

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Dumont Center for Rehabilitation and Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 676 Pelham Road New Rochelle, NY 10805	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45478</p> <p>Based on observations, record review and interview during the recertification and abbreviated surveys (NY00333316), the facility did not ensure that all alleged violations involving abuse and neglect were reported within 2 hours to New York State Department of Health (NYSDOH) for 1 of 2 residents reviewed for abuse. Specifically, Resident #94's family informed the facility of an allegation of sexual abuse on 2/10/24 and facility reported to New York State Department of Health (NYSDOH) on 2/11/24.</p> <p>Findings include:</p> <p>Resident #94 was admitted to facility with diagnoses including diabetes, muscle weakness, difficulty walking, and a displaced comminuted fracture of shaft of right femur.</p> <p>The Admission Minimum Data Set (MDS, an assessment tool) dated 1/31/24 documented Resident #94 had moderately impaired cognition and no behavioral symptoms.</p> <p>Facility Accident/Incident investigation dated 2/10/24 documented that a family member of Resident #94 called the Nursing Supervisor on 2/10/24 around 4 PM, and reported that Resident #94 told them they were molested. Resident #94 stated a man entered their room and sexually assaulted them at midnight. Resident #94 was unable to describe what staff looked like or what they were wearing. The family and police were notified, the police came and the family member declined sending Resident #94 to the hospital.</p> <p>Review of the incident submission report revealed the incident was reported to the New York Department of Health on 2/11/24 at 11:21 AM.</p> <p>When interviewed on 4/30/24 at 12:04 PM, the Director of Nursing stated they called Administrator specifically to review incident and whether it needed to be reported right away as they were not working that day. The Director of Nursing stated the Administrator informed them they looked at the guidelines and because there was no injury or harm, they could report it within 24 hours.</p> <p>When interviewed on 5/01/24 at 1:43 PM, the Administrator stated they reviewed the incident, and did not feel it was harm and did not need to report with 2 hours and could be done in 24 hours. They stated it only needed to be reported in 2 hours if there was harm.</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10NYCRR 415.4 (b)(2)(3)		