STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335288	A. Building B. Wing	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shore View Nursing & Rehabilitation Center	2865 Brighton 3rd Street Brooklyn, NY 11235

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review conducted during an abbreviated survey (incident # 651587), the facility failed to ensure that a resident was free from physical abuse. This was evident in one (1), (Resident #1) out of four (4) residents reviewed and sampled for abuse. Specifically, on 06/20/2025 between 12:10 PM and 12:15 PM, Resident #1's adult child reported that Resident #1's right thumb was bleeding. Resident #1 stated that during an eye examination on 06/20/2025, Ophthalmologist #1 (the consulting ophthalmologist) bit their right thumb. Resident #1 was examined by Registered Nurse #1 a skin opening was seen on the anterior side of Resident #1's right thumb. There was a small amount of blood seen, and a bruise on the posterior side of the right thumb. Resident #1 was transferred to the hospital for an evaluation and returned to the facility on [DATE] at 7:05 PM with a discharge diagnosis and treatment for a human bite. Ophthalmologist #1 was escorted out of the facility by New York State Law enforcement, arrested, and charged.The findings are: The facility's Resident Rights and Organizational Ethics Policies titled Abuse /Neglect/Misappropriation/Exploitation and Mistreatment dated 10/2022, documented on page 2 under Abuse Prohibition that the facility shall not use or permit verbal, mental, sexual, or physical abuse or other mistreatment or neglect. The policy documented that the prohibition extends to everyone, including residents, staff, consultants, volunteers, and staff of other agencies serving the residents, family members, legal guardians, friends, or other individuals. Resident #1 was admitted to the facility with diagnoses of non-traumatic subarachnoid hemorrhage and Diabetes Mellitus. The Minimum Data Set (a resident assessment tool) dated 4/24/2025 documented that Resident #1 had a Brief Interview for Mental Status and had intact cognition. The assessment documented Resident #1 required substantial to moderate assistance with bed mobility, transfers, and eating. The Facility's Accident Report, completed by Registered Nurse #2, the Assistant Director of Nursing, dated 06/20/2025, documented that Resident #1 had a head-to-toe assessment done. There was a skin opening to the right thumb measuring 0.3 x 1 x 0.2 cm on the right anterior thumb with minimal bleeding and a small superficial skin bruise on the posterior area of the thumb with intact skin. There were no changes in the range of motion of the hand. Resident #1 complained of pain, with a score of three (3) out of ten (10). Tylenol for pain was administered. The Registered Nurse Supervisor #3 and the Registered Nurse Practitioner #3 were informed. The Facility Summary of Investigation dated 06/25/2025 concluded that the injury was a human bite, but not intentional, but accidental. The staff followed the facility protocol, and there was no psychological or emotional harm to any of the residents involved. Resident #1 was referred to the psychologist and to the social worker for follow-up. The incident was reported to the Department of Health, law enforcement, and the Office of Professional Medical Conduct. The facility's Health Status Notes written by Registered Nurse #1 dated 06/20/2025 to 06/29/2025 were reviewed and documented on 06/20/2025 at about 12:10 PM, Resident #1 's adult child informed Registered nurse #1 who assessed Resident #1 ‘s skin and noted an opening 0.3 cm x 1 cm x 0.2 cm on the right anterior thumb with minimal bleeding and small superficial skin bruises on posterior area of the thumb with intact skin was observed. There were no changes in the range of motion to the arm. The Nurse Supervisor and Nurse Practitioner #1 were informed immediately. Orders for cleaning the wound, medicating for pain (level 3/10 on right thumb), and to transfer Resident #1 to the hospital emergency room for further evaluation were received. Resident #1's adult child was at the bedside and agreed with the plan of care. The Hospital Discharge Home Instructions dated 06/20/2025, were reviewed. The Discharge Diagnosis was Human Bite. The discharge Instructions were Augmentin (antibiotic for infections) 875 milligrams to be given twice daily for five (5) days. The vaccine for tetanus, diphtheria, and pertussis was administered in the Emergency room. The skin integrity care plan initiated on 06/20/2025 documented the alleged incident of a human bite. The interventions include monitoring for infection. During an interview on 07/14/2025 at 11:45 AM, Resident #1, translated from Russian to English by the Registered Nurse Supervisor #1 stated 06/20/2025, they felt uncomfortable during the eye examination when pressure from the ophthalmology lenses was being applied. Resident #1 pushed the doctor with their hands, and the doctor pulled their mask down and bit their right thumb. Resident #1stated they called their adult child. During a telephone interview on 7/15/2025 at 11:13 AM, the accused, Ophthalmologist #1, stated State of New York had brought a lawsuit against them and they have been instructed by their attorneys to say nothing to anyone. The Ophthalmologist #1 documented on an investigative statement dated 06/20/2024, the Ophthalmologist #1 denied biting the Resident #1. During a