

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44963</b></p> <p>Based on record review and interviews during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025, the facility did not ensure that accurate preadmission screening for individuals with a mental disorder and individuals with intellectual disability was accurately conducted. This was identified for one (Resident #69) of 37 residents reviewed for Pre-Admission Screening and Resident Review (PASRR). Specifically, Resident #69 did not have a complete Level 1 screen and was missing the screener identification number.</p> <p>The finding is:</p> <p>The facility's policy and procedure titled Pre-Admission Screening and Resident Review (PASRR) last revised on 11/16/2023 documented that the Admission department/designee will obtain a Screen and Level I Referral prior to a resident's admission to the facility. Level I screen is required for all applicants to determine whether they might have Serious Mental Illness (SMI) or Intellectual Disability (ID) and/or related disorders.</p> <p>Resident #69 was admitted with Diagnoses including Schizoaffective Disorder, Major Depressive Disorder, and Paranoid Personality Disorder. The Admission Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 11, which indicated the resident had moderately impaired cognition. The assessment's Pre-Admission Screening and Resident Review section documented that Resident #69 was not currently considered by the state level II Pre-Admission Screening and Resident Review process to have a serious mental illness, intellectual disability, or other related conditions.</p> <p>A review of Resident #69's Pre-Admission Screening and Resident Review screen dated 11/20/2024 revealed that the responses to questions #36 and #37 were blank and question #38 was partially completed. Question #36 required a response to determine the resident's disposition for example a nursing home, community, or an adult care facility, etc. Question #37 required the date and signature of the person/representative being assessed. Question #38 required the printed name, signature, and screener identification number of the qualified screener who completed the Pre-Admission Screening and Resident Review. The screener identification number of the qualified screener was not documented.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/31/2025 at 10:36 AM, the Admission Coordinator stated the screen should have been reviewed for accuracy and completion. The Admission Coordinator stated they did not recall if they reviewed Resident #69's screen prior to their (Resident #69) admission. The Admission Coordinator stated they should have contacted the sending facility to obtain a completed copy if they had noticed any problem during their initial review.</p> <p>During an interview on 1/31/2025 at 10:52 AM, the Director of Admissions stated they were also responsible for reviewing the resident's admission documents including a Pre-Admission Screening and Resident Review screen. The Director of Admissions stated the screening form should be reviewed to determine if the facility can provide the services the resident needs. The Director of Admissions stated that if a screen form was incomplete, they should reach out to the case worker from the sending facility to obtain a completed copy. The Director of Admissions stated Resident #69's screening form was incomplete and the screener identification number was missing.</p> <p>During an interview on 2/3/2025 at 1:32 PM, the Administrator stated Resident #69's Pre-Admission Screening and Resident Review screen should have been reviewed prior to admission to the facility. The Administrator stated the screening form is essential to determine what level of services the resident would require. The Administrator stated the sending facility should be contacted if the Pre-Admission Screening and Resident Review form was not accurate or incomplete.</p> <p>10 NYCRR 400.11</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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>34798</p> <p>Based on observation, record review, and interviews during the Recertification Survey, initiated on 1/28/2025 and completed on 2/3/2025, the facility did not ensure that it implemented a comprehensive person-centered care plan for each resident to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. This was identified for one (Resident #337) of three residents reviewed for Pressure Ulcers. Specifically, Resident #337 had a physician's order to wear bilateral (both extremities) heel booties at all times. During multiple observations, the resident was not wearing the physician-ordered heel booties.</p> <p>The finding is:</p> <p>The facility's policy, titled Care Planning Process and Care Conference, dated 7/2023, documented the care plan is a working tool that provides a profile of the needs of the individual resident; the resident care plan will be available for use by staff caring for the resident. The care plan includes initial needs/problems such as falls, skin tears, risk for skin breakdown, nutritional status, behaviors, pacemaker, anticoagulants, psychotropic medication use, etc. The goals should be specific, realistic, and measurable. Specification of the interdisciplinary team members who are responsible for working with the resident to meet specific goals and assist with interventions will be identified.</p> <p>Resident #337 was admitted with diagnoses including Diabetes Mellitus, Cerebral Infarction (stroke), and Venous Insufficiency (blood does not flow properly in the veins of lower extremities). The 12/27/2024 Admission Minimum Data Set assessment documented a Brief Interview for Mental Status score of 0, indicating the resident had severe cognitive impairment. The resident was dependent on facility staff for bed mobility and had one Stage 2 (partial thickness loss of skin) and two Stage 3 (full thickness loss of skin) pressure ulcers.</p> <p>A physician's order dated 12/19/2024 and renewed on 1/15/2025 documented, Heel Lift Booties to Bilateral Lower Extremities at all times; remove every shift for nursing care, hygiene, skin checks, and repositioning. Reapply as tolerated.</p> <p>A Comprehensive Care Plan titled Fragile Skin: At Risk for Skin Breakdown, effective 12/19/2024, documented treatment as per physician order as an intervention.</p> <p>The Resident Nursing Instructions (care instructions for Certified Nursing Assistant) effective January 2025, documented under the heading Skin Check/Care, Heel lift booties to bilateral lower extremities at all times, remove every shift for nursing care, hygiene, skin checks, and repositioning. Reapply as tolerated.</p> <p>During an observation on 1/28/2025 at 12:00 PM, Resident #337 was observed in their room in a high-back wheelchair. The resident was not wearing the heel booties.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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>During an observation on 1/29/2025 at 2:40 PM, Resident #337 was observed in bed. A family member was at the bedside visiting. The surveyor requested Registered Nurse #3 to observe the resident. Registered Nurse #3 lifted the sheets covering the resident's feet. The resident had socks on their feet but was not wearing the heel booties. Registered Nurse #3 found the heel booties in the resident's closet and placed them on the resident's feet and stated the Certified Nursing Assistant should have applied the heel booties.</p> <p>During an interview on 1/30/2025 at 10:11 AM, Certified Nursing Assistant #1 stated they worked the 7:00 AM-3:00 PM shift on 1/29/2025 and were assigned to Resident #337. Certified Nursing Assistant #1 stated the resident only wears heel booties when in bed. Certified Nursing Assistant #1 stated on 1/29/2025, they and another Certified Nursing Assistant put the resident in bed using a Mechanical lift before 3:00 PM at the family's request. Certified Nursing Assistant #1 stated they were going to put the heel booties on after they put the Mechanical lift away. Certified Nursing Assistant #1 stated they were not aware that the heel booties should be worn at all times.</p> <p>During an interview on 1/30/2025 at 10:32 AM, Certified Nursing Assistant #2 stated they worked as a float Certified Nursing Assistant on 1/28/2025 and were assigned to Resident #337. Certified Nursing Assistant #2 stated they did not put the heel booties on the resident's feet during the day because heel booties are usually worn at night when the resident is placed back in bed. Certified Nursing Assistant #2 stated they did not check the nursing care instructions at the start of their shift.</p> <p>During an interview on 1/31/2025 at 9:40 AM, Registered Nurse Supervisor #1 stated the Certified Nursing Assistants are responsible for checking the nursing care instructions to know exactly what care is required for each resident. Resident #337 required heel booties at all times except for skin checks and during nursing care.</p> <p>During an interview on 1/31/2025 at 12:00 PM, the Director of Nursing Services stated the Certified Nursing Assistants are expected to review the resident nursing care profile and provide the care as per the resident's plan of care.</p> <p>10 NYCRR 415.11(c)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34798</p> <p>Based on observations, record review, and staff interviews during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025 the facility did not ensure each resident received care, consistent with professional standards of practice to prevent pressure ulcers from developing, promote healing, and prevent infections. This was identified for two (Resident #26 and Resident #38) of three residents reviewed for Pressure Ulcers. Specifically, 1) Resident #26 had a physician's order for an Air Mattress. The facility did not provide the resident with an air mattress as per the physician's orders. 2) Resident #38 with Stage 3 pressure ulcers (a full-thickness skin loss where the underlying fat tissue is visible within the wound but without exposing muscle, tendon, or bone) on the sacrum (bone located at the base of the spine) and the left buttock had a Physician's Order for an air mattress. Resident #38 weighed 150 pounds; however, during multiple observations, the air mattress weight setting was calibrated at 290 pounds.</p> <p>The findings are:</p> <p>The facility policy titled Low Air-Loss Mattress/Alternating Pressure Pump and Mattress, dated 10/28/2020, documented that a specialty bed will be obtained upon the provider's order. The low air-loss mattress/bed will be utilized according to the manufacturer's recommendations to maintain skin integrity and to promote healing of existing pressure ulcers, flaps (healthy skin and tissue that is partly detached and moved to cover a nearby wound), and grafts (a surgical procedure where healthy skin is transplanted from one area of the body (donor site) to another area (recipient site) to replace damaged or missing skin).</p> <p>1) Resident #26 was admitted with diagnoses including Osteoporosis with Current Pathological Fracture, Muscle Weakness, and Major Depressive Disorder. The 1/22/2025 Admission Minimum Data Set assessment documented a Brief Interview for Mental Status score of 13, indicating the resident was cognitively intact. The Minimum Data Set documented the resident was dependent on facility staff for bed mobility and was at risk for developing pressure ulcers. The Minimum Data Set documented the resident had no pressure ulcers upon admission.</p> <p>A nursing progress note dated 1/24/2025, written by Registered Nurse Supervisor #1, documented the resident was noted with excoriation (abrasion) to the right heel. Treatment was initiated. An air mattress and wound consult were ordered.</p> <p>A Physician's order dated 1/24/2025 documented Air Mattress, adjust settings based on patient comfort level.</p> <p>A Physician's order dated 1/24/2025 documented to check the functional status of the air mattress every shift.</p> <p>During an observation on 1/28/2025 at 10:16 AM, Resident #26 was lying in bed and had a standard mattress on the bed. There was no air mattress.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician's order dated 1/29/2025 documented to cleanse the right heel with wound cleanser, pat dry, and then apply silver hydrogel (antimicrobial silver dressing to keep the wound moist) and then cover with dry protective dressing daily and as needed for Excoriation.</p> <p>During an observation on 1/29/2025 at 8:40 AM, Resident #26 was observed in bed in the presence of Licensed Practical Nurse #1. The resident did not have an air mattress. Licensed Practical Nurse #1 stated the resident did not have any wounds, their skin was intact. Licensed Practical Nurse #1 stated they would have to call the Physician to confirm if the air mattress order was still necessary.</p> <p>The Comprehensive Care Plan for right heel excoriation dated 1/29/2025 documented an intervention for an air mattress.</p> <p>During an interview on 1/29/2025 at 2:30 PM, Licensed Practical Nurse #1 stated they checked with the wound care nurse and were informed that the resident had a heel wound and that an air mattress use was necessary for the resident.</p> <p>During an observation on 1/29/2025 at 2:32 PM, Resident #26 was lying in bed with an air mattress in place.</p> <p>A review of the January 2025 Treatment Administration Record indicated that nurses have been signing for the presence and functionality of the air mattress since 1/24/2025 each shift.</p> <p>During an interview on 1/30/2025 at 9:30 AM, Licensed Practical Nurse #2 (who signed the Treatment Administration Record on 1/28/2025 for the presence of the air mattress) did not have an explanation as to why they signed for the presence and functional status of the air mattress.</p> <p>During an interview on 1/30/2025 at 11:54 AM, Wound Care Registered Nurse #1 stated they had evaluated Resident #26 on 1/29/2025 for the first time. Wound Care Registered Nurse #1 stated the resident had a right heel excoriation wound and needed the air mattress.</p> <p>During an interview on 1/31/2025 at 9:40 AM, Registered Nurse Supervisor #1 stated they had no explanation as to why the air mattress, which was ordered on 1/24/2025, was not provided for Resident #26 until 1/29/2025. Nursing staff should have called Central Supply when a new order for an air mattress was first obtained.</p> <p>49245</p> <p>2) Resident #38 was admitted to the facility with diagnoses including Type 2 Diabetes, Hypertension, and Stage 3 pressure ulcers on the sacral region and left buttock. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 3, which indicated Resident #38 had severely impaired cognition. The Minimum Data Set (MDS) assessment documented Resident #38 had unhealed pressure ulcers and used pressure-reducing devices for the chair and bed, turning and positioning program, and nutrition and hydration intervention to manage skin problems.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Comprehensive Care Plan titled Skin Integrity: At Risk for Skin Breakdown, effective 1/3/2025, documented interventions including an air mattress, weekly skin assessments, and Certified Nursing Assistant (CNA) observation of skin condition daily during care and reporting any abnormalities to the Nurse.</p> <p>A Comprehensive Care Plan titled; Pressure Ulcer-Sacrum and Left Buttock effective 1/8/2025 documented interventions including treatment as per Physician Orders, pressure reduction mattress, and wound care rounds weekly and as needed.</p> <p>A Physician's Order dated 1/8/2025 documented: cleanse the sacral and left buttock wounds with wound cleanser, pat dry, and apply silver hydrogel (an antimicrobial silver compound for maintaining a moist wound environment) by topical route every shift and as needed. The order included the use of an air mattress and checking the functional status of the air mattress every shift.</p> <p>A review of Resident #38's electronic medical record revealed that Resident #38 weighed 150 pounds dated 1/3/2025.</p> <p>During an observation on 1/28/2025 at 9:30 AM, Resident #38 was lying in bed. The weight setting on the air mattress was calibrated at 290 pounds.</p> <p>During an observation on 1/28/2025 at 2:54 PM, Resident #38 was observed lying in bed. The weight setting on the air mattress was calibrated at 290 pounds.</p> <p>During an observation on 1/29/2025 at 3:45 PM, Resident #38 was observed lying in bed. The weight setting on the air mattress was calibrated at 290 pounds.</p> <p>During an interview on 1/29/2025 at 4:03 PM, Licensed Practical Nurse #4, the Medication Nurse, stated that Maintenance and Housekeeping preset the air mattress' weight settings. If Resident #38 had discomfort including restlessness, they (Licensed Practical Nurse #4) would adjust the air mattress weight setting. Licensed Practical Nurse #4 stated they did not call the Maintenance staff when they noticed that Resident #38's air mattress was sagging when the weight setting was at 150 pounds. Licensed Practical Nurse #4 stated they just increased the weight calibration to 290 pounds to achieve optimum firmness of the air mattress themselves.</p> <p>During an interview on 1/30/2025 at 11:07 AM, Licensed Practical Nurse #3, the Unit Manager, stated when the air mattress weight setting is set at 290 pounds, the mattress becomes firm and the pressure is not offloaded on the affected area as desired. Licensed Practical Nurse #3 stated Licensed Practical Nurse #4 should have called Maintenance staff to evaluate the air mattress instead of increasing the weight calibration.</p> <p>During an interview on 2/3/2025 at 8:55 AM, the Director of Housekeeping stated the Housekeeping Department does not calibrate or preset the weight setting of the air mattress. The weight calibration should have been the responsibility of the Nurses. The Director of Housekeeping stated that once a request for an air mattress is received, Housekeeping staff would set up the air mattress and ensure that there are no leaks on the air mattress and the air mattress is inflated properly. The Director of Housekeeping stated that Maintenance staff would be called for any issues with the functionality of the air mattress. If the Maintenance staff is not able to fix the air mattress, then the Housekeeping staff will replace the air mattress with a new one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/3/2025 at 11:00 AM, Wound Care Nurse #1 stated nurses were responsible for monitoring the air mattress weight settings. Wound Care Nurse #1 stated the air mattress weight setting should be adjusted according to the resident's weight but there were times when the resident's comfort was considered. The Wound Care Nurse #1 stated they did not know that Resident #38's air mattress weight setting was calibrated at 290 pounds. The Wound Care Nurse #1 stated they would expect the air mattress weight setting to be calibrated to the resident's comfort level which is up to 50 pounds over Resident #38's weight of 150 pounds.</p> <p>During an interview on 2/3/2025 at 11:29 AM, the Director of Nursing Services stated that air mattresses should be monitored by the Nurses including the weight settings. Reporting any malfunction on the air mattress should have been relayed immediately to Maintenance.</p> <p>10NYCRR 415.12(c)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28173</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025, the facility did not ensure that all medications and biologicals were stored properly and labeled in accordance with currently accepted principles. This was identified for one (Resident #35) of seven residents reviewed for Accidents. Specifically, one inhaler of Albuterol Sulfate was observed in Resident #35's room on their nightstand without a nurse in the vicinity. The Albuterol Sulfate inhaler was not labeled with Resident #35's name.</p> <p>The finding is:</p> <p>Resident #35 was admitted with diagnoses that included Asthma, Type 2 Diabetes Mellitus, and Hypertension. A Quarterly Minimum Data Set assessment dated [DATE] documented Resident #35 had a Brief Interview for Mental Status score of 15, indicating the resident had intact cognition. The Minimum Data Set documented Resident #35 did not have shortness of breath.</p> <p>The physician's orders dated 1/21/2025 revealed no evidence of a physician's order for an Albuterol Sulfate (a medication to treat Asthma) inhaler.</p> <p>During an observation and interview on 1/28/2025 at 2:50 PM, one Albuterol Sulfate inhaler was observed on Resident #35's nightstand. Resident #35 was present in the room and stated they usually self-administer 2 puffs of the Albuterol Sulfate inhaler, twice a day when they have difficulty breathing. Resident #35 stated their community Physician prescribed the Albuterol Sulfate inhaler and a family member brought the medication to the facility.</p> <p>During an interview on 1/28/2025 at 2:52 PM, Licensed Practical Nurse #5 stated residents are not allowed to self-medicate without an assessment and a physician's order for the medication and self-administration. Licensed Practical Nurse #5 stated they did not know Resident #35 had the Albuterol Sulfate inhaler in their room.</p> <p>During an interview on 2/3/2025 at 1:19 PM, the Director of Nursing Services stated medications should not be stored in the resident rooms. The Director of Nursing Services stated the residents should not self-administer their medications unless they were assessed for self-administration and had a physician's order to do so.</p> <p>10 NYCRR 415.18 (d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44963</b></p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025, the facility did not ensure each resident was served food and drink that was palatable, attractive, and at a safe and appetizing temperature. This was identified for ten (Resident #83, Resident #111, Resident # 33, Resident # 52, Resident #53, Resident #20, Resident #18, Resident #164, Resident #118, and Resident #171) of ten residents during the Resident Council meeting. Specifically, during the Resident Council meeting held on 1/29/2025, ten of the ten residents in attendance complained of hot food being served at cold temperatures. On 1/30/2025, during the lunch meal service, one (Unit 3 North) of three units' meal temperatures for the hot food items were recorded below 135 degrees Fahrenheit.</p> <p>The finding is:</p> <p>The facility's undated policy titled Food Preparation and Service documented that time and temperature-sensitive foods including meats, poultry, seafood, cut melon, eggs, milk, yogurt, and cottage cheese must be maintained below 41 degrees Fahrenheit and above 135 degrees Fahrenheit. Previously cooked food must be reheated to 165 degrees Fahrenheit for at least 15 seconds. The temperature of foods held in steam tables will be monitored by cooks.</p> <p>The Resident Council meeting was conducted on 1/29/2025 at 11:15 AM. Ten of the ten residents during the group interview complained of hot food being served at cold temperatures.</p> <p>Resident #20, the Resident Council President, was admitted with diagnoses that included Multiple Sclerosis, Hypertension, and Hyperlipidemia (high cholesterol). The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.</p> <p>Resident #33 was admitted with diagnoses that included Obesity, Hypothyroidism, and Hyperlipidemia (High cholesterol). The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident was cognitively intact.</p> <p>Resident #53 was admitted with diagnoses that included Seizure, Diabetes Mellitus, and Iron Deficiency Anemia. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident was cognitively intact.</p> <p>A review of the Resident Council minutes from 11/2024 to 1/2025 indicated no concerns were documented in the Resident Council minutes regarding hot foods that were served cold during meals.</p> <p>On 1/30/2025 during the lunch meal service, food temperature testing was conducted on 3 units (Unit 1 North, Unit 2 South, Unit 3 North). Foods held at the steam table on Unit 1 North dining room were tested ; two test trays were requested for Unit 2 South and Unit 3 North.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Two meal racks for Unit 3 North departed the kitchen at 12:49 PM and arrived at the unit at 12:53 PM. The last meal tray was served at 1:18 PM. The test tray temperatures were taken at 1:18 PM in the presence of Dietary Aide #1. The temperature reading for the protein entree, the sliced turkey with gravy, was 100 degrees Fahrenheit. The temperature readings for the vegetables (roasted potatoes and braised cabbage) were 112 degrees Fahrenheit and 108 degrees Fahrenheit respectively.</p> <p>During an interview on 1/30/2025 at 11:35 AM, the Food Service Director stated they knew there were concerns regarding hot meals being served cold from the Food Committee meetings and conversations with individual residents, especially the Unit 3 North residents who had many complaints about hot food temperatures. The Food Service Director stated that prior to the start of every meal, hot food temperatures were checked in the kitchen. The Food Service Director stated that the food trucks, currently in use, were not heated and not overly insulated to preserve hot foods at desirable temperatures. The Food Service Director also stated delays in distributing food trays after the food truck arrived at the unit also affected food temperatures.</p> <p>During an interview on 1/31/2025 at 11:08 AM, the Ombudsman stated that they regularly attended monthly Resident Council meetings per invitation. The Ombudsman stated that complaints about food temperatures were brought up in meetings but discussions were typically deferred to the Food Committee that immediately followed the Resident Council meeting; however, they did not usually participate.</p> <p>During a re-interview on 2/3/2025 at 12:51 PM, the Food Service Director stated that hot foods should be held below 165 degrees Fahrenheit and they continued to work with the Administration to explore options; however, there are no other actions taken to improve the food temperature.</p> <p>During an interview on 2/3/2025 at 1:32 PM, the Administrator stated they were not aware of residents' complaints about food temperatures. The Administrator stated they did not discuss any concerns related to hot food being served cold with the Food Service Director.</p> <p>10 NYCRR415.14(d)(1)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44963</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025, the facility did not follow proper sanitation practices to prevent the outbreak of foodborne illness and did not distribute and serve food in accordance with professional standards for food service safety. This was identified during the Kitchen and Dining task. Specifically, 1) during the kitchen observation on 1/28/2025, the rinse temperature of the high-temperature dishmachine was observed to be below 180 degrees Fahrenheit. The manufacturer's temperature recommendation for the rinse cycle was 180 degrees Fahrenheit and above. Additionally, the facility did not monitor the rinse and wash cycle temperatures of the dishmachine. 2) On 1/30/2025, during the lunch meal service on Unit 3 North, the hot food temperatures for the lunch meal were recorded below 135 degrees Fahrenheit. Additionally, the cold food item temperatures were recorded above 41 degrees Fahrenheit on three (Unit 1 North, Unit 2 South, and Unit 3 North) of three units.</p> <p>This is a repeated deficiency.</p> <p>The findings are:</p> <p>1) The facility's undated policy titled Procedure for Dishwashing documented that dietary staff would understand and follow proper dishwashing procedures including but not limited to using only chemicals designed for the dish machine for dishwashing, rinsing and sanitizing, and making sure adequate chemicals are available and replaced when needed. The wash temperature gauge should read 140 to 160 degrees Fahrenheit, and the rinse temperature gauge should read 180-185 degrees Fahrenheit. The temperatures should be recorded and if temperatures are below the target range, alert the Food Service Director and/or Cooks.</p> <p>The undated dishmachine user manual documented wash temperature for high-temperature operation should be 160 degrees Fahrenheit and the sanitizing rinse temperature for high-temperature operation should be 180 degrees Fahrenheit.</p> <p>The dishmachine was observed being operated by Dietary Aide #2 on 1/28/2025 at 10:09 AM, in the presence of the Food Service Director. Dietary Aide #3 was also present and was scraping leftover foods from plates to be loaded for wash. The temperature gauges on the dishmachine read 160 degrees Fahrenheit for the Wash and 100 degrees Fahrenheit for the Rinse cycle. The rinse temperature gauge was not moving during two separate cycles.</p> <p>During an interview on 1/28/2025 at 10:20 AM, Dietary Aide #2 stated they were using the dishmachine to wash the dishes from the facility's breakfast meal. Dietary Aide #2 stated they did not notice the rinse temperature was low. Dietary Aide #2 stated that the gauge was functional.</p> <p>The dishmachine Temperature Log sheet for January 2025 was reviewed on 1/28/2025 at 10:24 AM. From 1/1/2025 to 1/28/2025, the dishmachine rinse temperature readings ranged from 100 degrees Fahrenheit to 166 degrees Fahrenheit for the rinse cycle.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/28/2025 at 10:24 AM, the Food Service Director stated the dishmachine used by the facility was a high-temperature machine and was newly installed on 11/6/2024. The Food Service Director stated they expected the final rinse temperature to reach 185 degrees Fahrenheit for effective cleaning and sanitizing. The Food Service Director stated they reviewed the dishmachine temperature logs; however, they did not identify that the rinse cycle temperatures were low because they were only looking at the logs to see that the logs were completed and did not pay attention to the actual values documented. The Food Service Director stated that the staff assigned to dishwashing duty also did not notify them of the improper rinse cycle temperature. The Food Service Director stated the dishmachine utilizes chemicals for sanitization when the rinse cycle temperature is below 180 degrees Fahrenheit. The Food Service Director stated they did not know the chemicals that were being used and were unable to show where the chemicals were loaded in the dishmachine. The Food Service Director stated they also did not know how to test for correct chemical concentration to achieve sanitary standards.</p> <p>The dishmachine Temperature Log sheet for November 2024 was reviewed on 1/28/2025 at 11:05 AM. The rinse cycle temperature ranged from 100 degrees Fahrenheit to 180 degrees Fahrenheit.</p> <p>The dishmachine Temperature Log sheet for December 2024 was reviewed on 1/28/2025 at 11:05 AM. The rinse cycle temperature ranged from 100 degrees Fahrenheit to 172 degrees Fahrenheit.</p> <p>During an interview on 1/18/2025 at 12:31 PM, the dishmachine company Representative stated they installed the current dishmachine approximately 2 months ago and have been providing weekly services to ensure the dishmachine was operational. The dishmachine company Representative stated the temperature gauges were functioning appropriately when they last visited on 1/24/2025 and the temperature readings for the rinse cycle were above 180 degrees Fahrenheit. The dishmachine company Representative confirmed that currently the rinse cycle temperature gauge was broken and that they would have to fix it. The dishmachine company Representative stated the dishmachine can automatically dispense the sanitizer during the rinse cycle; however, the machine was not programmed to automatically dispense sanitizer at this time and the sanitizer supply was not attached to the machine.</p> <p>During an interview on 1/31/2025 at 12:36 PM, Dietary Aide #2 stated they sometimes covered the dishwashing assignment and were aware that the wash cycle temperature of the dishmachine should be at 160 degrees Fahrenheit and the rinse cycle temperature should be 180 degrees Fahrenheit. Dietary Aide #2 stated that they did not notify anyone that the rinse cycle temperatures were low.</p> <p>During an interview on 1/31/2025 at 2:03 PM, Dietary Aide #3 stated they did not check and record the dishmachine temperatures. Dietary Aide #3 stated they were aware that the wash cycle temperature of the dishmachine should be at 160 degrees Fahrenheit, and the rinse cycle temperature should be at 180 degrees Fahrenheit. Dietary Aide #3 stated they did not notify anyone that the rinse cycle temperatures were low.</p> <p>During an interview on 2/3/2025 at 1:32 PM, the Administrator stated they expected the Food Service Director and the dietary staff to accurately monitor and report the dishmachine wash and rinse cycle temperatures and the Food Service Director should have known, acted upon, and contacted the dishmachine technician to address the broken temperature gauge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) The facility's undated policy titled Food Preparation and Service documented that time and temperature-sensitive foods including meats, poultry, seafood, cut melon, eggs, milk, yogurt, and cottage cheese must be maintained below 41 degrees Fahrenheit and above 135 degrees Fahrenheit. Previously cooked food must be reheated to 165 degrees Fahrenheit for at least 15 seconds. The temperature of foods held in steam tables will be monitored by cooks.</p> <p>On 1/30/2025 during the lunch meal service, food temperature testing was conducted on 3 units (Unit 1 North, Unit 2 South, Unit 3 North). Foods held at the steam table on Unit 1 North dining room were tested ; two test trays were requested for Unit 2 South and Unit 3 North.</p> <p>During the lunch meal service on Unit 2 South on 1/30/2025 at 12:20 PM, the tuna salad sandwich on an individual resident tray was measured at 73.6 degrees Fahrenheit in the presence of [NAME] #1.</p> <p>During the lunch meal service in Unit 1 North dining room on 1/30/2025 at 12:24 PM, the tuna salad sandwich on an individual resident tray was measured at 70 degrees Fahrenheit in the presence of Licensed Practical Nurse #2.</p> <p>During lunch trayline observation in the kitchen on 1/30/2025 at 12:45 PM, the Food Service Director measured the temperature of a tuna salad sandwich on an individual resident tray. The tuna salad sandwich was measured at 73 degrees Fahrenheit. The Food Service Director was immediately interviewed and stated that sandwiches were assembled and stored in the refrigerator, placed on the meal trays, and loaded into the food trucks prior to mealtime.</p> <p>Two meal racks for Unit 3 North departed the kitchen at 12:49 PM and arrived at the unit at 12:53 PM. The last meal tray was served at 1:18 PM. The test tray temperatures were taken at 1:18 PM in the presence of Dietary Aide #1. The temperature reading for the protein entree, the sliced turkey with gravy, was 100 degrees Fahrenheit. The temperature readings for the vegetables (roasted potatoes and braised cabbage) were 112 degrees Fahrenheit and 108 degrees Fahrenheit respectively. In addition, the egg salad sandwich on an individual resident tray was measured at 60 degrees Fahrenheit.</p> <p>During a re-interview on 2/3/2025 at 12:51 PM, the Food Service Director stated that hot food should be held at 165 degrees Fahrenheit and cold food should be served between 35 to 38 degrees Fahrenheit. The Food Service Director stated that other cold food items such as milk and dessert (except ice cream) were also placed on residents' trays before the time of services. The Food Service Director stated that the sandwich measured at 73 degrees Fahrenheit did not pose a safety hazard if the sandwich was consumed within an hour; however, sometimes meal delivery took more than an hour. The Food Service Director stated moving forward dairy and sandwiches will be sent to the units on ice-bath.</p> <p>During an interview on 2/3/2025 at 1:32 PM, the Administrator stated they were not aware of residents' complaints about food temperatures. The Administrator stated they expected temperatures of hot and cold food items to be kept and served to residents at their respective safe temperature ranges.</p> <p>10 NYCRR 415.14(h)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0838</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>44963</p> <p>Based on record review and interviews during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025, the facility did not ensure its Facility Assessment included the facility's resources of nursing staff who provided services under contract. This was identified during the Sufficient Staffing Task. Specifically, the Facility Assessment, last reviewed in January 2025, did not indicate the use of staffing agencies to meet the staffing needs of the facility.</p> <p>The finding is:</p> <p>The facility's policy titled Facility Assessment reviewed and revised on 7/3/2024, documented the facility will conduct and document a facility-wide assessment to evaluate the resident population and identify the resources needed to provide necessary care required during day-to-day operations, (including nights and weekends) and emergency services.</p> <p>The Facility Assessment was last reviewed in January 2025 and did not include the use of staffing agencies to meet its staffing needs.</p> <p>During an interview on 2/3/2025 at 12:01 PM, the Administrator and the Director of Nursing Services both stated they were involved in developing the Facility Assessment. The Director of Nursing Services stated the facility contracted with five staffing agencies to fill Certified Nursing Assistants and Licensed Practical Nurses positions. The Director of Nursing Services stated the agency staff were utilized on a daily basis. The Administrator reviewed the Facility Assessment and stated the contracted nursing agencies, including the services provided by the contracted staffing agencies, were not specified in the Facility Assessment. The Administrator stated the use of nursing agencies was implicated under the contract services section of the assessment as other agreements with third parties provided service during both normal operations and emergencies.</p> <p>10 NYCRR 415.26</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Highfield Gardens Care Center of Great Neck		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Community Drive Great Neck, NY 11021	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>28173</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey initiated on 1/28/2025 and completed on 2/3/2025 the facility did not maintain an effective pest control program. This was identified for two (Unit 2 South and Unit 3 North) of five units observed during the Environmental Task. Specifically, a cockroach was observed at the 2 South nursing station on 1/28/2025. Additionally, all residents (10 of 10) in the resident council meeting confirmed the sighting of cockroaches throughout the facility and had concerns about pest control.</p> <p>The finding is:</p> <p>A facility policy titled, Pest Control, dated July 2018 documented it is the responsibility of the Maintenance Department to coordinate the control of pests with a company engaged in the business of providing Pest Control Services.</p> <p>The pest control logs for November 2024, December 2024, and January 2025 documented requests for the treatment of roaches on Unit 3 North.</p> <p>A review of pest control treatment invoices from 11/14/2024 to 1/4/2025 revealed cockroach gel treatments were provided on multiple units in all resident rooms.</p> <p>During an observation on 1/28/2025 at 10:08 AM, a cockroach was observed at the Unit 2 South nurse's station.</p> <p>During the Resident Council Meeting on 1/29/2025 at 11:15 AM, all ten residents in attendance confirmed the presence of cockroaches throughout the facility.</p> <p>During an interview on 2/3/2025 at 2:46 PM, the Maintenance Director stated they are responsible for the pest control program for the facility. The Maintenance Director stated the facility is treated weekly to address the pest control issue. The Maintenance Director stated that pest control treatments have been provided since 1/4/2024 but could not provide a record of the treatments. The Maintenance Director stated the facility continues to have pest control issues despite their efforts.</p> <p>There was no documented evidence of a weekly pest control treatment after 1/4/2025.</p> <p>During an interview on 2/3/2025 at 2:50 PM, the Administrator stated they are aware of the pest control problem despite their efforts to address the issues by contracting with a pest control company. They attribute the persistent pest control problems to families bringing in unpackaged food items, residents' reluctance to maintain food in sealed containers, and the adjoining county-owned property which often serves as a littering site for the public.</p> <p>10 NYCRR 415.29(j)(5)</p>		