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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Promenade Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 Beach 114th Street Rockaway Park, NY 11694	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18881 Based on observations and interviews during the recertification survey on 07/31/2024 to 08/07/2024 the facility did not ensure that housekeeping and maintenance services were provided to maintain a safe, clean, comfortable, and homelike environment. Specifically, observations of multiple floors revealed rooms, corridors, and dining rooms with chipped, broken plaster, bubbled up paint, furniture and wall hanging in disrepair, torn window screens, loose and dirty moldings. This was evident on 5 of 6 Units. (Units 3, 7, 2, 5, and 6) The findings include but are not limited to: The facility policy & procedure titled Environmental Services Policy revised 01/24 documented that the facility is committed to provide a safe, sanitary, comfortable, and attractive environment for our residents, staff, and visitors. 1. During the initial tour of Unit 3 on 07/31/2024 at 10:00AM the following was observed: Rooms 311, 313, 314, 315, 318 and 319 were observed with, -rusted air conditioners and the walls had peeling paint. -some air conditioners leaking and there was linen on the floors to absorb the leaking water. -the corners of the rooms with accumulated dust and dirt. _window sills with accumulated dirt on the corners and cracks. -the bathroom door in room [ROOM NUMBER] was with splattered a dried, reddish, brownish colored substance. The Dining room had a Cabinet labeled Recreation which was rusty and dirty. During a Quality Assurance interview on 08/07/2024 at 4:00 PM, the Administrator stated that weekly rounds are done with the Building Maintenance and Housekeeping Director, and they are aware of the need of painting in some areas of the facility. The Administrator also stated that they are in the process of reviewing plans and receiving contract quotes. (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	41709 2. During observations on 08/01/24 at 12:25 PM through 08/07/24 at 08:55 AM the following was observed: room [ROOM NUMBER] Broken plaster surrounding the air conditioner unit and on wall above the unit. The air conditioner was leaking and there was a pink container under the unit with water in it and a white sheet was spread on the floor. room [ROOM NUMBER] Air conditioner was leaking, clear fluid observed on floor. A white sheet was spread under the air conditioner which was wet, with clear water around the sheet. Above the air conditioner was rusted with dark brown areas. 7th Floor: Stained blood pressure cuff. Broken uneven ceiling tiles outside room [ROOM NUMBER]. room [ROOM NUMBER]: Large hole opening just above the room air conditioner. Broken peeling plaster. Broken dresser and missing dresser drawer. On 08/06/24 at 10:53 AM, an interview was conducted with Housekeeper #2 assigned to the unit for the unit who stated that leaking air conditioners were all reported to maintenance, and they are working to fix the areas. On 08/06/24 at 11:02 AM, an interview was conducted with Certified Nursing Assistant #8 who stated that the air conditioner in room [ROOM NUMBER] leaks and staff put a sheet and a container under the air conditioner to collect the water. Certified Nursing Assistant #8 also stated that they did not put the sheet down originally, but they replace the sheet when it is wet. The issue was reported to the nurse, and they believe maintenance is working on the area to fix it. Certified Nursing Assistant #8 further stated they followed the chain of command when reporting to the nurse and put it in the log book on the unit but was unable to show the State Surveyor the log book for the unit. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/06/24 at 11:08 AM, an interview was completed with Registered Nurse Supervisor #1 who stated that there is protocol for reporting environmental issues: staff will report to the nurse and the nurse will report to the Registered Nurse Supervisor who will place it in the red book on the unit. Registered Nurse Supervisor#1 was unable to show the State Surveyor the red book on the unit. Registered Nurse Supervisor #1 stated they are aware that the air conditioner is leaking, and of the issues in room [ROOM NUMBER]. Maintenance was made aware of the issues and the air conditioner company has been contacted for parts. 19546 3. During observations made on 07/31/24 at 10:03 AM, and on 08/07/24 at 08:18 AM, the following environmental concerns were noted: 2nd Floor Dining Room: Torn stained window shades. Ceiling tiles above the television were uneven, and not firmly affixed to ceiling. Broken chipped plaster. Accumulation of dirt and dust on top of the air conditioner Window frame with broken plaster Radiators: dried yellowish stains layered with dirt and dust. Five (5) of nine (9) blue vinyl chairs with torn and cracked seat cushion Molding embedded with dirt and dust. 2nd Floor Corridor: Corridor wall paper torn, stained dirty. Loose molding in across Pantry Door. Corridor moldings layered with dirt dust and debris. room [ROOM NUMBER]: Cracked broken plaster and bubbled up paint around window and ceiling area. Missing wall tile in room bathroom. Large patch of plaster underneath bathroom sink. Splintered bathroom door. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Bathroom door splintered and does not fully close. room [ROOM NUMBER]: Chipped ceiling paint above window area. Splintered bathroom door. Room door does not fully close. room [ROOM NUMBER]: Peeled cracked ceiling paint above window area. room [ROOM NUMBER]: Torn window screen. Bent window shade. room [ROOM NUMBER] b: Cracked and peeled paint. Head board in disrepair. Squeaky noise when cranked in the up or down position. On 08/07/24, review of the 2nd floor Maintenance Log Book dated from 08/25/23 to 10/24/23 contained no documented evidence of the above concerns. Other observations included: 5th Floor: room [ROOM NUMBER] c stained and dirty privacy curtains. Blood pressure stand embedded with dirt and dust observed on the low side of the corridor. 6th Floor: Dining Room: broken picture frame hanging slanted on the wall. Missing ceiling tiles. room [ROOM NUMBER]: Torn wall paper. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Broken paint and plaster to the wall around the air conditioner. room [ROOM NUMBER] a: Feeding pump pole stained with dried encrusted substance. Wall behind the bed stained and streaked. Orange colored wheelchair armrest torn and cracked. On 08/07/24 at 10:26 AM, Certified Nurse Aide # 4 was interviewed and stated that a maintenance log book is located at the nurse station. When we have to notify the maintenance department to repair or replace something we can write it on the book or just notify the unit nurse. The housekeeper is always on the unit, and we can easily go to them to report a concern that needs to be taken of right away. On 08/07/24 at 10:37 AM, Registered Nurse Supervisor # 3 was interviewed and stated that a call to the Maintenance Department will be made if issues or concerns are reported or identified. We keep log book on the unit where anyone can make note of any environmental issues. Our housekeeper is always on the unit, and we can directly advise them of anything to be addressed. We can also notify the operator to notify the Maintenance department as they do carry their walkie talkie for emergent concerns. On 08/07/24 at 10:46 AM, Housekeeper # 1 was interviewed and stated that there a regular cleaning routine that is followed daily on the units. Housekeeper # 1 also stated that the feeding pump poles are the responsibility of housekeeping services but not the pump itself when in use. Privacy curtains are changed when needed and are often changed due for cleaning or they are replaced. Housekeeper # 1 further stated that the dirt on the molding has been difficult to remove, and the wallpaper is cleaned but there are stains that are difficult to remove. On 08/07/24 at 10:59 AM, the Director of Housekeeping Services stated that their role is important and ensures the facility is sanitized and help control the spread of infection to protect staff residents and visitors. The Director of Housekeeping Services also stated that they make daily rounds and at times more frequent rounds and sometimes come in on weekends for the purpose of ensuring a safe and clean environment, and to ensure that staff has access to the necessary cleaning supplies to perform their jobs. The Director of Housekeeping Services further stated that there have been occasions when making my rounds that they come across staff concerns regarding proper cleaning protocol, and they do on the spot in service to correct the issue. The Director of Housekeeping Services stated that privacy curtains are changed every three months and as needed, and their department is responsible for ensuring that all resident equipment is safe and clean which includes wheelchairs, blood pressure stands, intravenous poles and walls. 2 wheelchairs are washed each week on each floor. The Director of Housekeeping Services also stated that they all have the responsibility for communicating across departments in identifying environmental concerns. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/07/24 at 11:51 AM, the Director of Maintenance stated they are responsible for the safety, maintenance, and repair of the entire facility to ensure safety for all staff residents and visitors. The Director of Maintenance also stated that the facility is near the beach which creates an environment of high salt content. Environmental factors especially with heavy rains cause water to seep inside the building and the bubbled and cracked plaster is a response to the water seepage. On 08/07/24 at 12:27 PM, the Administrator was interviewed and stated they are responsible for the overall environmental safety for all residents staff and visitors. The Administrator also stated that the 4th Unit was entirely replaced approximately 1 year and a half ago, with new floors, walls, resident rooms, nurse station, furniture. This floor was chosen to be done first because there was less disruption to the residents and the floor was most in need at the time. The Administrator stated that a plan was being talked about to renew other units. 10 NYCRR 415.5(h)(2)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37787 Based on interview and record review conducted during a Recertification and Abbreviated survey (NY00327342) from 7/31/2024 to 08/07/2024, the facility did not ensure that an alleged violation involving a resident was reported to the New York State Department of Health. This was evident for 1 (Resident #112) of 4 residents reviewed for Abuse out of 38 sampled residents. Specifically, the facility did not report an allegation of abuse to the New York State Department of Health. The findings include: The facility policy titled Abuse, Neglect and Exploitation dated 1/2024 documented that alleged abuse should be reported immediately but no later than 2 hours. If there is serious bodily injury or no later than 24 hours if the events that cause the allegation do not involve abuse and serious bodily injury. Resident #112 was admitted with diagnoses of Aphasia and Cerebrovascular Accident. The Quarterly Minimum Data Set 3.0 assessment dated [DATE] documented Resident #112 had severe cognitive impairment. The Intake Information Form (NY00327342) dated 11/2/23 at 14:21 documented that a family member stated they visited Resident #112 and found their nose and towel were full of blood. The Grievance Resolution Form dated 11/2/23 stated that a family member visited Resident #112 and Resident #112 reported that they had been hit by someone. The Grievance Resolution Form also documented that Resident #112 did not disclose who had hit them, whether it was staff or another resident, and Resident #112 stated that after breakfast they had been hit on the cheek. The Accident/Incident Report dated 11/2/23 at 12:45 PM, documented that Resident #112 verbalized that they had been hit in the nose. There was no documented evidence that an allegation of abuse was reported to the State Survey Agency immediately but not later than two hours after the allegation is made. On 8/7/24 at 3:16 PM, the Director of Nursing was interviewed and stated police officers arrived onsite and stated that they were called by Resident 112's family member regarding blood in Resident #112's nose. The Director of Nursing also stated that they did not see any blood, swelling, or redness in Resident 112's nose, and they did not call the state because they did not see anything to report. On 8/7/24 at 3:47 PM, the Administrator stated that the facility did not report anything to the state about that case because no one saw anything to report to the state. 10 NYCRR 415.4 (b)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37787 Based on record review and staff interviews conducted during the Recertification and Complaint survey (NY00326505) conducted from 07/31/2024 to 08/07/2024, the facility did not ensure that resident Comprehensive Care Plans were reviewed and revised after each assessment. This was evident for 1 (Resident #38) of 5 Residents reviewed for Unnecessary Medications and 1 (Resident #69) of 4 residents reviewed for Abuse out of 38 sampled residents. Specifically, Resident #38 has a diagnosis of Non-Alzheimer's Dementia and the Comprehensive Care Plan for Dementia had not been reviewed and revised, and Resident #69's care plan was not revised to include verbally abusive behavior, biological needs, and verbal sexual expressions toward staff. The findings are: The facility policy titled Care Plans-Comprehensive dated 8/21 stated each resident's comprehensive care plan is designed to identify problem areas and their causes and develop interventions that are targeted and meaningful to the resident. The policy also stated that assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. 1. Resident #38 was admitted to the facility with diagnosis that included Schizoaffective Disorder, Dementia and Sepsis Pneumonia. The Significant Change Minimum Data Set 3.0 dated 5/9/24 document that Resident #38 had moderately impaired cognition. A Comprehensive Care Plan titled Dementia established on 12/19/2023 included a goal of resident will receive the appropriate treatment and services to maintain the highest practicable, physical, mental, and psychosocial well-being through the review date for 90 days. The interventions were to focus on the resident's strengths and remaining available. The care plan was last revised on 3/18/2024. There was no evidence that the Comprehensive Care Plan for Dementia was reviewed or revised after the Significant Change Minimum Data Set, dated dated dated [DATE]. On 8/6/2024 at 11:51 AM, Registered Nurse Supervisor #5 was interviewed and stated that the nurse supervisors are responsible for updating care plans every three months and as needed. Registered Nurse Supervisor #5 also stated that if someone falls or there is any change of condition, the care plan will be reviewed and revised. During the interview, Registered Nurse Supervisor #5 reviewed the record and confirmed that the Dementia care plan had not been updated and did not offer an explanation as to why this was not done. 41709 2. Resident #69 was admitted to the facility with diagnoses of Bipolar Disorder, Schizoaffective Disorder, and Quadriplegia. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Annual Minimum Data Set, dated dated dated [DATE] documented Resident #69 had intact cognitive status. The Minimum Data Set also documented that Resident #69 had impairment in both upper and lower extremities, required dependent care for all Activities of Daily Living, was not ambulatory and had one Stage 2 and one Stage 4 Pressure Ulcer. On 07/31/24 at 10:36 AM, Resident #69 was observed lying in bed and stated that he hears residents and staff having sexual contact with each often but refuse to give specific details of which staff and which residents. A Nursing progress note dated 2/9/2024 documented Resident stated #69 stated they were aware that sexual activity was occurring in the facility, and they can identify the resident that was involved. A Nursing progress note dated 2/13/2024 documented Resident #69 told writer that their testosterone level was too high, and that their penis needed to be relieved. Resident #69 later called an escort service trying to get someone to come to the facility. The Psychiatry Consultation dated 4/19/2024 documented that Resident #69 was seen for agitation and paranoia and calling 911. Resident #69 was currently receiving Risperdal 3 mg twice daily and Depakote 250 mg twice daily and had diagnoses of Schizoaffective Disorder-Bipolar. The consultation also documented that Resident #69 also had multiple psychiatric admissions and mental status examination revealed that Resident #69 was alert, verbal, mood is angry, paranoid, cursing, threatening, demanding, and easily agitated. Nursing progress notes dated 5/21/2024 documented that Resident #69 was alert, responsive, and verbally abusive cursing at staff. Nursing progress notes dated 5/19/2024 documented Resident #69 refused all activities of living care despite encouragement. Psychology consults dated 1/3/2024, 1/8/2024, 1/31/2024, 2/6/2024, 3/4/2024, 3/13/2024, 3/26/2024, 4/17/2024, 5/3/2024 contained no documented evidence that Resident #69's behavior towards staff, and biological desires related to sex and sexual verbalization towards staff was addressed. A Comprehensive Care Plan titled Inappropriate Behavior as evidence by (this was left blank) as related to diagnosis of Bipolar Disorder at risk for inappropriate behavior, as related to suicidal ideation was created on 8/23/2023, and revised on 7/27/2024. Interventions included administer psychiatric medications, encourage family contact/support, follow up with Psychiatry, implement behavior modification program, monitor behavior changes, provide calm environment, provide emotional support, and set limits. There was no documentation on the care plan of the evidence of the inappropriate behavior was displaying and no description of the specific behavior modification that was to be done for Resident #69. There was no documented evidence that Resident #69's comprehensive care plan had been revised to include verbally abusive behavior towards staff, and their biological desires related to sex and sexual verbalization towards staff. (continued on next page)

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