STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335297	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Pavilion for Rhb & Nrsg at Rockville Ctr	41 Maine Avenue Rockville Centre, NY 11570

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33316 Based on interviews and record review during an abbreviated survey (Complaint Number: NY00340154) the facility did not ensure each resident receives adequate supervision and assistance to prevent accidents. Specifically, one (Resident #1) of three residents reviewed for accident sustained 10 falls during a short-term stay. Resident #1 sustained a fall 3-day post admission which required hospitalization . During hospitalization , Resident #1 required continuous visual monitoring. Resident #1 was readmitted to the facility and sustained 9 additional unwitnessed falls. The facilities policy and procedure titled Falls and Fall Risk, Managing dated October 20, 2024 documented based on previous evaluations and current data, the staff will identify interventions related to the residents specific risk and causes to try to prevent the resident from falling and to minimize complications from falling. Resident #1 is an [AGE] year-old female admitted to facility 3/19/2024 discharged on [DATE] with medical diagnosis including non-traumatic subarachnoid hemorrhage, Urinary tract infection, Hypertension. The Minimum Data Set, dated dated dated [DATE] documented Brief Interview Mental Status summary score of 4 indicating impaired cognition. The Minimum data set documented resident did not have any falls in the 6months prior to admission but has fallen with injury since admission. The admission/readmission assessment dated [DATE] identified Resident #1 as a fall risk. The baseline care plan dated 3/19/2024 titled Nursing safety risk documented Resident has a history of falls and is at risk for falls. The Rehabilitation progress note dated 3/19/2024 documented precautions include fall and safety. Resident referred to occupational therapy for impaired balance decrease strength and functional activity tolerance resulting in the need for extensive to total assistance. Out of bed to reclining wheelchair with foam cushion and bilateral leg elevating leg rest. The Comprehensive Care Plan titled fall dated 4/1/2024 identified that the resident was at risk for falls/history of fall related to decreased mobility. The goal is resident will be free of fall with injury through the next review. Interventions include call light and personal items withing reach, low bed and bilateral floor mats, keep environment well lit and free of clutter. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335297	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Pavilion for Rhb & Nrsg at Rockville Ctr	41 Maine Avenue Rockville Centre, NY 11570

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The medical records indicated Resident #1 had a total of 10 (ten) falls from March 19, 2024- through May 22, 2024. Progress note dated 3/23/2024 documented Resident fell forward from wheelchair to right side of facial area in hallway sustaining a hematoma to upper eyebrow and abrasion to right chest. Resident was transferred to the hospital and admitted . Hospital discharge summary document dated 4/1/2024 documented the primary diagnosis for hospitalization as Non traumatic subdural hemorrhage unspecified. The discharge summary further documented fall/safety precautions; Resident #1 was on continuous visual monitoring via tele sitter during course of hospitalization . The admission/readmission assessment dated [DATE] identified Resident #1 as a fall risk. No new interventions were implemented. The nursing progress note dated 4/5/2024 documented Resident #1 was found on the floor laying on the right side, stated she was getting out of bed and slipped. Resident #1 was instructed to use the call light system. The nursing progress note dated 4/13/24 documented resident was found sitting on the floor at the window. Resident #1 was encouraged to call for help and every 30 min monitoring was implemented. The Nursing progress note dated 4/21/2024 documented Resident #1 was observed in a prone position on the floor, interventions include monitor closely for falls. The nursing progress note date 4/23/2024 documented Resident #1 was observed sitting down on the floor in her room. The nursing progress note dated 4/26/2024 documented Resident #1 was observed on the floor in her room in a seated position. Interventions include continue to monitor closely. The nursing progress note dated 4/30/2024 documented Resident #1 was observed in the lounge area lying on the floor in a right-side position. The Interdisciplinary note documented a meeting was held with the next of kin and the facility staff including the Director of Nursing, Assistant Director of Nursing and social services who made suggestion for the family to consider private companion. The nursing progress note dated 5/1/2024 documented Resident #1 was observed laying on her right side in the common area. The Resident was transferred to the hospital. The nursing progress note dated 5/6/2024 documented Resident #1 was observed sitting on her buttocks with legs stretched in the television area. The note further documented family refused to provide 1:1 private aide. The nursing progress note dated 5/11/2024 documented Resident #1 fell on to buttock and was observed in a seated position in the hallway. The incident report further documents family fails to provide 1:1 from outside and refuses medial suggestions for restlessness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335297	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Pavilion for Rhb & Nrsg at Rockville Ctr	41 Maine Avenue Rockville Centre, NY 11570

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted with the Director of Nursing on 11/5/2025 at 3:45 PM they stated when a resident falls the family and physician are notified and a rehab referral is made. Resident #1 was provided with a low bed and kept in common area. The Director of Nursing stated they told they The Director of Nursing stated there is no defined fall program and falls are discussed during morning report. The Director of Nursing stated with each fall they individually try new things, and the Interdisciplinary team will meet to discuss, there is no timeline or policy. During a second interview the Director of Nursing introduced some stars and stated the facility has a falling star program which is placed on the door and identifies Residents at increased risk for falls. There is no formal policy, and it is not identified on the Certified Nursing Accountability. During an interview conducted with the administrator on 11/5/2024 at 4pm they stated that admission documents are reviewed off site. The Administrator stated for Residents who have frequent fall, the family is recommended visit more frequent to manage behaviors or falls. The Administrator stated the facility would do whatever they needed to do to ensure the residents are safe. 415.4 (b)