <p>Based on record review and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure a surety bond was purchased to secure all resident personal funds deposited with the facility. This was evident for 371 residents with personal funds accounts out of a census of 443 residents. Specifically, the facility's surety bond for \$1,000,000.00 was not enough to cover the total resident personal funds account balance of \$1,356,104.59.</p> <p>The findings are:</p> <p>The facility policy titled Resident Funds Account dated 8/2023 documented the facility shall hold, safeguard, manage and account for the personal funds of the residents.</p> <p>The facility's Personal Funds Surety Bond for resident accounts dated 3/15/2023 documented a surety bond totaling \$1,000,000.00.</p> <p>The Resident Personal Funds Account balance as of 1/31/2024 documented a total balance of \$1,356,104.59.</p> <p>There was no documented evidence the facility obtained a surety bond to cover the total amount of resident funds being held by the facility in personal funds accounts.</p> <p>On 2/1/2024 at 3:03 PM, the Controller was interviewed and stated they did not review resident personal funds account balances for the past 6 months and was not aware the balance had increased to more than the facility's surety bond. The facility increased the surety bond to cover the resident personal funds accounts.</p> <p>On 2/5/2024 at 12:54 PM, the Administrator was interviewed and stated the facility addressed the issue with surety bond once identified.</p> <p>10 NYCRR 415.26(h)(5)(v)</p>

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>43350</p> <p>Based on observation, interview, and record review conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure that residents had the right to send and receive mail. This was evident for 11 (Resident #s 56, 263, 64, 30, 219, 165, 96, 155, 325, 201, 148, and 107) Resident Council participants out of 38 total sampled residents. Specifically, the facility did not have a procedure in place for residents to send and receive mail on Saturday.</p> <p>The findings are:</p> <p>The facility policy titled Resident Mail dated 09/01/2023 documented resident mail will be delivered to the resident on the days there is mail delivery to the facility.</p> <p>On 01/31/2024 at 11:08 AM, during Resident Council Meeting, Resident #s 56, 263, 64, 30, 219, 165, 96, 155, 325, 201, 148, and 107 stated the facility did not deliver their mail on Saturday. All residents in attendance stated they were able to get mail in the community on Saturdays and did not know the reason mail was not delivered to them on Saturdays in the facility.</p> <p>On 02/02/2024 at 2:49 PM, the Assistant Administrator was interviewed and stated mail was brought to the Business Office when delivered to the facility. The Business Office removed the financial statements and bills. The remainder of the mail was given to the Recreation Department to distribute to residents on the units. Mail delivered on Friday afternoon and Saturday was held until Monday when the Business Office was open to sort through it. The Business Office was closed on weekends. There was a tremendous volume of mail and no one available to sort it on Saturday.</p> <p>10NYCRR 415.3(e)(2)(i)</p>		

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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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43350</p> <p>Based on observation, interview, and record review conducted during the recertification survey from 1/29/2024 to 2/5/2024, facility did not ensure that all alleged violations involving abuse were reported immediately, but not later than two hours after occurrence, to the New York State Department of Health, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. This was evident for 1 (Resident #227) of 38 total sampled residents. Specifically, the facility did not report to the New York State Department of Health when Resident #227 had an unwitnessed incident resulting in a head laceration and left arm fracture.</p> <p>The findings are:</p> <p>Resident #227 had diagnoses of osteoporosis and dementia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #227 had severe cognitive impairment.</p> <p>The facility Incident Report dated 10/24/2023 documented Resident #227 was heard screaming for help at 4:20 AM and was found on the floor of their room in pain with a forehead laceration and left arm twisted behind them. The Incident Report concluded Resident #227 fell while trying to get out of bed.</p> <p>Nursing Note dated 10/28/2023 documented Resident #227 was readmitted from the hospital with multiple fractures of the left upper extremity.</p> <p>There was no documented evidence Resident #227 unwitnessed incident resulting in head laceration and left arm fracture were reported to the New York State Department of Health.</p> <p>On 02/05/2024 at 11:11 AM, the Director of Nursing was interviewed and stated the facility was required to report to the New York State Department of Health within 2 hours of an occurrence causing major injury to a resident. The facility did not have to report Resident #227's head laceration and left arm fracture because the facility determined the resident sustained the injuries from a fall.</p> <p>On 02/04/2024 at 2:17 PM, the Corporate Nursing Compliance Officer was interviewed and stated the facility was not required to report Resident #227's injuries to the New York State Department of Health because the facility concluded they were sustained during a fall and no abuse occurred. Even though the incident was unwitnessed, the facility identified Resident #227 as a frequent faller and made the conclusion that injuries sustained were from a fall.</p> <p>10NYCRR 415.4(b)(2)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on record review and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure the assessment accurately reflected the resident's status. This was evident for 2 (Resident #34 and #84) of 38 total sampled residents. Specifically, 1) Resident #34's Minimum Data Set 3.0 assessment did not document the resident's hemodialysis treatment, and 2) Resident #84's Minimum Data Set 3.0 assessment did not document the resident's discharge from hospice.</p> <p>The findings are:</p> <p>The facility policy titled Minimum Data Set 3.0 dated 4/2023 documented the assessment will accurately reflect the resident's status.</p> <p>1) Resident #34 had diagnoses of hypertension and end stage renal disease.</p> <p>The Physician's Order dated 10/13/2023 documented Resident #34 had hemodialysis treatment every Monday, Wednesday, and Friday at 1:00 PM.</p> <p>There was no documented evidence the Minimum Data Set 3.0 assessment dated [DATE] documented Resident #34 received hemodialysis treatment.</p> <p>On 2/2/2024 at 11:05 AM, the Minimum Data Set Coordinator was interviewed and stated they looked back at 14 days of the resident's medical record to complete the Minimum Data Set 3.0 assessments. It was an oversight that Resident #34 was not documented as receiving hemodialysis treatment on their 12/2023 assessment.</p> <p>On 2/5/2024 at 1:13 PM, the Director of Nursing was interviewed and stated the Minimum Data Set Coordinator was responsible for ensuring the accuracy of resident assessments prior to submission.</p> <p>45351</p> <p>2) Resident #84 had diagnoses of dementia and cerebral vascular accident.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #84 received hospice care.</p> <p>The Physician's Order dated 10/11/2023 documented hospice care for Resident #84 was discontinued.</p> <p>On 2/2/2024 at 9:22 AM, Registered Nurse #7 stated Resident #84 was discharged from hospice services and was not currently receiving hospice care.</p> <p>On 2/5/2024 at 12:24 PM, the Minimum Data Set Coordinator was interviewed and stated Resident #84 was discharged from hospice services and it was an oversight that acknowledge that it was inaccurately coded that resident was receiving hospice care.</p> <p>10NYCRR 415.11(b)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure an ongoing activities program was provided to meet the interests of and support the physical, mental, and psychosocial well-being of the resident. This was evident for 5 (Residents #54, 83, 124, 276, and 295) of 5 residents reviewed for Activities out of 38 total sampled residents. Specifically, 1) there was no evidence Resident #54 was engaged in a meaningful activity program, 2) there was no evidence Resident #295 was engaged in a meaningful activity program, 3) there was no evidence Resident #124 was engaged in a meaningful activity program, 4) Resident #83 was not observed to be engaged in a meaningful activity program, and 5) Resident # 276 was not observed engaged in a meaningful activity program.</p> <p>The findings include but are not limited to:</p> <p>The facility policy titled Activity Programs dated 5/2019 documented the facility must provide based on the comprehensive assessment and care plan and preference of each resident an ongoing program, to support residents in their choice of activities both facility-sponsored group and individual choice of activities designed to meet the interest of and support the physical, mental, and psychosocial wellbeing of each resident.</p> <p>1. Resident #54 had diagnoses of Major Depressive Disorder and Cerebrovascular Accident</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #54's cognition as severely impaired. The annual Minimum Data Set 3.0 assessment dated [DATE] documented that listening to music, keeping up with the news, group activities, and doing favorite activities are very important for Resident #54.</p> <p>On 1/30/2024 at 10:38 AM, 1/30/2024 at 12:10 PM, and 1/31/2024 at 10:16 AM, Resident #54 was observed in a wheelchair in the 7BR dining room with nine other residents with the television on. A Certified Nursing Assistant was in the dining room monitoring the residents. No one-on-one interaction or activities were observed.</p> <p>The Comprehensive Care Plan related to activities initiated 9/12/2022 documented that Resident #54 can make recreation and leisure preferences known. They had interests in trivia, painting, reading, watching television, music, and movement. Interventions included providing a monthly calendar/daily schedule of events, assisting the resident in finding programs of interest, and providing the resident with independent leisure supplies, and one-to-one visits.</p> <p>The Multi Day Participation Report dated 1/1/2024 to 1/31/2024 documented Resident #54 participated in 60 minutes of Trivia in the afternoon for the entire month of January.</p> <p>The 7BR Daily Activities calendar documented no activities on Resident #54's unit from 1/29/2024 to 2/1/2024.</p> <p>Activities Notes for January 2024 documented Resident #54 was engaged in 3 activities programs out of 31 days.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/02/2024 at 10:11 AM, Certified Nursing Assistant #11 was interviewed and stated that Resident #54 came out of bed in the morning and was brought to the floor dining room to be placed with other residents. Recreation staff come to the unit 3-4 times a week after between breakfast and lunch and sometimes provided on unit activities.</p> <p>On 2/2/2024 at 10:34 AM, Licensed Practical Nurse #6 was interviewed and stated that Resident #54 participated in activities when Recreation Staff came to the unit. Licensed Practical Nurse #6 turned the television on in the floor dining room when there were no scheduled activity programs on the unit.</p> <p>2. Resident #295 had diagnoses of dementia and Alzheimer's disease.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #295 was severely cognitively impaired. The Annual Minimum Data Set assessment dated [DATE] documented Resident #295 found it very important to listen to music and somewhat important to do things with a group of people and do their favorite activities.</p> <p>On 1/30/24 at 10:38 AM, 1/30/24 at 12:10 PM, and 1/31/24 at 10:16 AM, Resident #295 was observed sitting in a chair in the 7BR dining room with nine other residents with the television on. A Certified Nursing Assistant was in the dining room monitoring the residents. There was no activity program or one-to-one interaction noted. Resident #295 did not have activity supplies and was not engaged in independent activities.</p> <p>The Comprehensive Care Plan related to activities initiated 9/9/2022 documented Resident #295 can make recreation and leisure preferences known. They were interested in taking strolls on the unit and must be redirected. Interventions included providing Resident #295 a monthly calendar/daily schedule of events, assisting the resident in finding programs of interest, and providing the resident with independent leisure supplies.</p> <p>Activity Notes for the month of January 2024 documented Resident # 295 was engaged in an activity program 2 days out of 31 days in January.</p> <p>On 2/2/2024 at 10:04 AM, Certified Nursing Assistant #12 was interviewed and stated Resident # 295 stayed in the floor dining room. The Recreation Staff came to the unit in the morning and did not come to the unit every day. The television was always on for residents in the floor dining room activity programs were not being done.</p> <p>44842</p> <p>3) Resident #124 had diagnoses of Cerebral palsy and anxiety disorder.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #124 had severely impaired cognition.</p> <p>1/30/2024 from 10:54 AM to 12:27 PM, 1/31/2024 from 10:00 AM to 11:12 AM, and 2/1/2024 at 3:09 PM, Resident #124 was observed in the floor dining room with Certified Nursing Assistant present and television on. Other residents were present and no activity program or 1:1 interaction was observed.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/2/2024 at 2:22 PM, Resident #124 was observed seated in their wheelchair in their room leaning over and resting their head on the bed. There was no activity programming in progress on the unit.</p> <p>The Comprehensive Care Plan related to activities initiated 8/24/2022 documented Resident #124 had interests that included reading books, playing trouble, listening to music, and coming off the unit for special events and fresh air. Interventions included inviting/escorting Resident #124 to activities, assisting them in finding programs of interest, and providing them with 1:1 visits.</p> <p>Activity Notes for January 2024 documented Resident #124 participated in 1 activity out of 31 days in January. The Activity Note dated 1/3/2024 documented Resident #124 would continue to be provided with visits daily.</p> <p>The Recreation assessment dated [DATE] documented Resident #124 preferred large groups and participated in drawing/painting, Bingo/Pokeno, table games/dominos, music appreciation, sing-along/karaoke, strolling musician, aromatherapy/relaxation, doll therapy, birthday party, barbecue, holiday celebrations, movies, and pet therapy. The Recreation Assessment documented Recreation Staff will continue to meet with resident daily to provide support, offer programs of interest, and offer independent leisure material.</p> <p>The daily Unit Activity Calendar for Resident #124's unit documented 1 activity at 2:30 PM on 1/29/2024, 1 activity at 2:30 PM on 1/30/2024, a Strolling Music with Convoy at 10:30 AM that included 2 other resident unit visits, and no activities were scheduled on 2/1/2024.</p> <p>The Multi-Day Participation Report for Recreation from 1/29/2024 to 1/31/2024 documented Resident #124 played Dominoes with other residents on 1/29/2024 and attended adult coloring on 1/30/2024.</p> <p>On 2/1/2024 at 3:15 PM, Certified Nursing Assistant #6 was interviewed and stated Recreation Staff came to Resident #124's unit and stayed for 30 minutes per day.</p> <p>On 2/2/2024 at 2:24 PM, Certified Nursing Assistant #8 was interviewed and stated resident on Resident #124's unit watched television when no activity programs were being performed.</p> <p>On 2/2/2024 at 3:02 PM, Registered Nurse #4 was interviewed and stated residents on Resident #124's unit were more confined to the unit in the winter and mostly watched television. Recreation Staff provided activities on the unit or played guitar. Residents were taken downstairs more in the summertime to participate in activities scheduled outdoors.</p> <p>On 2/2/2024 at 10:50 AM, Neighborhood Director #6 was interviewed and stated that the Recreation Staff play music and do painting with the residents four days a week. They come after breakfast and leave before lunch. The residents stayed in the dining room and watched television when Recreation Staff were not on the unit.</p> <p>On 2/2/2024 at 2:11 PM, Recreation Leader #2 was interviewed and stated they were assigned to the 7th and 8th floors. They do Bingo, exercise class, jewelry, painting, arts, and crafts with residents. They provide activities to the residents four times a week and every other weekend. They spend 90 minutes on each unit either in the morning or afternoon. They provide activities to the residents on one floor in the morning, and they go to another floor in the afternoon.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/5/2024 at 2:00 PM, Recreation Leader #3 was interviewed and stated they were assigned to 4ZP and 5ZP units and perform 1 activity program with each unit for 2 hours either in the afternoon or morning. They ran programs that included nails, bingo, aromatherapy, music appreciation, arts, and crafts, and 1:1 visits. Resident #124 enjoyed music, playing games, and arts and crafts. Recreation Leader #3 stated residents who do not leave the unit were taken outside for fresh air and activities during the summer and spring seasons.</p> <p>On 2/2/2024 at 2:45 PM, the Director of Recreation was interviewed and stated the Recreation Staff offered programs that included a strolling minstrel that visited each unit for 15 minutes and sang songs. Resident that did not leave their units were given options of offered activity programs and invited to attend. Activity programs were provided in the unit dining rooms on each unit and residents could make the choice to attend or leave the dining room. The television in the floor dining rooms stimulated the residents. Recreation staff were assigned to 2 units and performed 1 activity on 1 unit in the morning and 1 activity with the other unit in the afternoon. Resident with dementia were provided with sensory stimulation at times.</p> <p>10 NYCRR 415.11(C)(2) (i-iii)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2024
NAME OF PROVIDER OR SUPPLIER Beth Abraham Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 612 Allerton Avenue Bronx, NY 10467	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure that resident menus and dietary preferences were followed. This was evident for 2 (Resident #126 and Resident #340) of 38 total sampled residents. Specifically, 1) Resident #126 did not receive food items listed on their lunch meal ticket, and 2) Resident #340 did not receive preferred food items listed on their meal ticket during lunch.</p> <p>The findings are:</p> <p>The facility policy titled Meal Service dated 1/2023 documented staff should check individual name, diet on the meal ticket to verify that meal is served to the correct person, and check items on the plate/tray to assure accuracy for therapeutic diets, texture, or consistency modifications.</p> <p>1) Resident #126 had diagnoses of hypertension and anemia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #126 was cognitively intact and required tray setup when eating.</p> <p>During an interview on 1/29/2024 at 10:38 AM, Resident #126 stated they were often missing food items on their meal tray. Their requested food items were listed the meal ticket but were not provided on the tray.</p> <p>During an observation on 1/29/2024 at 12:36 PM, Resident #126's lunch meal ticket documented hamburger on the bun, tossed salad, and wax beans. Resident's tray was observed with a grilled cheese sandwich and pasta salad.</p> <p>2) Resident #340 had diagnoses of multiple myeloma and anemia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #340 was cognitively intact.</p> <p>During an interview on 1/29/2024 at 12:26 PM, Resident #340 stated that they were vegetarian and on a restricted diet. There were times they did not get the food items they requested and that were listed on their meal ticket.</p> <p>During an observation on 1/29/2024 at 12:49 PM, Resident #340's lunch meal ticket documented 2 slices of whole wheat bread, fresh fruit cup, and cherry pie. Resident's tray was observed with a black bean patty, plain angel hair pasta, and apple pie.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Beth Abraham Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 612 Allerton Avenue Bronx, NY 10467	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/31/2024 at 12:42 PM, the Food Service Director was interviewed and stated they were not aware that residents were not getting food items listed on their meal tray ticket. Resident #126's lunch meal ticket dated 1/29/2024 documented hamburger as the main item but hamburger was not listed on the daily production sheet for that day. The Food Service Director stated there may be an issue with the kitchen's computerized meal ticket system. The system prints a daily report of any special requested food items the kitchen staff needed to prepare for the day. Resident #126's hamburger was a special requested food item. The system report from 1/29/2024 did not list hamburger; therefore, hamburger was not prepared for Resident #126. The Food Service Director stated Resident #340 had diet restrictions and preferences and they were working with the resident to create a menu the resident could enjoy but it has been a difficult process. They constantly visited Resident #340 and discussed their meal options. The Food Service Director was not aware Resident #340 did not get food items consistent with those listed on their meal ticket. The kitchen did not run out of cherry pie on 1/29/2024 and the Food Service Director was unsure why Resident #340 was served apple pie. They stated they will be addressing these concerns to ensure residents receive the accurate items on their meal tray.</p> <p>10NYCRR 415.14(c)(1-3)</p>		

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NAME OF PROVIDER OR SUPPLIER Beth Abraham Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 612 Allerton Avenue Bronx, NY 10467	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>45351</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure garbage and refuse were disposed of properly. This was evident during kitchen observation. Specifically, the facility garbage compactor did not have a door or cover to prevent the harborage and feeding of pests.</p> <p>The findings are:</p> <p>The facility policy titled Garbage and Rubbish Disposal dated 1/2023 documented that food related garbage and rubbish will be stored that is inaccessible to vermin. Outside dumpsters provided by garbage pick-up services will be kept closed and free of surrounding litter.</p> <p>On 1/30/2024 at 10:27 AM and 2/5/2024 at 12:24 PM, the outside garbage compactor was observed without a door or cover exposing garbage contained inside of the compactor.</p> <p>On 1/30/2024 at 10:35 AM, the Director of Food Service was interviewed and stated the compactor was not equipped with a door so it could be closed after garbage disposal.</p> <p>On 2/5/2024 at 12:15 PM, the Director of Housekeeping was interviewed and stated the compactor was not equipped with a lid, door, or cover; therefore, the compactor was always left open with garbage was left exposed.</p> <p>On 2/5/2024 at 12:54 PM, the Administrator was interviewed and stated they contacted the vendor of the compactor to address the issue.</p> <p>10 NYCRR 415.14(h)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44842</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 1/29/2024 to 2/5/2024, the facility did not ensure infection control practices and procedures were maintained. This was evident for 1 (Unit 5ZP) of 12 resident units. Specifically, Certified Nursing Assistant #5 did not perform hand hygiene after having resident contact during lunch.</p> <p>The findings are:</p> <p>The facility policy titled Hand Hygiene dated 5/18/2023 documented hand hygiene was performed before and after contact with the resident.</p> <p>On 1/29/2024 at 1:09 PM, Certified Nursing Assistant #5 was observed in the Unit 5ZP floor during lunch assisting Resident #25, #189, #214, #231, and #253) with hand hygiene by holding the residents' hands and wiping them with hand wipes. Certified Nursing Assistant #5 did not change their gloves or perform hand hygiene between each resident contact.</p> <p>On 1/29/2024 at 1:11 PM, Certified Nursing Assistant #5 was interviewed and stated they were supposed to remove their gloves and wash their hands or use hand sanitizer between contact with residents. They made a mistake when they did not perform hand hygiene after assisting resident with using hand wipes during lunch service.</p> <p>On 2/5/2024 at 12:15 PM, Licensed Practical Nurse #4 was interviewed and stated nurses were assigned to the unit dining rooms during mealtimes to supervise the Certified Nursing Assistants and residents. Certified Nursing Assistants were instructed to change gloves and perform hand hygiene in between wiping residents' hands.</p> <p>On 2/5/2024 at 10:27 AM, the Assistant Director of Nursing #1 was interviewed and stated they provided inservice to Certified Nursing Assistants that they were to change gloves and perform hand hygiene in between wiping residents' hands during meal service.</p> <p>10NYCRR 415.19(b)(4)</p>