

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Verrazano Nursing and Post-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Castleton Avenue Staten Island, NY 10301	

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>Based on observation, record review, and interviews conducted during an Abbreviated Survey (NY00352315), the facility failed to ensure that all alleged violations involving abuse, exploitation, or mistreatment, including injuries of unknown source are reported immediately but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. This was evident for one (1) out of three (3) residents (Resident #3). Specifically, on 08/15/2024, when Resident #3 was leaving the facility for the appointment, Resident #3 told Registered Nurse Supervisor #1 they will inform the doctor at the clinic they were abused in the facility. Registered Nurse Supervisor #1 informed the Facility's Medical Doctor. On 08/16/2025 at 5:49 PM, Medical Doctor #1 documented seen for abuse / patient claim and did not follow up. The Facility's Medical Doctor and Registered Nurse Supervisor #1 did not report an abuse allegation to the Director of Nursing or to the Administrator. There was no documented evidence that the allegation of abuse was reported to the New York State Department of Health.</p> <p>Findings are:</p> <p>The facility's Policy and Procedure, dated 01/05/2025, documented that all allegations of mistreatment, neglect, and abuse, including injury of unknown origin and misappropriation of the property, will immediately be reported to the Administrator and Director of Nursing. All allegations of abuse and incidents resulting in serious bodily injuries must be reported to the New York State Department of Health within two hours.</p> <p>Resident #3 was admitted to the facility with diagnoses including Mood Disorder, Anxiety, and Gastroesophageal Reflux Disease (stomach problem).</p> <p>A Minimum Data Set (an assessment tool) dated 07/11/2024, documented Resident #1 had intact cognition.</p> <p>Medical Doctor Progress Note dated 08/16/2024 at 5:49 PM, written by Medical Doctor #1, documented that Resident #3 was seen for Abuse (Resident #3 claimed). Resident #3 was sent to the hospital because at Gastroenterology consult Resident #3 claimed they had been abused. Resident #3's vital signs remained stable. No visible injury was noted. Resident #3 denied pain.</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: 335273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Verrazano Nursing and Post-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Castleton Avenue Staten Island, NY 10301	
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>A Care Plan Potential for Abuse, effective date 03/19/2024, documented intervention to allow Resident #3 to verbalize feelings about current situations.</p> <p>A review of nursing notes from 08/01/2024 to 8/16/2024, there were no documented evidence of any abuse incidents.</p> <p>A review of facility Incident /Accident reports from 08/01/2024 to 08/30/2024, there were no incident reports initiated regarding Resident #3's complaint of abuse.</p> <p>Review of Registered Nurse Supervisor #1 's Written Statement dated 04/08/2025, documented on 08/15/2024, before leaving for the appointment, Resident #3 stated to Registered Nurse Supervisor #1 they would tell the doctor they had been abused, and the doctor would send them to the hospital, and they will never come back to the facility.</p> <p>During an interview on 04/09/2025 at 4:25 PM, the Director of Nursing stated they were unaware of the allegation of abuse and were not aware of the Medical Doctor #1's note dated 08/16/2024. The Director of Nursing stated they started an investigation on 04/08/2025. The Director of Nursing stated the Medical Doctor #1, who wrote the note, is no longer working in the facility. The Director of Nursing stated they reached out to Medical Doctor #1, and Medical Doctor #1 said that some nurse (did not remember who) told them about Resident #3's complaint of being abused. The Director of Nursing stated that Medical Doctor #1 told them that they don't remember why they did not report the allegation of abuse to anyone. The Director of Nursing stated they reviewed the schedule when Resident #3 went to the hospital (on 08/15/2024) and reached out to Registered Nurse Supervisor #1, who is no longer working in the facility, and obtained a statement from them. The Director of Nursing stated that Registered Nurse Supervisor #1 said that before going to the hospital, Resident #1 told Registered Nurse Supervisor #1 that they would tell that staff abused them, and they notified Medical Doctor #1. The Director of Nursing stated Registered Nurse Supervisor #1 admitted that they did not inform the Director of Nursing because it was usual for Resident #1's behavior to report staff if their needs were not met.</p> <p>During an interview on 04/24/2025 at 11:08 AM, the Administrator stated all involved staff (Registered Nurse Supervisor #1 and Medical Doctor #1) should have reported the allegation of abuse immediately to the Director of Nursing and the Administrator. The Administrator also stated that the former Medical Director, who reviewed the chart after Resident #3 was discharged to the hospital, should have ensured that the allegation of abuse was investigated.</p> <p>10 NYCRR 415.4(b)(2)</p>		