

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Caton Park Rehab and Nursing Center, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 1312 Caton Avenue Brooklyn, NY 11226	

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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>40652</p> <p>Based on Record reviews and interviews during the Recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure that all completed resident assessments were submitted and transmitted into the Quality Improvement Evaluation Assessment Submission and Processing in a timely manner. Specifically, 4 (Resident #66, Resident # 9, Resident #6, and Resident #95) of 6 Minimum Data Set submissions reviewed for Resident Assessment were not submitted to Center for Medicaid and Medicare Services system within 14 days of completion.</p> <p>The findings are:</p> <p>The Admission Minimum Data Set Assessment for Resident #66 dated 12/08/23 was completed on 06/04/24.</p> <p>The Annual Minimum Data Set Assessment for Resident #6 dated 5/28/24 was completed on 6/4/24.</p> <p>The Quarterly Minimum Data Set Assessment for Resident #95 dated 5/25/24 was completed on 06/03/24.</p> <p>The Quarterly Minimum Data Set Assessment for Resident #9 dated 05/25/24 was completed on 06/01/24.</p> <p>The Validation Report dated 8/13/24 documented that these four Minimum Data Set Assessments were submitted to the Center for Medicaid and Medicare Services system on 8/14/24 during the Recertification survey.</p> <p>On 08/16/24 at 12:31 PM, the Director of Minimum Data Set was interviewed and stated that they follow the Resident Assessment Instrument manual to determine when an Assessment should be completed and submitted which are submitted by the Controller. The Director of Minimum Data Set also stated that the late submissions were an oversight as the assessments were completed on time.</p> <p>On 08/16/24 at 12:51 PM, the Controller was interviewed and stated that they receive a report on Sigma Care daily with a list of all Minimum Data Set assessments that need to be submitted to Center for Medicaid and Medicare Services. The Controller also stated that they were unaware that six books were submitted late, and it was an oversight which should have never happened.</p> <p>10 NYCRR 415.11</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 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** 33315</p> <p>Based on record review and staff interviews conducted during the Recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure that resident's Comprehensive Care Plans were reviewed and revised for 1 (Resident #15) of 7 residents reviewed for Accident out of 26 sampled residents. Specifically, Resident #15 had a multiple history of falls, and the fall care plan was not reviewed and revised after the most recent Minimum Data Set assessment.</p> <p>The finding is:</p> <p>The facility policy and procedure titled Comprehensive Care Plan dated 1/26/23 states that an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs are developed for each resident. The policy also stated that the Care Planning Interdisciplinary team is responsible for reviewing and updating the care plan during admission, every quarterly, annual or readmission.</p> <p>Resident #15 was admitted to the facility with diagnosis of Depression, Parkinson's Disease, and Non-Alzheimer's Dementia.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #15 had intact cognition and required assistance with supervision when performing Activity of Daily Living.</p> <p>The Nursing note dated 02/05/24 documented that Registered Nurse #1 was called to assess resident on the floor. Upon arrival to the resident's room, Resident #15 stated that they fell on their buttocks lying on their side to get up from floor to their bed. Resident #15 was alert and verbally responsive. Call bell was within reach but Resident #15 did not use call bell for help. A full body assessment was done. No visible injury noted, no change in level of consciousness.</p> <p>The Nursing note dated 02/09/24 documented that Registered Nurse #1 was called by staff this morning to assess resident on the floor. On arrival Resident #15 was observed sitting on the floor. Resident was alert and verbally responsive. Call bell within reach but Resident #15 did not use call bell for help. A Full body assessment was done, and redness was noted on the forehead. Resident #15 reported hitting their head and reported pain as 4 on a scale 1 to 10.</p> <p>The Quarterly Fall Risk Assessment and Safety Measures dated 7/2/2024 documented that Resident #15 is confused, restless and on laxatives, antihypertensives, and psychoactive medications and had unsteady gait.</p> <p>The Comprehensive Care Plan titled Fall Prevention created 12/16/2023 documented that Resident #15 was at risk for falls due to Psychotropic medication, Parkinson Disease, Dementia and Hypertension. The goal was that Resident #15 would be free of falls. Interventions included ensure call bell is within reach, provide any assistive devices within reach of the resident, Rehab referral, and ensure resident has safe and proper footwear.</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>There was no documented evidence that the Comprehensive Care Plan for Fall Prevention was reviewed and revised after 3/13/2024.</p> <p>The care plan for Fall Prevention was also not revised after the most recent Minimum Data Set assessment dated [DATE].</p> <p>On 08/16/24 at 10:31 AM, an interview was conducted with Registered Nurse #1 who is also the Unit Manager who stated that Resident #15 was at high risk for falls. Resident #15 was doing well now with ambulation as currently they have steady gait and appeared improved lately. Registered Nurse #1 also stated that the care plans are supposed to be updated every quarter, annually or if there is a significant change and Registered Nurse #1 is responsible for ensuring this is done. Registered Nurse #1 further stated that despite Resident #15's improvement in ambulation, they should have done a revision back in July, but they missed it.</p> <p>On 08/16/24 at 01:43 PM, an interview was conducted with the Director of Nursing who stated that the Unit Nurse managers are responsible to ensure care plans are updated accordingly. The Director of Nursing also stated that the Minimum Data Set staff are responsible for admission and readmission care plans. The Director of Nursing further stated that if a resident had a history of falls, and a quarterly Minimum Data Set was done recently, they should have updated the fall care plan.</p> <p>NYCRR 415.11(c)(2)(i-iii)</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50820</p> <p>Based on staff interview and record review conducted during the Recertification Survey from 08/12/2024 to 08/16/2024, the facility did not ensure a resident received assistance devices consistent with a resident's needs, goals, and care plan to prevent accidents. This was evident for 1 (Resident #75) 7 residents reviewed for Accidents out of 26 total sampled residents. Specifically, floor mats were not in place for Resident #75 as per Physician Order.</p> <p>The findings include:</p> <p>The facility policy titled Fall Prevention with an effective date of 02/2022 and revised 2/2024 states that the interdisciplinary team will take effort to provide the resident with multiple falls a protective environment to mitigate the chance of serious injury. This includes but is not limited to furniture padding, floor mats, protective padding on head or foot of bed, and furniture re-arrangement in room.</p> <p>Resident #75 was admitted to the facility with diagnoses that included Depression, Diabetes Mellitus, and Contracture of Right Upper Arm.</p> <p>The Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #75 had severely impaired cognition, impairment on both upper and lower extremities, was dependent on staff for all Activities of Daily Living and was always incontinent of bowel and bladder.</p> <p>The Physician order dated 06/20/2024 and renewed 07/08/2024 documented Adaptive/Assistive Device: Floor mats on both sides all time while in bed.</p> <p>The Comprehensive Care Plan with focus Fall or Injury Potential dated 3/21/2022 and revised on 05/14/2024 states resident is at risk for falls and injury due to conditions such as Cerebrovascular Accident, Hemiplegia, neurological impairment, poor safety awareness, incontinence/urgency, impaired vision. The goal was that Resident #75 will have no falls related to unsafe environment factors and interventions included bed in lowest position and bilateral floor mats doubled on each side of bed.</p> <p>On 08/13/24 at 09:36 AM, 08/13/24 at 09:55 AM, and 08/14/24 at 09:54 AM, Resident #75 was observed resting in bed with no floor mats on either side of bed.</p> <p>On 08/15/24 at 02:26 PM, Certified Nursing Assistant #2 was interviewed and stated that they administer morning care for Resident #75 while Resident #75 is lying in bed and do not recall ever putting mats on the floor or seeing mats on the floor. Certified Nursing Assistant #2 also stated that they do not recall if there are standing orders for floor mats. Certified Nursing Assistant #2 reviewed the Electronic Medical Record and stated that they were able to see the order for the floor mats but overlooked it and did not pay attention and lay out the floor mats for Resident #75. Certified Nursing Assistant #2 further stated that they were is unsure if resident is a fall risk.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/15/24 at 09:47 AM, Licensed Practical Nurse #4 was interviewed and stated that Resident #75 has a history of falls in the past but has not had any falls recently. Licensed Practical Nurse #4 also stated that Resident #75 is still a fall risk, and it is the responsibility of the nurse and the Certified Nursing Assistants to make sure that floor mats are on either side of the bed. Licensed Practical Nurse #4 further stated that Resident #75's roommate is ambulatory and sometimes they move the floor mats from the side of the bed, however, there should be frequent checks to ensure floor mats are always in place. Licensed Practical Nurse #4 stated that Resident #75 can have serious injury if they fall from the bed without floor mats in place.</p> <p>On 08/16/24 at 09:28 AM, the Physician was interviewed via telephone and stated Resident #75 has a history of stroke, falls, and acute left hemiplegia. Floor mats were ordered on 06/20/2024 to avoid any injury to resident if Resident #75 falls or rolls out of bed as Resident #75 is a fall risk. The Physician also stated that Resident #75 can sustain an injury if they have a fall.</p> <p>On 08/16/24 at 11:53 AM, the Director of Nursing Services was interviewed and stated that Resident #75 has an order to have floor mats on both sides of the bed as Resident #75 is a fall risk and has a history of falls. Resident #75 has history of confusion, is elderly and is at risk for falls and serious injury. The Director of Nursing Services also stated they are unsure how the order for floor mats were missed by multiple staff.</p> <p>10 NYCRR 415.12(h)(1)</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</p> <p>Based on observation, record review, and interviews conducted during the Recertification survey from 08/12/2024 to 08/16/2024, the facility did not ensure that infection control prevention practices and procedures were maintained. This was evident for 1 resident (Resident #87) observed during the Medication Administration task. Specifically, Enhanced Barrier Precautions were not maintained for gastrostomy tube medication administrations for Resident #87.</p> <p>The findings are:</p> <p>The facility policy titled Enhanced Barrier Precautions, last reviewed 3/28/24, documented that Enhanced Barrier Precautions refers to an infection control intervention designed to reduce transmission of multidrug resistant organisms that employs targeted use of gown and glove use during high contact resident care activities. The policy also stated that all residents with indwelling medical devices and chronic wounds will have Enhanced Barrier Precautions used by staff during high contact resident care activities. Examples include device care or use as central line and feeding tube.</p> <p>Resident #87 was admitted with diagnoses that include Dysphagia following unspecified Cerebrovascular disease.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident's #87 cognition as intact, with a Brief Mental Status of 12, and has a feeding tube while a resident.</p> <p>The Physician's Order dated 8/12/24 documented Plavix 75mg tablet by feeding tube once daily and LPS Supplement 30ml twice a day via feeding tube.</p> <p>On 08/14/2024 at 09:25 AM, Licensed Practical Nurse #2 was observed entering Resident #87's room to administer medication to Resident #87 via gastrostomy tube. There was signage at the side of the door indicating Enhanced Barrier Precautions. Licensed Practical Nurse #2 checked for patency, administered the medications via gastrostomy tube, and flushed the gastrostomy tube. Licensed Practical Nurse #2 did not don a gown prior to administering medication to Resident #2 via their gastrostomy tube.</p> <p>On 08/14/2024 at 09:30AM, immediately after the medication administration, Licensed Practical Nurse #2 was interviewed and stated that they needed to don the Personal Protective Equipment because of the open orifice with the gastrostomy tube, but they forgot to wear it.</p> <p>On 08/14/24 at 09:45 AM, Registered Nurse #2 was interviewed and said that all the staff were in-serviced on enhanced barrier precautions, and when to use the personal protective equipment. Registered Nurse #2 said that in reference to administering medications via the gastrostomy tube, they were not told to do anything different but to wear gloves. Registered Nurse #2 also stated that Enhanced Barrier Precautions is specific for providing care, bathing, dressing, and during a wound dressing change.</p> <p>(continued on next page)</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>On 08/15/24 at 03:25 PM, the Infection Control Preventionist was interviewed and stated that they do in-services on the units. All staff including Licensed Nurses were in-serviced on Enhanced Barrier Precautions, specific to residents who have chronic wounds, and residents with gastrostomy tube and Foley Catheters. The Licensed Nurses are supposed to use Personal Protective Equipment. As soon as the resident is identified, signage is placed in the doorway, and an order is placed in the electronic medical records. The Infection Control Preventionist said that during rounding, they do observations on the units, to monitor that the staff is utilizing the Personal Protective Equipment for residents on Enhanced Barrier Precautions.</p> <p>On 08/16/24 at 3:00PM, the Director of Nursing was interviewed and stated that they have been employed at the facility just over a month and is not knowledgeable about the use of Enhanced Barrier Precautions, however, the Infection Control Preventionist and the Corporate Nurses are involved.</p> <p>10 NYCRR 415.19(b)(4)</p>		