

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER The Chateau at Brooklyn Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3457 Nostrand Avenue Brooklyn, NY 11229	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>18881</p> <p>Based on record review and staff interview conducted during the Recertification survey from 06/13/2024 to 06/21/2024, the facility did not ensure that resident right to manage his or her financial affairs was maintained. This was evident for 1 (Resident #9) of 1 resident reviewed for Personal Funds. Specifically, the facility did not provide Resident #9 with quarterly statements advising of the balance in their personal fund account.</p> <p>The finding is:</p> <p>The facility policy and procedure titled Residents Funds with revision date of 06/18/2024 states that the facility manages the personal funds of residents who request the facility to do so. The policy also stated that should the resident elect to have the facility manage their personal funds, it is authorized in writing by the resident or the resident's representative, and a copy of such authorization is documented in the resident's medical record. Copies of all financial transactions are filed in the residents' permanent record.</p> <p>Resident #9 was admitted to the facility with diagnoses that included Hypertension, Multiple Sclerosis and Bipolar Disorder.</p> <p>The Quarterly Minimum Data Set 3.0 dated 06/16/2024 documented that Resident #9 was cognitively intact with a Brief Interview for Mental Status score of 13.</p> <p>During an interview on 06/17/2024 at 11:30 am, Resident #9 stated they did not know if they have an account, and it would be nice to know if they have.</p> <p>On 06/21/2024 at 12:37 PM, Resident # 9 was re-interviewed and stated they have not received any bank statement from the facility and was not aware if there was an account in their name.</p> <p>The Patient Trust Fund PNA Quarterly Statement from 06/02/2024 thru 06/20/2024 documented that Resident #9 had a balance of \$5357.28 in their account.</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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/21/2024 at 1:18 PM, a telephone interview was conducted with Medicaid/Finance Coordinator who stated that Resident #9 has an account in their name, however the quarterly statements have been sent to the Resident's representative. The Medicaid/Finance Coordinator also stated that they were told that the Resident's representative was in charge of everything concerning the Resident #9, so they did not inform Resident #9 about their account or provide them with any statements even though Resident #9 was cognitively intact.</p> <p>10 NYCRR 415.3(h)(1)</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50820</p> <p>Based on record review and interviews conducted during the Recertification Survey from 6/13/2024 to 6/21/2024, the facility did not ensure a person-centered comprehensive care plan was developed and implemented to meet a resident's needs. This was evident for 1 (Resident #6) of 6 residents reviewed for Pain Management and 1 (Resident #22) of 2 residents reviewed for Respiratory Care out of 38 total sampled residents. Specifically, 1). a comprehensive care plan related to pain was not developed to address Resident #6 chronic pain and 2). there was no care plan created for a resident receiving Oxygen therapy.</p> <p>The findings include:</p> <p>The facility policy titled Care Plan-Comprehensive created 3/2022 and revised 6/2024 stated that comprehensive care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functions needs is developed and implemented. The care planning process will include an assessment of the residents' strengths and needs. The Comprehensive Care person centered care plan will incorporate identified problem areas and areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan.</p> <p>1. Resident #6 had diagnoses of Heart Failure, Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting unspecified side.</p> <p>The Admission Minimum Data Set 3.0 assessment dated [DATE] documented Resident #6 had intact cognition.</p> <p>A Medical Doctor's Order dated 3/11/2024 documented Resident #6 was ordered Gabapentin 100MG capsule (2 capsule by mouth two times a day for neuropathic pain).</p> <p>A Medical Doctor's Order dated 5/28/2024 documented Resident #6 was ordered Acetaminophen Oral Tablet 325 MG (2 tablet by mouth every 6 hours as needed for pain.)</p> <p>A Medical Doctors Order dated 6/14/2024 documented Resident #6 was ordered Gabapentin 400 MG Capsule (1 capsule by mouth at bedtime for neuropathic pain).</p> <p>Pain Level Summary dated 3/11/2024 -6/19/2024 documented pain assessment twice daily. Most of the dates rated 0, 1 rating 3, 1 rating of 4, 3 ratings of 2.</p> <p>Review of the Electronic Medical Record revealed that there was no Comprehensive Care Plan created to address Resident #6's pain concern.</p> <p>On 06/21/24 at 10:18 AM, Licensed Practical Nurse #4 was interviewed and stated that the Registered Nurse supervisors are responsible for putting in all resident's care plans.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/21/24 at 11:12 AM, Registered Nurse Supervisor #2 was interviewed and stated that during morning staff meetings, care plans for residents are reviewed. Registered Nurse Supervisor #2 stated that all staff have access to care plans and while Licensed Practical Nurses cannot put in care plans, they do have access to see interventions and goals. Registered Nurse Supervisor #2 confirmed there was no pain care plan for Resident #6 despite seeing an as needed order for Tylenol and an order for Gabapentin in the Electronic Medical Record. Registered Nurse Supervisor #2 stated that Resident #6 should have had a care plan in place to address pain.</p> <p>On 06/21/24 at 11:43 AM, Registered Nurse Manager and Clinical Educator #1 was interviewed and stated that when a new resident comes into the facility, the nursing supervisors create care plans. Care plans are based on the residents' diagnosis, medications and anything else going on with resident. Social work, Minimum Data Set Director, Recreation and Dieticians have access to care plan with the purpose being to direct care for residents within facility. With new residents, care plans are reviewed during staff morning report to ensure all care plans are in place. Registered Nurse Manager and Clinical Educator #1 stated that a pain care plan for Resident #6 was not listed in Electronic Medical Record and that it was missed.</p> <p>On 06/21/24 at 01:32 PM, the Director of Nursing #1 was interviewed and stated that Nurse Managers and supervisor's enter residents care plans in upon admission. Care plans for residents are reviewed when residents come in and the day after. The Director of Nursing stated #1 that the Nurse Manager should have checked the care plans and a care plan for pain should have been in place for Resident #6.</p> <p>18881</p> <p>2. Resident #22 was readmitted to the facility with diagnoses that included Atrial Fibrillation, Heart Failure and Hypertension.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented that resident was receiving oxygen.</p> <p>On 06/18/2024 at 12:06 PM, Resident #22 was observed in their room in bed receiving with oxygen by nasal cannula delivered through an Oxygen concentrator at 2 liters per minute.</p> <p>Review of the Physician's order dated 06/14/2024 documented oxygen by nasal cannula 2 liters per minute, check oxygen saturation every shift and change tubing every week.</p> <p>There was no documented evidence that a Comprehensive Care Plan last updated on the use of oxygen was initiated for Resident #22.</p> <p>On 06/20/2024 at 1:37 PM, the Assistant Director of Nursing was interviewed and stated that resident's care plans are done by the Registered Nurse Supervisor on admission, significant change, quarterly and as needed if there are new care areas that needed to be addressed and care planned for. The Assistant Director of Nursing also stated that upon review of the medical record, they could not locate a care plan addressing the use of oxygen for Resident #22. The Assistant Director of Nursing further stated that there had been no regular Registered Nurse Supervisor on this unit, and they started a month ago and are trying to organize and keep everything up to date.</p> <p>10 NYCRR 415.3(h)(1)</p>		