

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 10/16/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on observation, interview, and record review during the recertification survey from 10/8/2024 to 10/16/2024, the facility did not ensure each resident had the right to be fully informed in a language that they can understand. This was evident for 1 (Resident #548) out of 41 total sampled residents. Specifically, Resident #548 was not fully informed of their health care status in a language the resident understood, and communication tools were not used by direct care staff to determine the resident's needs.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Language Policy dated 1/2024 documented that facility will make every effort to provide interpretive services for residents who primary language is other than English. Resources available for language access service during hours of facility operation, include language interpreting services, communication boards and bilingual staff members who are able to interpret during working hours.</p> <p>Resident #548 was admitted to the facility with End Stage Renal Disease and Hyperlipidemia.</p> <p>The Minimum Data Set, dated dated [DATE] documented resident has intact cognition and needs Chinese interpreter to communicate with a doctor or health care staff.</p> <p>During multiple observations from 10/8/2024 at 11:02 AM to 10/10/2024 at 12:12 PM, Resident #548 was observed without a communication board or interpreter services available in their language to communicate with the staff.</p> <p>On 10/10/2024 at 12:12 PM, Resident #548 was interviewed using Cantonese interpretation service. Resident #548 stated they do not understand when staff communicates in English. There are no Cantonese speaking staff on the unit, so staff tries their best using simple words/body language/gesture to communicate with the resident.</p> <p>The Social Work assessment dated [DATE] documented Resident #548's primary language is Cantonese and will need an interpreter to communicate with staff.</p> <p>The Comprehensive Care Plan initiated 9/19/2024 documented Resident #548 has language barrier; primary language is Chinese. It documented to allow resident to express with words/sounds/gestures, and to use communication board as needed.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The review of Certified Nurse Aid's instructions revealed there is no documented evidence that staff tried to utilize a translator or communication board to communicate with Resident #548.</p> <p>On 10/11/2024 at 11:33 AM, Certified Nurse Aid #15 was interviewed and stated, Resident #548 speaks primarily Chinese and can communicate using simple English words to verbalizes their need. Resident #548 does understand bathroom or shower when asked and will respond yes or no. Certified Nurse Aid #15 recalled that they have utilized communication board with other non-English speaking residents in the past on a different unit. However, Certified Nurse Aid #15 stated they have not seen communication board in Cantonese for this resident.</p> <p>On 10/11/2024 at 10:43 AM, Registered Nurse Manager (RNS #7) stated there is interpretation phone service that staff can utilize to communicate with resident who has a language barrier. The nursing staff on the unit can also utilize this service for daily Activities for Daily Living Care. Registered Nurse Manager further stated they were not aware about the communication board and does not recall this tool being used.</p> <p>On 10/16/2024 at 11:24 AM, Registered Nurse Manager (RNS #6) was interviewed and stated, resident's need for interpreter service is assessed upon admission by all departments especially nursing, social services, and recreational services. The communication tools are implemented for staff to communicate effectively with the resident. Registered Nurse Manager is responsible to initiate and implement the communication tools in resident's care and communicated to nursing staff. Registered Nurse Manager stated they are not sure how it was missed for this resident.</p> <p>On 10/16/2024 at 2:56 PM the Administrator was interviewed and stated, I understand the importance of communicating with residents in their language using an interpreter. There are few Cantonese speaking staff, but they are not always on duty therefore, staff can utilize Google translator and an interpretation phone service. Administrator further stated that all residents have the right to understand and be able to communicate their needs.</p> <p>10 NYCRR 415.3(f)(1)(i)</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33315</p> <p>Based on observation, record review and interviews conducted during the Recertification Survey from 10/08/24 to 10/16/24 the facility did not ensure residents' person-centered comprehensive care plans were developed and implemented to meet residents' needs. This was evident for 2 out of 40 sampled residents investigated for area of potential concerns. (Resident #147 and #391). Specifically, 1) Comprehensive care plans were not developed and implemented for resident #147 who was on Hemodialysis, Antipsychotic and Anticoagulant medications. 2.) Comprehensive Care plans were not developed and implemented for resident #391 who was assessed as a smoker.</p> <p>Findings are:</p> <p>The facility policy titled Care Plans - Comprehensive with a last revision date of 12/2023 documented that an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Each resident's comprehensive care plan is designed to incorporate identified problem areas, reflect treatment goals, and reflect currently recognized standards of practice for problem areas and condition.</p> <p>1) Resident # 147 was admitted to the facility with diagnoses which include Anemia, Hypertension, Renal insufficiency, renal failure, End Stage Renal Failure (ESRD), Diabetes mellitus (DM), Bipolar Disorder.</p> <p>The most recent Minimum Data Set Version 3.0 (a resident assessment tool) dated 8/28/2024 documented that the resident's cognition was moderately intact, and also documented that the resident was on Hemodialysis.</p> <p>Physician order dated 7/24/24 documented the following: Hemodialysis - 3 times per week.</p> <p>A further review of physician order dated 7/24/2024, last renewed on 10/8/2024 documented that the resident was on Haloperidol Tablet 10 MG Give 1 tablet by mouth every 12 hours for Major Depressive Disorder with psychotic features, Aripiprazole Oral Tablet 2 MG (Aripiprazole) Give 1 tablet by mouth one time a day for MAJOR depressive disorder, recurrent, Lexapro Oral Tablet 5 MG (Escitalopram Oxalate) Give 5 mg orally at bedtime for major depressive disorder, recurrent and Eliquis Oral Tablet 2.5 MG (Apixaban) Give 1 tablet by mouth two times a day for anticoagulant.</p> <p>On 10/15/24 at 10:24 AM the resident was observed in bed, alert and awake. The resident was interviewed about their health as a whole. They stated that they go to dialysis three times a week. The resident also stated that they like the services they received here and staff are nice to them. The resident was observed with permcath to left upper chest.</p> <p>Review of the Comprehensive Care Plans reveals there is no documented evidenced of a Hemodialysis care plan, a Psychotropic care plan or an Anticoagulant care plan.</p> <p>(continued on next page)</p>		

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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 10/15/24 at 11:21 AM, the Registered Nurse Manager #4 was interviewed and stated that they have just reviewed the resident's comprehensive care plans but was unable to locate a Hemodialysis care plan, Psychotropic care plan or an Anticoagulant care plan. They stated that part of their responsibility is the completion of a comprehensive assessment, development of care plans and management of the clinical aspect of residents. The Registered Nurse who performs the assessment initiates the care plans. They will then follow through any other medical conditions the resident may develop later. The Registered Nurse Manager #4 could not explain why the Hemodialysis care plan, Psychotropic care plan and Anticoagulant care plan were missed.</p> <p>On 10/16/24 at 12:21 PM, an interview conducted with the Director of Nursing who stated that care plans should be started immediately when residents is admitted to the facility. The Director of Nursing also stated that care plans are also needed to be updated if residents condition changed, such as new medications or falls. The Director of Nursing further stated that the Interdisciplinary Team had discussed the issues of care planning before due to some delays in completing the updates, however, they have ran an audit before for care plans but could not explain why they missed this resident. The Director of Nursing concluded it was an oversight.</p> <p>44472</p> <p>2) Resident #391 was admitted to the facility on [DATE] with diagnoses including Asthma, Chronic Obstructive Pulmonary Disease, Tobacco use and Coronary Artery Disease.</p> <p>Resident #391 Minimum Data Set Version 3.0 (a resident assessment tool) dated 09/25/2024 documented that the resident has a Brief Interview for Mental Status score of 15.</p> <p>Review of Smoking assessment dated [DATE], signed by Resident #391 and Social Worker # 3 documents resident smokes.</p> <p>The resident's care plans were reviewed and revealed that no care plans were in place for smoking.</p> <p>On 10/15/2024 Review of Recreation Director Progress Notes dated 10/3/2024 revealed Resident #391 was smoking in the smoking room.</p> <p>On 10/08/24 at 12:56 PM Resident #391 was interviewed in their room and stated they smoke, but does not want their family to know that they smoke</p> <p>On 10/15/24 at 01:34 PM Registered Nurse #10 was interviewed and stated, as a nurse on the floor, they do not create, nor update any care plans. Care plans are created and updated by the Registered Nurse Nursing Supervisors.</p> <p>On 10/15/24 at 01:46 PM the Director of Recreation was interviewed and stated on October 3, 2024, Resident #391 was observed by the staff smoking in the smoking room during the allotted time. Director of Recreation further stated Resident #391 is compliant with the smoking rules and is on the current list of smokers.</p> <p>On 10/15/24 at 03:36 PM Social Worker #3 was interviewed and stated, they were notified by the recreation staff on 10/3/2024 that Resident #391 was smoking in the smoking room.</p> <p>(continued on next page)</p>		

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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 10/16/24 at 01:07 PM the Director of Nursing was interviewed and admitted the care plan for smoking was not done on admission when Resident #391 was identified using Tobacco and it could have been an oversight. They further stated the smoking care plan should have been initiated upon admission or right after smoking assessment was done and or when we were made aware resident was observed smoking. They also stated to prevent future failure of not developing care plans the Nursing Supervisors will audit care plans that have been initiated upon admission or as new problem arises.</p> <p>10 NYCRR 415.11(c)(1)</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842</p> <p>Based on record review and staff interviews conducted during the Recertification survey and Complaint survey (NY00342693) from 10/08/2024 to 10/16/2024, the facility did not ensure that residents comprehensive care plans were reviewed and revised to reflect the resident's status. This was evident for 1 (Resident #748) of 1 resident reviewed for Advance Directives, 1 (Resident #58) of 1 resident reviewed for Physical Restraints, and 1 (Resident #58) of 2 residents reviewed for Respiratory Care out of 40 sampled residents. Specifically, 1). Resident #748's comprehensive care plan related to Advance Directives was not revised to reflect the change in Advance Directive orders, and 2). Resident #58's comprehensive care plan related to physical restraints and tracheostomy were not reviewed and revised after the Minimum Data Set Assessment was completed.</p> <p>The findings are:</p> <p>A facility policy titled Comprehensive Person-Centered Care Planning dated 12/2023 documented Social Services/Team Members reviews and updates the interdisciplinary care plan at a minimum of quarterly and/or according to the time frames documented and as needed.</p> <p>1). Resident #748 had diagnoses of Chronic Obstructive Pulmonary disease, Acute Kidney Disease, and Pulmonary Hypertension.</p> <p>The Annual Minimum Data Set 3.0 assessment dated [DATE] documented Resident #748 was severely cognitively impaired.</p> <p>Physician's Order dated 10/02/2024 documented Do Not Resuscitate (do not attempt resuscitation) and trial of non-invasive intubation and mechanical ventilation (if fails: no not intubate).</p> <p>A Comprehensive Care Plan titled Advanced Directives initiated 04/14/2023 and last reviewed on 05/29/2024, documented Resident #748 as having the following advanced directive: Full code.</p> <p>There was no documented evidence that the Comprehensive Care Plan had been revised to reflect Resident #748 as having the following advanced directives: Do Not Resuscitate and trial of non-invasive intubation and mechanical ventilation.</p> <p>On 10/16/2024 at 11:07 AM, Social Worker #2 was interviewed and stated it is their responsibility to update Advance Directive care plans. The Social Worker further stated they should have updated Resident #748's care plan and also documented in the progress notes the change in Resident #748's Advance Directives.</p> <p>On 10/16/2024 at 12:29 PM, the Director of Social Service was interviewed and stated the Social Worker is responsible to update the Advance Directive care plans. The Director of Social Service further stated they believe it was an oversight that Resident #748's care plan was not updated.</p> <p>49081</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) Resident #58 was admitted to the facility with diagnoses of Cerebral Palsy, Seizure Disorder/Epilepsy, Depression and Chronic Respiratory Failure Unspecified Hypoxia or Hypercapnia.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #58 had intact cognition.</p> <p>The Comprehensive Care Plan titled resident uses seat belt when out of bed to specialized wheelchair due to poor trunk control secondary to Cerebral Palsy diagnosis and four padded side rails for medical necessity secondary to seizure disorder dated 11/30/2022 and revised 02/26/2024 with goal Resident #58 will remain free of complications related to restraint, including contractures, skin breakdown, altered mental status, isolation, or withdrawal through the review date. Interventions included to monitor/document/report as needed for any changes regarding effectiveness of restraint, less restrictive device, if appropriate; any negative or adverse effects noted, including: decline in mood, change in behavior, decrease in activities of daily living self-performance, decline in cognitive ability or communication, contracture formation, skin breakdown, signs and symptoms of delirium, falls/accidents/injuries, agitation, weakness and provide a meaning full program of activities that accommodates restraint use without drawing unwanted attention. Provide restraint-free time during activities, when possible, to supervise closely.</p> <p>The Comprehensive Care Plan titled tracheostomy related to impaired breathing mechanics dated 05/19/2022 and revised 02/26/2024 with goal Resident #58 will have clear and equal breath sounds bilaterally through the review date. Interventions included ensure that trach ties are always secured, monitor/document for restlessness, agitation, confusion, increased heart rate (Tachycardia), and bradycardia and keep extra trach tube and obturator at bedside. If tube cannot be reinserted, monitor/document for signs of respiratory distress. If able to breathe spontaneously, elevate Head of bed 45 degrees and stay with resident.</p> <p>There was no documented evidence that the Comprehensive Care Plan for restraint and tracheostomy use were reviewed and revised after 02/26/2024.</p> <p>The care plan for restraint and tracheostomy use was also not revised after the most recent Minimum Data Set assessment dated [DATE].</p> <p>On 10/15/2024 at 12:52 PM, an interview conducted with Registered Nurse Supervisor #3 who stated the care plans are supposedly reviewed and updated quarterly and if there's any changes on a resident's condition the Registered Nurse Supervisor is responsible for ensuring that care plans were reviewed. Registered Nurse Supervisor #3 stated that Resident #58 was not observed with any changes with the use of restraint and tracheostomy.</p> <p>On 10/16/2024 at 8:27 AM, an interview conducted with Director of Nursing who stated, care plans are reviewed quarterly and if there is a need to revise care plans they must be updated. Director of Nursing stated that care plans are also updated when there are significant changes noted for the resident. The Director of Nursing further stated that Registered Nurse Supervisors on the units are responsible to ensure that care plans are updated.</p> <p>10 NYCRR 415.11(c)(2) (i-iii)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50894</p> <p>Based on observation, record review, and interviews conducted during the Recertification survey from 10/08/2024 to 10/16/2024, the facility did not ensure that medications provided by the pharmacy were not expired. Specifically, a Serevent Diskus inhalation device with an expiration date of 09/2024 was delivered to the facility on [DATE] and opened for administration on 10/15/2024 (Resident #314).</p> <p>The findings are:</p> <p>The facility policy titled Medication Administration dated 11/23 did not address checking the expiration date on medications prior to accepting them or administering them.</p> <p>On 10/16/2024 at 01:34 PM, the Director of Nursing stated they did not have a policy that addressed reviewing medication expiration dates.</p> <p>Resident #314 was admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure with hypoxia. The Order Summary Report dated 10/16/2024 documented that Resident #314 was prescribed Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 mcg/act, inhale 50 mcg orally every 12 hours for shortness of breath.</p> <p>On 10/16/2024 at 09:39 AM, Licensed Practical Nurse #8 was observed at the 4th floor medication cart in Building B. Licensed Practical Nurse #8 retrieved a Serevent Diskus inhalation device labeled with Resident #314's name and an open date of 10/15/2024. The manufacturer's expiration date was listed as 09/2024.</p> <p>On 10/16/2024 at 10:44 AM, Licensed Practical Nurse #8 was interviewed and stated that the expired medication was in their cart due to a pharmacy error. Licensed Practical Nurse #8 stated that nurses administering medications are responsible for checking the expiration date prior to administering it. They stated that the nurse who received the medication on 10/15/2024 must not have checked the medication's expiration date upon receiving it or prior to administering it to Resident #314 because they likely assumed that the pharmacy would not send them a medication that was already expired.</p> <p>On 10/16/2024 at 11:40 AM, the Director of Nursing was interviewed and stated that they use a Vendor Pharmacy for their medication deliveries. They stated that medications are delivered directly to the floor by the pharmacy's delivery person. The nurse on the floor will receive the medication, check to ensure that the medication is correctly dosed and labeled for the correct resident, and will then put it into the medication cart. The Director of Nursing stated that after being made aware of the Serevent Diskus inhalation device being delivered to them was past its expiration date, the facility may have to begin to check the expiration dates upon receipt of all medications because they were not doing that prior to incident.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/2024 at 12:40 PM, the Vendor Pharmacy Supervising Pharmacist was interviewed and stated that the facility had just called them to notify them of the expired Serevent Diskus medication. They stated that the facility sent them a photo of the expired medication and that it did appear that the medication expired in September 2024 but was sent out to the facility on [DATE]. The Supervising Pharmacist stated that in order to ensure that medications are not expired before they are sent out to facilities, the pharmacy technician and the pharmacist are both required to check the expiration date of the medication. They stated that they could not speak on how this occurred or if their policy was followed in this instance because they were just beginning their investigation into the issue.</p> <p>10 NYCRR 415.18(a)</p>		