

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Clove Lakes Health Care and Rehab Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Fanning Street Staten Island, NY 10314	

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>39365</p> <p>Based on observation, record review, and interviews conducted during the abbreviated survey (NY00361247), the facility failed to develop and implement a comprehensive person-centered care plan for the resident, consistent with the resident's rights. This was evident for one (1) out of ten (10) residents sampled. (Resident #1). Specifically, there was no documented evidence that a care plan was developed when Resident #1 was noted with macerated skin around the stoma on 11/21/2024. The Nurse Practitioner evaluated Resident #1 and ordered Maalox suspension to be applied to the affected area for 10 days.</p> <p>Findings are:</p> <p>The facility policy titled Comprehensive Person-Centered Care Planning, revised 11/2024, documented that Comprehensive Person-Centered Care planning is done to develop an individualized interdisciplinary care plan for each resident based on Care Area Assessment to ensure that residents receive treatment and care in accordance with perfectional standards of practice, the comprehensive person-centered care plan and the resident's choices.</p> <p>Resident #1 was admitted with diagnoses that include Malignant neoplasm of the Colon, Ileostomy, and Diabetes.</p> <p>A Minimum Data Set Version 3.0 (a resident assessment tool) dated 01/14/2024, documented short and long-memory problems and severely impaired cognitive decision-making.</p> <p>Registered Nurse Supervisor #1's Narrative Note dated 11/21/2024 at 2:46 PM, documented a new problem: Skin Integrity. Resident #1 is alert and verbally responsive, noted with macerated skin around the stoma. The Nurse Practitioner was notified, evaluated Resident #1, and order to start on Maalox suspension to be applied to the affected area.</p> <p>A Physician Order dated 11/21/2024 at 2:46 PM, documented Maalox Max Oral Suspension 400-400-40 MG/5ML (Alum &amp; Mag Hydrox-Simethicone). Apply to the affected area topically every day and evening shift for macerated skin around the stoma for 10 Days after cleaning with soap and water, then pat dry.</p> <p>A Physician's Note dated 11/21/2024 at 00:00, documented Resident #1 was followed -up for excoriation around the</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>stoma. Ordered Maalox Max 400-400-40 mg/5 mL topical daily and during the evening shift for 10 days.</p> <p>A Wound Care Note dated 01/22/2025 at 12:31, PM written by Wound Nurse #1 documented that Resident #1 was noted with rashes on the right lateral side of the abdomen. Instructed Certified Nursing Assistants and nurses on proper ostomy care.</p> <p>A Physician Order dated 01/22/2025, documented Consultation Dermatology for the worsening rash to the abdomen and back.</p> <p>A Physician Order dated 01/24/2025, documented Geri-Lanta Oral Suspension 200-200-20 MG/5ML (Alum &amp; Mag Hydrox-Simethicone). Apply to stoma area topically every shift for rash</p> <p>A review of Comprehensive Care Plans revealed there was no documented evidence that a care plan was developed regarding the maceration of Resident #1's skin around the stoma on 11/21/2024 and the rash on the right lateral side of the abdomen.</p> <p>During an interview on 01/30/25 at 12:36 PM, Registered Nurse Supervisor #1 stated that Registered Nurses and Registered Nurse Supervisors were responsible for developing the care plan for risk skin impairment and updated when Resident #1 was noted with maceration or rash around the stoma. Registered Nurse Supervisor #1 stated the care plan was not developed.</p> <p>During an interview on 01/30/2025 at 5:00 PM, the Director of Nursing stated the admission nurse should have initiated the care plan at risk for skin impairment upon admission. The Director of Nursing stated the Registered Nurse on the unit or Registered Nurse Supervisor should have updated the care plan when Resident #1 was noted with maceration around the stoma on 11/21/2024 and a rash on the abdomen area. The Director of Nursing further stated the supervisors on the units are responsible for monitoring the care plans. The Director of Nursing stated they are in the process of working with corporate to have care plans set upon admission.</p> <p>10 NYCRR 415.11(c)(1)</p>		