

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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>50820</p> <p>Based on interviews and record review conducted during the Recertification survey from 07/31/2024 to 08/07/2024, the facility did not ensure a resident, or their designated representative was provided appropriate notification at the termination of Medicare Part A benefits. This was evident for 1 (Resident #581) of 3 residents reviewed for Beneficiary Notification out of 38 total sampled residents. Specifically, the Notice of Medicare Non-Coverage was not mailed out to Resident #581 designated representative on the same day that telephonic notification was made.</p> <p>The facility policy titled Notice of Medicare Non-Coverage, Benefits Exhaust Letter with an effective date of 1/2024 states that the notice must be validly delivered which means that the beneficiary must be able to understand the purpose and contents of the notice to sign for receipt of it. If the beneficiary is not able to comprehend the contents of the notice, it must be delivered and signed by a representative. A copy of the notice will then be mailed via certified mail and all notices will be kept in a binder in the MDS Office.</p> <p>Resident #581 was discharged from skilled services on 03/28/2024 to Assisted Living Facility.</p> <p>The Notice of Medicare Non-Coverage form documented a note written by Minimum Data Set Coordinator on 03/25/2024 which stated that Resident #581 met their rehab goal and returned to prior level of function. Resident was unable to sign due to cognition and Next of Kin was notified.</p> <p>The Notice of Medicare Non-Coverage form did not document the date and time of notification, and how the notification was done. In addition, there was no documented evidence provided that the Notice of Medicare Non-Coverage form had been mailed to Resident #581's Representative.</p> <p>On 08/06/24 at 10:52 AM, the Minimum Data Set Coordinator was interviewed and stated that if a resident is not alert or is confused, the resident's next of kin will be contacted regarding resident's discharge from skilled services. If the next of kin is available in person, they are asked to sign the notice. If not, a phone call to the next of kin would be made. The Minimum Data Set Coordinator also stated that once they have spoken to the resident's next of kin and they agree with the planned discharge from skilled services, then the Notice of Medicare Non-Coverage is not mailed out. If the next of kin does not answer the phone, then the Notice of Medicare Non-Coverage is mailed out. The Minimum Data Set Coordinator further stated that the Notice of Medicare Non-Coverage was not mailed out at all since the next of kin was notified over the phone, however, it should have been mailed out.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  335292	If continuation sheet Page 1 of 20

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10 NYCRR 415.3 (g)(2)(i)</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>19546</p> <p>Based on observation and interview conducted during the Recertification survey from 07/31/2024 to 08/07/2024 the facility did not ensure that residents' personal privacy and confidentiality was maintained. Specifically, during observation of the Medication Administration Task, Registered Nurse #1 left the computer screen on the Electronic Health Record open and in public view displaying a resident's Personal Health Information. (Resident #140).</p> <p>The finding is:</p> <p>The facility's policy and procedure dated 04/2024 titled Health Insurance Portability and Accountability Act (HIPPA) documented that it is a privacy and confidentiality act as it relates to residents' health care related issues. The Lesson Plan for Health Insurance Portability and Accountability Act, dated 04/2024, documented, Do Not leave your computer/laptop unattended when the screen is open showing a resident's information.</p> <p>On 08/01/24 at 8:13 AM, during the Medication Administration Task, Registered Nurse #1 was observed walking away from an open medication cart computer screen, displaying Resident #140's personal health information,</p> <p>On 08/01/24 at 9:31 AM, Registered Nurse #1 was interviewed and stated that forgetting to close the computer screen before entering a residents room to give medications is a violation of the Health Insurance Portability and Accountability Act. Registered Nurse #1 also stated that they are required to close the screen to protect the residents personal information from anyone outside of the residents medical providers. Registered Nurse #1 further stated that they were in-serviced on the Health Insurance Portability and Accountability Act this year.</p> <p>On 08/01/24 at 9:46 AM, Registered Nurse Supervisor #2 was interviewed and stated that closing the computer screen before walking away from the medication cart is to ensure the privacy and confidentiality of the resident's personal health information. Registered Nurse Supervisor #2 also stated that they monitor nursing staff during random medication administration observations to ensure that resident's personal health information is protected and kept confidential, which includes closing the computer screen before walking away from the medication cart.</p> <p>On 08/01/24 at 12:43 PM, the Director of Nursing was interviewed and stated that leaving the computer screen open in view for all to see is in violation of the Health Insurance Portability and Accountability Act which is to ensure the privacy and confidentiality of personal health information of our residents. The Director of Nursing also stated that they provide their nursing staff with ongoing in-services and education about the laws requiring the protection, privacy, and confidentiality of our resident's personal health information.</p> <p>10 NYCRR 415.3(e)(1)(ii)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 18881</p> <p>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)</p> <p>The findings include but are not limited to:</p> <p>The facility policy &amp; 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.</p> <p>1. During the initial tour of Unit 3 on 07/31/2024 at 10:00AM the following was observed:</p> <p>Rooms 311, 313, 314, 315, 318 and 319 were observed with,</p> <ul style="list-style-type: none"> <li>-rusted air conditioners and the walls had peeling paint.</li> <li>-some air conditioners leaking and there was linen on the floors to absorb the leaking water.</li> <li>-the corners of the rooms with accumulated dust and dirt.</li> <li>_window sills with accumulated dirt on the corners and cracks.</li> <li>-the bathroom door in room [ROOM NUMBER] was with splattered a dried, reddish, brownish colored substance.</li> </ul> <p>The Dining room had a Cabinet labeled Recreation which was rusty and dirty.</p> <p>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.</p> <p>41709</p> <p>2. During observations on 08/01/24 at 12:25 PM through 08/07/24 at 08:55 AM the following was observed:</p> <p>room [ROOM NUMBER]</p> <p>Broken plaster surrounding the air conditioner unit and on wall above the unit.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>room [ROOM NUMBER]</p> <p>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.</p> <p>7th Floor:</p> <p>Stained blood pressure cuff.</p> <p>Broken uneven ceiling tiles outside room [ROOM NUMBER].</p> <p>room [ROOM NUMBER]:</p> <p>Large hole opening just above the room air conditioner.</p> <p>Broken peeling plaster.</p> <p>Broken dresser and missing dresser drawer.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>19546</p> <p>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:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2nd Floor Dining Room:</p> <p>Torn stained window shades.</p> <p>Ceiling tiles above the television were uneven, and not firmly affixed to ceiling.</p> <p>Broken chipped plaster.</p> <p>Accumulation of dirt and dust on top of the air conditioner</p> <p>Window frame with broken plaster</p> <p>Radiators: dried yellowish stains layered with dirt and dust.</p> <p>Five (5) of nine (9) blue vinyl chairs with torn and cracked seat cushion</p> <p>Molding embedded with dirt and dust.</p> <p>2nd Floor Corridor:</p> <p>Corridor wall paper torn, stained dirty.</p> <p>Loose molding in across Pantry Door.</p> <p>Corridor moldings layered with dirt dust and debris.</p> <p>room [ROOM NUMBER]:</p> <p>Cracked broken plaster and bubbled up paint around window and ceiling area.</p> <p>Missing wall tile in room bathroom.</p> <p>Large patch of plaster underneath bathroom sink.</p> <p>Splintered bathroom door.</p> <p>Bathroom door splintered and does not fully close.</p> <p>room [ROOM NUMBER]:</p> <p>Chipped ceiling paint above window area.</p> <p>Splintered bathroom door.</p> <p>Room door does not fully close.</p> <p>room [ROOM NUMBER]:</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Peeled cracked ceiling paint above window area.</p> <p>room [ROOM NUMBER]:</p> <p>Torn window screen.</p> <p>Bent window shade.</p> <p>room [ROOM NUMBER] b:</p> <p>Cracked and peeled paint.</p> <p>Head board in disrepair.</p> <p>Squeaky noise when cranked in the up or down position.</p> <p>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.</p> <p>Other observations included:</p> <p>5th Floor:</p> <p>room [ROOM NUMBER] c stained and dirty privacy curtains.</p> <p>Blood pressure stand embedded with dirt and dust observed on the low side of the corridor.</p> <p>6th Floor:</p> <p>Dining Room: broken picture frame hanging slanted on the wall.</p> <p>Missing ceiling tiles.</p> <p>room [ROOM NUMBER]:</p> <p>Torn wall paper.</p> <p>Broken paint and plaster to the wall around the air conditioner.</p> <p>room [ROOM NUMBER] a:</p> <p>Feeding pump pole stained with dried encrusted substance.</p> <p>Wall behind the bed stained and streaked.</p> <p>Orange colored wheelchair armrest torn and cracked.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>10 NYCRR 415.5(h)(2)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</b></p> <p>Based on observations, interview, and record review conducted during the Recertification Survey from 7/31/2024 to 8/07/2024, the facility did not ensure a resident remained free of physical restraints. This was evidenced for 1 (Resident #10) of 2 residents reviewed for Physical Restraints out of 38 total sampled residents. Specifically, Resident #10 was observed with bilateral half siderails in place and was unable to independently use or release the side rails.</p> <p>The findings are:</p> <p>The facility's policy titled Side Rails dated 01/2024, documented that an assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's bed mobility and the ability to change positions, transfer to and from bed or chair, and to stand and toilet. The use of side rails as an assistive device will be addressed in the resident care plan.</p> <p>Resident #10 was admitted to the unit with diagnoses that include Aphasia, Hemiplegia and Cerebrovascular Accident.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE], documented Resident #10 had severely impaired cognition, demonstrated no behaviors, and was dependent on staff for bed mobility, transfers, eating, and toilet use. The Quarterly Minimum Data Set did not document the use of bed rails.</p> <p>The Physician's Order dated 7/1/24 documented enablers, bilateral half side rails use as enablers, for bed mobility and transfers.</p> <p>On 08/01/24 at 10:32 AM, Certified Nursing Assistant #1 was observed performing morning care. Bilateral half side rails that there were raised were observed. Resident #10 was dependent on Certified Nursing Assistant #1 for turning and bed mobility during morning care. When asked to hold on to the side rails, Resident #10 was unable to follow the command to hold on to the side rail to assist with turning. Certified Nursing Assistant #1 then physically turned Resident #10 to the left side and placed Resident #10's hand on the side rail.</p> <p>On 08/02/24 at 09:51 AM and 08/05/24 at 11:16 AM Resident #10 was observed lying in bed, asleep, with bilateral upper half siderails raised.</p> <p>On 08/05/24 at 11:31 AM, Registered Nurse Supervisor #1 was observed talking with Resident #10, who did not respond. Registered Nurse Supervisor #1 asked Resident #10 to hold onto the side rails, however Resident #10 did not respond to the command.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Comprehensive Care Plan titled Side rails as related to use of devices for enhancing bed mobility, onset 11/10/20, reviewed on date 7/14/24. Goal included resident will continue to utilize side rails to help with bed mobility and transfer in the next 90 days, target date of 10/6/24. Interventions include side rail as per Physician's order for mobility and positioning in bed, quarterly and as needed assessment for inability to use side rail to help in turning and further need for side rail use, continue to encourage resident to utilize side rail to assist with turning and positioning and transfer while in bed.</p> <p>The Physical Therapy Progress Note Re-admission Assessment note dated 7/2/24 documented Resident #10 was alert and oriented to name only, and aphasic was not able to follow commands.</p> <p>The Comprehensive Care Plan titled Cognition dated 11/20/20 due to resident's current medical condition, is nonverbal, needs are anticipated and met. Goals include Resident #10 will maintain current level of cognitive status, monitor for changes.</p> <p>The Restraint and Side Rail assessment dated [DATE], documented half side rail that do not prevent rising (not a restraint), and stated that the medical symptom for side rail use was that Resident # 10 uses device/s for enhancing bed mobility. The Restraint and Side Rail Assessment also documented that the Comprehensive Care Plan Team recommends 2 half side rails for enhancing bed mobility.</p> <p>The Side Rails care plan Evaluations note dated 7/1/24 documented patient readmitted from the hospital with diagnosis of hyponatremia. Patient utilizes 2 half side rails for bed mobility. Will continue to monitor and continue plan of care.</p> <p>The Side Rails care plan Evaluations note dated 7/14/24 documented Quarterly review, no complication arises from side rails use, plan of care continues.</p> <p>A Physician's Assistant note dated 7/17/24, documented follow up for functional decline, deconditioning. Assessment and plan documented diagnosis of muscle weakness, contracture of muscle, deconditioning, walking difficulty.</p> <p>A Physiatry consultant note dated 7/15/24 documented functional decline, deconditioning, seen and examined, documented right side hand and leg contracted, patient not following commands today, used their left hand to pull sheet up on themselves. Recommendations include passive range of motion as tolerated.</p> <p>On 08/01/24 at 10:32 AM, Certified Nursing Assistant #1 was interviewed and stated Resident #10 needs total assistance with turning and positioning and bed mobility. Certified Nursing Assistant #1 also stated that Resident #10 is unable to hold onto the side rails by themselves and can hold onto the side rail for a brief time when the Certified Nursing Assistant places Resident's #10 hand on the side rail.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/05/24 at 11:17 AM, Registered Nurse Supervisor #1 was interviewed and stated that a side rail assessment is done quarterly, and they check the patient's cognition and their diagnosis. The side rail is used primarily for bed mobility so the nurse will assess to see if the resident can hold it themselves to change position or to pull up to help them get them out of bed. Registered Nurse Supervisor #1 also stated that the Certified Nursing Assistants must give the command to the resident and see if the residents are able to use it themselves to transfer from bed to chair. Registered Nurse Supervisor #1 further stated that Resident #10 is a two person assist with care, so during the care, one of the care givers will be on the side closest to Resident #10. Registered Nurse Supervisor #1 stated that Resident #10 just returned from the hospital and had experienced a decline. Registered Nurse Supervisor #1 also stated that they did not do the admission assessment for Resident #10 upon return from the hospital on 7/1/24.</p> <p>On 08/05/24 at 11:37 AM, the Physical Therapist Director was interviewed and stated that they did an assessment when Resident #10 was readmitted to the facility on [DATE]. The Physical Therapist Director stated that the Resident #10 requires total assistance with activities of daily living, and that the side rail assessment is done by whoever admits the patient, then it is discussed with the interdisciplinary team and in the care plan meeting, where they decide on implementing the use of the side rails. It is the Nurse Manager who would complete the side rail forms. The Physical Therapist Director also said that it is documented as such in the chart, since Resident #10 cannot follow commands, that the side rails are used to facilitate the Certified Nursing Assistants for bed boundaries when they take care of the resident.</p> <p>On 08/05/24 at 12:52 PM, the Director of Nursing was interviewed and stated that Rehab and Nursing assess the needs of the resident and that the criteria for the side rails is for bed mobility. The assessment is done on initial admission, every quarter, and after hospitalization s. The Director of Nursing also stated that Resident #10 is supposed to be able to hold onto the side rails for bed mobility and side rails are not for the Certified Nursing Assistants' use.</p> <p>10 NYCRR 415.4(a)(2-7)</p>

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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	

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37787</b></p> <p>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.</p> <p>The findings are:</p> <p>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.</p> <p>1. Resident #38 was admitted to the facility with diagnosis that included Schizoaffective Disorder, Dementia and Sepsis Pneumonia.</p> <p>The Significant Change Minimum Data Set 3.0 dated 5/9/24 document that Resident #38 had moderately impaired cognition.</p> <p>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.</p> <p>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].</p> <p>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.</p> <p>41709</p> <p>2. Resident #69 was admitted to the facility with diagnoses of Bipolar Disorder, Schizoaffective Disorder, and Quadriplegia.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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 other but refuse to give specific details of which staff and which residents.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Nursing progress notes dated 5/21/2024 documented that Resident #69 was alert, responsive, and verbally abusive cursing at staff.</p> <p>Nursing progress notes dated 5/19/2024 documented Resident #69 refused all activities of living care despite encouragement.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/05/24 at 11:39 AM, Certified Nursing Assistant #7 stated that Resident #69 curses, yells, shouts, and refuses to turn and position, likes to remain on their back most of the time. Certified Nursing Assistant #7 also stated that Resident #69 shouts at staff, calls staff names like pedophiles, molesters, sex offenders. Certified Nursing Assistant #7 further stated that Resident #69 asks the staff to sexually touch their penis and will ask female staff to sit on their and speaks in a graphic sexually manner to staff. Certified Nursing Assistant #7 also stated that Resident #69 would ask staff to open Resident #69's personal computer and phone and view pornographic material with them.</p> <p>During an interview on 08/06/24 at 03:48 PM, Licensed Practical Nurse #1 stated that Resident #69 curses at staff without an apparent reason, calls staff prostitutes, and will ask Licensed Practical Nurse #1 to manually stimulate their penis as Licensed Practical Nurse #1 is being paid to do this.</p> <p>During an interview on 08/06/24 at 10:17 AM, Registered Nurse Supervisor #4 stated that they are aware of Resident #69's behaviors and Registered Nurse Supervisor #4 provided some behavior notes written for Resident #69 regarding behaviors related to sexual verbalizations toward staff. Registered Nurse Supervisor #4 also stated that they are responsible for initiating care plans, updating care plans and gave no reason why Resident #69's behavior as reported by staff had not been included and addressed in their Comprehensive Care Plan.</p> <p>During an interview on 08/07/24 at 01:44 PM, the Director of Nursing stated that Resident #69 makes a lot of demands and at times is inappropriate. The Director of Nursing also stated that Resident #69 is able to express self and is seen by Psychiatry and Psychology. The Director of Nursing further stated that Resident #69's behaviors are addressed but staff most likely do not want to use the exact words that Resident #69 is using and put explicit words in writing. The Director of Nursing stated that the Registered Nurse Supervisor is responsible for initiating all care plans and did not know why a care plan to address Resident #69's verbal abuse, and biological needs and verbal sexual expressions towards staff had not been created.</p> <p>10 NYCRR 415.11(c)(2)(i-iii)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>19546</p> <p>Based on observation and interviews conducted during the Recertification survey from 07/31/2024 to 08/07/2024, the facility did not ensure that services provided or arranged by the facility meet the current professional standards of quality. Specifically, medications were left unattended on the medication cart, the medication cart was left opened, unlocked, and unattended, and the Electronic Medical Record on the medication cart was left open and unattended exposing a resident's confidential medical information. This was evident during a Medication Administration Task.</p> <p>The finding is:</p> <p>The facility policy and procedure dated 01/2024 titled Professional Standards stated that all employees are expected to maintain high standards of professional conduct, ethics, and competence in their roles.</p> <p>On 08/01/24 at 8:13 AM, during observation of Medication Administration Registered Nurse #1 walked away from medications left on top of the medication cart unattended, left the medication cart opened, unlocked and unattended, and left the Electronic Medical Record screen on top of the medication cart open in full view displaying a resident's personal health information.</p> <p>On 08/01/24 at 9:31 AM, Registered Nurse #1 was interviewed and stated they had been in-serviced on the topic of Medication Administration and the Health Insurance Portability and Privacy Act. Registered Nurse #1 also stated they need to slow down and think about the whole process and technique when administering medications and preparing the medication cart.</p> <p>On 08/01/24 at 12:43 PM, the Director of Nursing was interviewed and stated that it is not the policy of the facility to leave medication carts unattended with medications on top of it, nor is it the policy of the facility to leave the medication cart open and unlocked and the medical record screen left open for anyone passing by to see. The Director of Nursing also stated that they do provide ongoing in-services to their nurses on how to administer medications and what not to do during this process.</p> <p>10 NYCRR 415.11 (c)(3)(i)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>19546</p> <p>Based on observations and staff interviews conducted during the Recertification survey conducted from 07/31/2024 to 08/31/2024, the facility did not ensure that all medications and biologicals were stored and labeled properly. Specifically, medications on the medication cart, were left unattended, and the medication cart was left unlocked and unattended. This was evident during observations conducted for the Medication Administration Task.</p> <p>The findings are:</p> <p>The facility policy titled Administering Medications dated 1/2024 documented that during administration of medications, no medications are kept on top of the cart unattended. The policy also documented that the medication cart will be kept closed and locked when out of sight by the medication nurse.</p> <p>On 08/01/24 at 8:13 AM, during observation of Medication Administration, Registered Nurse #1 removed the Clonazepam 1 milligram, Eliquis 5 milligrams, Amantadine 100 milligram, Escitalopram 20 milligram, and Lactulose 15 milliliters from the medication cart. Registered Nurse #1 crushed four of the medications that were in pill form and placed each in separate medication cups. Registered Nurse #1 then walked away from medication cart, left the prepared medications on top of the medication cart, and did close or lock the medication cart.</p> <p>Registered Nurse #1 was interviewed on 08/01/24 at 9:31 AM and stated that walking away from the medication cart and leaving medications on top of the cart was something they did not think about at the moment. Registered Nurse #1 also stated that they needed to find some apple sauce or pudding to give with the medications. Registered Nurse #1 further stated that it was not a good practice to walk away from unattended medications and an open medication cart because any unauthorized person or resident can take the medications from on top of the cart or from the inside of the medication cart which was left open and unlocked.</p> <p>On 08/01/24 at 9:46 AM, Registered Nurse Supervisor #2 was interviewed and stated that random medication pass observations are conducted to ensure that their nurses are practicing proper facility protocols. Registered Nurse Supervisor #2 also stated that it is not safe to walk away from medications because any confused resident can pick them up and potentially ingest them. Registered Nurse Supervisor #2 further that the medication cart should not be open and unlocked as they do not want any unauthorized person or resident to have access to an open medication cart.</p> <p>On 08/01/24 at 12:43 PM, the Director of Nursing was interviewed and stated that it is not the policy of the facility to leave medication carts unattended with medications on top of it, nor is it the policy of the facility to leave the medication cart open and unlocked. The Director of Nursing also stated that any resident or visitor can take the medications or have access to the unlocked medication cart.</p> <p>10 NYCRR 415.18(3)(1-4)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50820</p> <p>Based on observation and staff interviews conducted during the Recertification survey from 07/31/2024 to 08/07/2024, the facility did not ensure that infection control prevention practices and procedures were maintained to provide a safe and sanitary environment, and to help prevent the development and transmission of communicable diseases and infections. This was evident for 1 (Resident #180) of 6 residents observed for Respiratory Care and for 1 (Resident #514) of 3 residents observed for Pressure Ulcer out of a total sample of 38 residents. Specifically, Respiratory Therapist #1 failed to practice proper hand hygiene for Resident #180 while doing respiratory care, and Registered Nurse #2 failed to practice proper hand hygiene for Resident #514 while doing wound care.</p> <p>The facility policy dated 01/2024 titled Handwashing/Hand Hygiene states that employees must wash their hand for at least 15 seconds using antimicrobial or non-antimicrobial soap and water before and after changing a dressing. If hands are not visibly soiled, use an alcohol-based rub containing 60-95% ethanol or isopropanol before handling clean or soiled dressings, gauze pad and after handling used dressings.</p> <p>1. Resident #180 was admitted to the facility with active diagnoses that included Seizure Disorder and Respiratory failure.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE] documented that Resident #180 has a feeding tube, is receiving mechanically altered diet, and was receiving antibiotic therapy. The Quarterly Minimum Data Set also documented that Resident #180 was on continuous oxygen therapy, suctioning as scheduled, trach care and an invasive mechanical ventilator.</p> <p>The Order Details dated 3/28/2024 for Resident #180 documented Tracheo-Bronchial Suctioning every shift, oropharyngeal suction for secretions every shift, and Trach care done, and stoma site observed every shift.</p> <p>On 08/02/24 at 11:13 AM, Resident #180 was observed with secretions dripping on the neck and trach dressing in place. Respiratory Therapist #1 performed hand hygiene and then donned gown and gloves. Respiratory Therapist #1 opened suction tubing and performed tracheobronchial suctioning. Respiratory Therapist #1 was observed removing soiled trach gauze dressing. Respiratory Therapist #1 opened sterile gauze package which was then placed on the bed without sterile surface or barrier in between. Respiratory Therapist #1 was then observed taking the same gauze and wiping the secretions off Resident's #1 neck. A second package of gauze was opened and used to clean the area around the stoma. Without first performing hand hygiene, Respiratory Therapist #1 retrieved another package of sterile gauze from the drawer. Respiratory Therapist #1 opened the package and applied the new gauze dressing around trach but failed to perform hand hygiene or change gloves prior to application of the clean dressing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/02/24 at 11:18 AM, Respiratory Therapist #1 was interviewed and stated that Resident #180 is on contact precautions and gets suctioned 5-6 times a day as they have a lot of secretions. Respiratory Therapist #1 stated that they did not change gloves after cleaning the area around the stoma and before application of a new dressing. Respiratory Therapist #1 stated that for most residents, gloves are changed depending on how soiled the gloves are but should be changed after dressing is removed, stoma area is cleaned and before application of new dressing as there is a risk of introducing bacteria to the stoma site when the site is improperly cleaned. Respiratory Therapist #1 stated they last completed infection control training over one year ago.</p> <p>On 08/07/24 at 10:48 AM, the Director of Respiratory Therapy was interviewed and stated that infection control trainings are done yearly with nursing. Most of the staff are trained in competences in handwashing, hand hygiene and infection control policies. The Director of Respiratory Therapy also stated that they do random checks on staff from time to time to ensure infection control is being done properly. Hand hygiene is very important because improper hand hygiene can lead to cross contamination and risk of infection. The Director of Respiratory Therapy further stated that after removal of a dirty dressing and cleaning of the stoma, hands should be washed, followed with donning of clean gloves. There is a severe risk of cross contamination and introducing bacteria if this is not done.</p> <p>2. Resident #95 was admitted to the facility with diagnoses that included Alzheimer's Disease and sacral Stage 4 pressure ulcer.</p> <p>The Quarterly Minimum Data Set, dated dated dated [DATE] documented that Resident #95 had one Stage 4 and one unstageable pressure ulcer and one unstageable Deep Tissue Injury.</p> <p>The Treatments Order Form dated 08/06/2024 documented to cleanse left foot dorsal medial Deep Tissue Injury with Normal Saline, pat dry, paint with betadine, protect with dry protective dressing and secure with Kling.</p> <p>The Treatments Order Form dated 08/06/2024 documented to cleanse Right heel with Normal saline, pat dry, apply calcium alginate, protect with dry protective dressing, and secure with Kling.</p> <p>On 08/09/2024 at 9:48 AM, Registered Nurse #2 was observed performing wound care on the left foot for Resident #95. Registered Nurse #2 did not perform hand hygiene or don clean gloves prior to application of betadine on gauze which was then applied to wound. Registered Nurse #2 was also observed performing right heel wound care. Registered Nurse #2 did not perform hand hygiene and don clean gloves prior to application of calcium alginate dressing which was then covered with gauze and secured with Kling wrap.</p> <p>On 08/06/24 at 10:12 AM, Registered Nurse #2 was interviewed and stated that they thought they had changed their gloves and performed hand hygiene after cleaning the wound. Registered Nurse #2 also stated that they were nervous and might have missed performing hand hygiene after cleansing of wound but usually do change gloves and perform hand hygiene after cleaning of wound.</p> <p>On 08/06/24 at 11:19 AM, Registered Nurse Supervisor #2 was interviewed and stated that performing handwashing and observing aseptic technique is important. Gloves must be changed after removal of soiled dressing and after cleaning of wound to prevent cross contamination. If dirty gloves are used to touch clean instruments or clean dressings, there is a serious risk of infection because dirty touches the clean.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/06/24 at 11:42 AM, the Director of Nursing Services who was the Infection Preventionist was interviewed and stated that there are annual mandatory in-services on infection prevention, hand washing and antibiotic stewardship. Handwashing is the most important protocol when it comes to infection control. The Director of Nursing Services also stated that after cleaning any wound, hands should be washed and after a dressing is removed, hands should be washed again, and clean gloves donned before putting on the new dressing. The Director of Nursing Services further stated that there is a break in infection prevention protocol and potential of introducing infection to the resident when gloves are not changed after cleaning of wound and removal of soiled dressing. It is a serious issue if gloves are not changed.</p> <p>10 NYCRR 415.19 (b)(4)</p>		

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19546</p> <p>Based on observation and interviews conducted during a Recertification Survey from 07/31/2024 to 08/07/2024, the facility did not ensure handrails remain firmly affixed to the wall. Specifically, there were observations of handrails in the hallways on 2 (Unit 2 and Unit 6) that were not firmly affixed to the wall.</p> <p>The findings are:</p> <p>The facility policy &amp; procedure dated 01/24 titled Environmental Staff Cleaning Duties documented clean handrails daily.</p> <p>On 07/31/24 at 10:03 AM and subsequent observations on 08/01/24 at 11:50 AM, of the 2nd and 6th floor Unit were made. Unit 2 was observed with handrails outside the Oxygen Room and handrails outside the Training Toilet loose and not firmly affixed to the wall. Handrails observed on Unit 6 outside room [ROOM NUMBER] were loose and not firmly affixed to the wall.</p> <p>On 08/07/24 at 10:46 AM, Housekeeper # 1 was interviewed and stated that cleaning and disinfecting hand rails is a daily routine and part of their daily work schedule. Housekeeper # 1 stated that if handrails are loose, it is to be reported to the Maintenance Department for immediate so that resident can have a safe environment.</p> <p>On 08/07/24 at 10:46 AM, the Maintenance Director was interviewed and stated they make rounds and check the Maintenance logbook on each of the units. The Maintenance Director checks for loose handrails when they walk through the units and check with the nurses to ask if there is anything that needs to be addressed. If handrails are loose and need fixing that should be reported to our department by the housekeeping department. There is a Maintenance Log Book on the units, where any staff can ticket any issue that has been identified.</p> <p>On 08/07/24 at 11:00 AM, the Director of Housekeeping Services was interviewed and stated that staff frequently clean and disinfect the highly touched area like handrails daily. I make frequent daily rounds to ensure that my staff are doing their jobs, check for cleanliness and maintenance of resident environment. I depend on my staff to identify and report loose handrails to ensure the safety of residents.</p> <p>10 NYCRR 415.29</p>		