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| 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 11/18/2025 |
| 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) | | |
| F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. (continued on next page) | | |

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, conducted during an abbreviated survey (659849), the facility did not ensure each resident received food that accommodated resident allergies, intolerances, and preferences. This was evident for one (1) out of six (6) residents (Resident #6) sampled. Specifically, Resident #6, who was allergic to mushroom, ate mushrooms that was served to them on their meal tray on 06/05/2025 at 1:20 PM. Resident #6 had an allergic reaction and was immediately administered Solumedrol (used to treat allergic reaction) Intramuscular and Benadryl (used to relieve symptoms of allergies) 25 milligram every six (6) hours. The findings are: The facility's policy titled 'Resident with food allergies and intolerances' dated 01/2025 states that the facility will ensure that all residents who have allergies and/or food intolerances to food items will not receive them on their meal trays. The facility's policy titled 'Meal Delivery' dated 10/2024 states that food service personnel are responsible for ensuring proper diet with the individual preferences are on each resident's tray. Resident #6 was admitted to the facility with diagnoses including anxiety disorder and depression. The Minimum Data Set (a resident assessment tool) dated 04/16/2025 documented Resident #6 had intact cognition and required supervision with eating. An updated Dietary Nutritional assessment dated [DATE] documented Resident #6 had allergies to mushrooms. A Comprehensive Care Plan titled 'known allergies to mushrooms' dated 04/21/2025 documented intervention to monitor for changes in condition and report to the medical team as needed. A review of a Physician's Order Recap Report dated 05/01/25-05/31/2025 documented Resident #6 was allergic to mushrooms. A review of Resident #6 meal tickets dated from 06/01/2025-06/05/2025, revealed no documented evidence Resident #6 had allergy to mushrooms. A Nursing Progress note by Registered Nurse #1 dated 06/05/2025 at 2:38 PM documented that Resident #6 was allergic to mushrooms and had accidentally eaten mushrooms. Resident #6 had an allergic reaction of red rash on both arms and upper/lower lips. Registered Nurse Supervisor #1 and Medical Doctor #1 were both notified. An order for Solumedrol Intramuscular immediately and Benadryl 25 milligram every six (6) hours. Resident #6 was assessed and there was no labored breathing observed. A Nursing Progress note by Registered Nurse Supervisor #1 dated 06/05/2025 at 2:55 PM documented that they assessed Resident #6 who had mild redness and raised rash on both arms. Resident #6 also reported tingling on their tongue. There were no reported respiratory issues. Medical Doctor #1 was notified and ordered 40 milligrams of Solumedrol now and Benadryl every six hours for two days. Medications were administered and tolerated. The facility's investigation dated 06/10/2025, revealed that Registered Nurse Supervisor #1 inspected Resident #6's tray and observed pasta, baked chicken, vegetables, and a spoon with sauce on the side of Resident #6's plate. The facility concluded there was no substantial evidence that Resident #6 had an allergic reaction to mushroom. During an interview on 09/12/2025 at 12:18 PM Resident #6 stated that the facility served them mushroom for lunch. They stated they could not recall the exact date; however, they were served chicken and underneath the chicken were mushrooms. They stated that they immediately felt itching in their throat, and they notified Registered Nurse Supervisor #1. During an interview on 09/12/2025 at 2:40 PM Dietician #1 stated when a resident is admitted to the facility, they are responsible for reviewing their chart and then follow up with an interview about any food allergies. They stated on 07/18/2024, during an interview with Resident #6, Resident #6 verbalized that they were not allergic to anything. However, sometime in January of 2025, Resident #6 verbalized to them that they did not like mushrooms. They stated that [NAME] sauce contains mushrooms, and that chicken [NAME] was served to Resident #6 on the day (06/05/2025) of the incident, and they became aware of the mushroom allergy after the incident. They stated they are unsure about the care plan that was initiated on 04/21/2025 stating Resident #6 was allergic to mushrooms. They stated the electronic medical record does not generate an alert for allergy unless the resident is a readmission or new admission. They stated the allergy should have been verbally discussed with them and that the meal ticket was updated post incident to include Resident #6 allergy. They stated that the Dietary Supervisor is responsible for ensuring that the meal ticket matches what is being served on the tray. During a telephone interview on 09/25/2025 at 10:07 AM, Registered Nurse # 1 stated Resident #6 reported allergic reaction to mushrooms and that they observed mushrooms on Resident #6's meal tray that was still in their room. They immediately reported it to Registered Nurse Supervisor #1. During an interview on 09/12/2025 at 3:01 PM, Registered Nurse Supervisor #1 stated they entered Resident #6's room at 1:20 PM on 06/05/2025 while Resident #6 was</p> | | |