

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Fort Tryon Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 801 W 190th St New York, NY 10040	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33315</p> <p>Based on record review and interviews conducted during the Recertification Survey from 06/13/24 to 6/21/24 the facility did not ensure that a resident's Minimum Data Set assessment accurately reflected the resident's status. This was evident for 1 resident reviewed for Communication/sensory, out of 38 sampled residents (Resident #42). Specifically, the Minimum Data Set assessment inaccurately documented that Resident #42 who had vision impairment (blind) was assessed to have no vision impairment.</p> <p>The finding is:</p> <p>Resident #42 had diagnoses which include Diabetes and Hypertension.</p> <p>The most recent annual Minimum Data Set assessment dated [DATE] documented that the resident's vision is adequate - able to sees fine detail, such as regular print in newspapers/books.</p> <p>A review of the Optometry evaluation dated 11/2023 documented that the resident is legally blind.</p> <p>On 06/14/24 at 12:15 PM, an interview was conducted with the Certified Nursing Assistant #3 who stated, Resident #42 is blind, they cannot walk alone, and we must instruct them on what to do. The Certified Nursing Assistant #3 further stated that the resident is able to follow directions and has an intact memory.</p> <p>On 06/17/24 at 12:01 PM, an interview was conducted with Resident #42 (the MDS Coordinator was also present at this time). Resident #42 stated, that they are blind and cannot see anyone while standing in front of them. The resident stated that he cannot see with his right eye.</p> <p>On 06/17/24 at 12:55 PM, an interview was conducted with the MDS Coordinator who stated that the assessment was an error. They stated that most of the time, they review medical records offsite, and then if clarification is needed then they see the resident. They concluded that it was an oversight. I missed it.</p> <p>10 NYCRR 415.11(b)</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: 335257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Fort Tryon Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 801 W 190th St New York, NY 10040	

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 - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101</p> <p>Based on observation, record review and interview conducted during a Recertification Survey and Complaint Survey (NY00334169) from 06/13/2024 to 06/21/2024, the facility did not ensure that it maintained an effective pest control program. Specifically, 1) room [ROOM NUMBER] was observed with vermin excrement in the resident room on the ledge, wall border, shared bathroom, and residents closet. 2) Resident in room [ROOM NUMBER] stated, they noted a cockroach in their room and informed staff. 3) Resident in room [ROOM NUMBER] stated that they have observed vermin in the building (mice in rehabilitation and roaches in their room). This concern was evident for 2 (2nd floor and 5th floor) out of 5 floors observed for the Environment.</p> <p>The findings are:</p> <p>The facility policy and procedure dated 10/01/2021 titled Pest Control documented that the facility adopted this integrated pest management plan. The plan outlines procedures to be followed to protect the health and safety of staff, residents and visitors from pest and pesticide hazards. The objective of the plan includes elimination of significant threats caused by pests to the health and safety of residents, staff, the public and prevention of loss or damage to structures or property by pests. Protection of environmental quality inside and outside buildings. The licensed exterminator conducts weekly facility rounds and inspects areas of special need as directed. When staff observes signs of pests, staff shall notify the Director of Housekeeping and record their observation in the unit exterminator communication log on each floor. The Director of Housekeeping shall maintain a record of the exterminator's findings and initiate corrective action to prevent recurrence as needed. The Director of Housekeeping or designee shall be the facility integrated pest management coordinator, be responsible to implement the integrated pest management plan and to coordinate pest management related communication between the facility, service providers, staff, and residents.</p> <p>The Pest Control log for the 2nd to 6th floor was reviewed from January 2024 to June 2024 and documented the following:</p> <p>2nd floor - Roaches in room [ROOM NUMBER] on 1/1/2024. Mice in room [ROOM NUMBER] on 3/6/2024. Mice in room [ROOM NUMBER] on 5/15/2024. Roaches in room [ROOM NUMBER] on 6/5/2024.</p> <p>3rd floor - room [ROOM NUMBER] roaches on 1/3/2024, room [ROOM NUMBER] roaches on 1/24/2024. Mice in room [ROOM NUMBER] on 3/7/2024. Roaches in room [ROOM NUMBER] on 5/1/2024.</p> <p>4th floor - room [ROOM NUMBER] cockroaches on 1/17/2024 and ants in room [ROOM NUMBER] on 5/16/2024.</p> <p>5th floor - room [ROOM NUMBER] mice on 2/13/2024. room [ROOM NUMBER] roaches on 3/12/2024. room [ROOM NUMBER] roaches on 4/1/2024. room [ROOM NUMBER] roaches on 4/17/2024. room [ROOM NUMBER] mice on 5/8/2024. room [ROOM NUMBER] roaches on 5/24/2024. room [ROOM NUMBER] ants on 6/12/2024.</p> <p>6th floor - room [ROOM NUMBER] mice on 1/5/2024. room [ROOM NUMBER] roaches on 1/25/2024. room [ROOM NUMBER] mice on 5/8/2024. room [ROOM NUMBER] ants on 6/6/2024.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Fort Tryon Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 801 W 190th St New York, NY 10040	

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 - Few</p>	<p>The Pest Control service report slips were reviewed for the 2nd and 5th floor. On 1/8/2024 room [ROOM NUMBER] treated for roaches. On 1/15/2024 documented room [ROOM NUMBER] was treated. On 02/16/2024 room [ROOM NUMBER] treated for mice. On 03/11/2024 documented room [ROOM NUMBER] was treated for mice and on 03/18/2024 room [ROOM NUMBER] treated for roaches. On 04/5/2024 room [ROOM NUMBER] treated for roaches. On 04/22/2024 room [ROOM NUMBER] treated for roaches. On 5/10/2024 room [ROOM NUMBER] treated for mice. On 5/17/2024 room [ROOM NUMBER] treated for mice. On 05/27/2024 room [ROOM NUMBER] was treated for roaches. On 06/10/2024 room [ROOM NUMBER] treated for roaches. On 6/11/2024 room [ROOM NUMBER] treated for ants.</p> <p>On 06/18/2024 at 12:11PM, room [ROOM NUMBER] was observed to contain black colored droppings on the floor of the bathroom on the left, right and behind the toilet. Along the wall edge there were black colored droppings on the floor behind stored personal property bags. The closet was observed with a noted musty smell and multiple small black colored dropping on the closet floor.</p> <p>On 06/18/2024 at 12:13PM, Resident who resided in room [ROOM NUMBER] stated they have a purple bag with paper and the mice ate thru it. The bag was noted torn resting on top of boxes on floor.</p> <p>On 06/18/2024 at 12:24PM, room [ROOM NUMBER] was observed.</p> <p>On 06/18/2024 at 12:26PM, the Resident who resided in room [ROOM NUMBER] was interviewed and stated they reported seeing a cockroach on the wall of their room and informed an unspecified Certified Nursing Assistant, Housekeeping and a Nurse as well as anyone who would listen.</p> <p>On 06/18/2024 at 12:47PM, the Resident who resides in room [ROOM NUMBER] was interviewed and stated that they noticed a mouse in the rehabilitation department and noticed a mouse in the dining room on the 2nd floor last week. They have also noticed a mouse in their room and in the hallway past the nurse's station. This is New York City; this is an old building, and you can't kill them all.</p> <p>On 06/20/2024 at 03:23PM, room [ROOM NUMBER] was observed with multiple brown and black colored approximately 1/4 to 1/2 inch in length excrement noted on the windowsill and the edges of the bathroom wall.</p> <p>On 06/20/2024 at 03:25PM, the Resident who resides in room [ROOM NUMBER] was interviewed and stated that there are mice in the dining room not just on this floor. They are all over the place.</p> <p>On 06/21/2024 at 11:27AM, room [ROOM NUMBER] was observed again and noted with multiple brown and black colored mice droppings on the windowsill, black colored droppings on the floor behind their personal belongings against the wall.</p> <p>An interview was conducted on 06/20/2024 at 03:34PM with Certified Nursing Assistant # 2 who stated that they have not noticed any rodents or roaches or any signs in Resident #238's room. They stated that they do not know where the droppings on the ledge came from and the residents rooms need to be free of vermin for infection control.</p> <p>An interview was conducted on 06/20/2024 at 03:43PM, with Licensed Practical Nurse # 1 who stated the residents can get sick from mouse droppings. This is no good and it is not healthy for Resident #238 who has breathing problems.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Fort Tryon Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 801 W 190th St New York, NY 10040	
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 - Few</p>	<p>An interview was conducted on 06/20/2024 at 04:00PM, with the Registered Nurse Supervisor #1 who stated they have not noticed any vermin or vermin droppings in room [ROOM NUMBER]. If droppings are present, it would mean that we have pests here presently and we need to do pest control.</p> <p>An interview was conducted on 06/20/2024 at 04:18PM, with the Administrator who stated that the resident in room [ROOM NUMBER] reported that they saw something in their room. I am not sure if there were mouse droppings and they were notified in the last month. Vermin droppings are unsanitary, and it needs to be taken care of for infection control. They have had internal conversations with the Director of Housekeeping, Director of Social Work and the prior Social Worker and Director of Nursing in relation to room [ROOM NUMBER]. Pest control comes to the facility three times a week, they don't review the pest control reports, but they are aware of pest control reports. There was a report of a pest issue on the 6th floor but I can't recall specific the time frame. There have been no pest concerns that have been brought up in resident council meeting.</p> <p>An interview was conducted on 06/21/2024 at 10:34AM, with the Pest Control representative who stated, pest control services are provided to the facility twice a week. They ask staff if they notice any pests and look for signs of pests and mice activity. They have not noticed any droppings. They review the unit logbook for reported sightings or concerns, put out traps in nurses' station and resident rooms with vermin activity and most rooms are clean with no pest activity. They look at rooms for clutter. Items in the room have to be moved to treat the room in order to prevent it from having any activity. Residents live here and you don't want any pests to come in the facility. They further stated they caught 1 mouse on the 6th floor but cannot recall when this was. They have caught more mice outside. They treat mostly for ants and roaches which they treat with roach gel, ant gel and mice glue box traps which they place throughout the building.</p> <p>An interview was conducted on 06/21/2024 at 11:08AM, with the Director of Housekeeping who stated they do rounds in the building twice daily looking for dirty, dusty areas, resident closets, windowsills, and bedside table. They did rounds on the 5th floor this morning. Sometimes we have droppings from mice in resident closets and they document it in the pest control log notes. Residents have complained about pest issues yesterday and prior but could not recall when exactly. The exterminator comes two times a week and the pest control representative told them they could only use traps. They are not aware if anything was caught in room [ROOM NUMBER]. Families don't want their family members to live somewhere that has pests. Residents eat in the dining tables, and they don't want residents to be affected by rodents and pests.</p> <p>An interview was conducted on 06/21/2024 at 01:52PM, with the Chief Operating Officer who stated that we know we have mice and roaches, and it is a constant battle. We are in the city, and we are on top of a hill. Exterminating service was increased from once a week to twice a week since we were not happy with the pest control services. When they visit the facility, we discuss the pest problem and the pest issues have escalated in the past few years. The facility was using the current company prior to the pest issue starting. They further stated that they don't trust the extermination company and there should not be any mice or roaches in the facility. The facility should provide a safe and sanitary environment for residents. If they had mice in their house, they would move out. They look at the pest control logs and they believe the control company was not being aggressive with the pest control treatment regimen and we have a new pest control company that will start services on 7/1/2024.</p> <p>10 NYCRR 415.5(h)(1)</p>		