STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER: Forest View Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE: 71 20 110th Street, Forest Hills, NY 11375	

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 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** 33315 Based on record review and interviews conducted during Recertification and Abbreviated (NY00321724) survey from 04/29/2024 to 05/06/2024 , the facility did not ensure that all alleged violations involving neglect and injuries of unknown source were reported immediately but not later than 2 hours after the allegation was made to the New York State Department of Health. This was evident for 2 (Residents #62 and #70) of 38 total sampled residents. Specifically, 1.) On 02/22/2023, Resident #62 sustained a swelling on the forehead. The injury was not witnessed, and the source of injury could not be explained by the Resident. The injury was not reported to the New York State Department of Health. 2.) On 04/11/2024, Resident #70 had an unwitnessed fall that resulted in an acute left femoral fracture. The Resident was unable to explain the occurrence. The injury was not reported to the New York State Department of Health. The findings are: The facility policy titled Abuse Prevention with a reviewed date od 04/14/2023 documented that the facility will report any incident and/or violation where abuse, neglect, exploitation, or mistreatment is suspected or has reasonable cause to believe that abuse has occurred. The facility will notify the New York State Department of Health when an investigation identifies abuse. 1. Resident #62 had diagnoses of Dementia, Parkinson Disease, Depression, and Psychotic Disorder. The Minimum Data Set assessment (an assessment tool that measures health status of nursing home residents) dated 01/11/2024 documented that Resident #62 was severely cognitively impaired and required extensive assistance of 2 person for transfers and personal hygiene. Registered Nurse's note dated 02/22/2023 documented that at around 4:30 PM of 02/22/2023, they were approached by Resident #62's sister who was visiting the resident at that time to check resident's forehead. Resident #62's forehead was observed with mild swelling to left side of his forehead. The facility Accident/Incident Investigation Report Summary documented that on 02/22/2023 at approximately 4:30 PM, Resident #62 was observed by their family member with a bump on the forehead. Upon assessment, resident was noted with a swelling to the left side of the forehead measuring 2.5 by 3.5 centimeters. Resident was interviewed and could not relate to the event due to poor cognition. (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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Forest View Center for Rehabilitation & Nursing	71 20 110th Street Forest Hills, NY 11375

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Accident / Incident Report and employee statements did not indicate any witness to how Resident #62 sustained the forehead swelling. There was no documented evidence that the swelling to Resident #62's forehead was reported to the New York State Department of Health. On 05/03/2024 at 02:03 PM, an interview was conducted with the Director of Nursing who stated that allegations of abuse were reported to the New York State Department of Health when the investigation was completed. The Director of Nursing stated they rule out abuse before deciding if an incident need to be reported to the New York State Department of Health. The Director of Nursing stated Resident # 62's alleged incident was not reported because they believed Resident #62 may have hit their forehead on the upper side rails while in bed and concluded that it was not abuse. 37787 2. Resident #70 was admitted to the facility with diagnoses of Anxiety Disorder, Dementia with Behavioral Disturbances, and Repeated Falls. The Minimum Data Set, dated dated dated [DATE] documented Resident #70 had short and long term memory problem and moderately impaired cognitive skills. Resident #70 was incontinent of bowel and bladder. The assessment further documented that Resident #1 required supervision for transfers and was able to walk 150 feet with supervision. A facility's Accident / Incident Report dated 04/11/2024 documented that on 04/11/2024 at 3:00 AM, Resident #70 was observed lying on their right side by the right side of their bed. Resident was unable to state what happened. A review of the Accident / Incident Report and employee statements did not indicate any witness to Resident #70's fall occurrence. A nurse's progress notes dated 04/16/2024 at 6:19 PM documented that Resident #70's x-ray (a test that captures images of the structures inside the body particularly the bones) showed acute left femoral neck (thigh bone close to the hip joint) fracture (a break in a bone) . Resident #70 was transferred to the hospital. On 05/06/2024 at 9:28 AM, an interview was conducted with the Assistant Director of Nursing who stated that Resident #70's fracture was not reported to the New York state Department of Health because they assumed Resident #70's fracture was related to the fall that occurred on 04/11/2024. 10 NYCRR 415.4 (b)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 19546 Based on record review and interview conducted during the Recertification Survey from 04/29/2024 to 05/06/2024, the facility did not ensure that the Minimum Data Set assessment accurately reflect the resident's status. This was evident in 3 (Resident # 16, # 63, and #65) of 38 total sampled residents. Specifically, 1.) Resident #16's Minimum Data Set assessment did not reflect the Resident being in hospice care, 2.) Resident #63's Minimum Data Set assessment did not document Resident having colostomy, and 3.) Resident #65's Minimum Data Set assessment did not document any active diagnoses. The findings are: The facility have not provided a documented policy on Minimum Data Set assessment and completion. 1.) Resident #16 was admitted to the facility with diagnoses of Dysphasia and Abnormal Results of Liver Function Studies. A nurse's progress notes dated 03/16/2024 documented Resident #16 remained alert and verbally responsive. The note documented that Resident #16 was evaluated by the Hospice nurse and was accepted to hospice care. The Minimum Data Set assessment with reference date of 03/29/2024 did not document Resident #16 being in hospice care. 2.) Resident #63 was admitted to the facility with diagnoses of Cerebrovascular Accident, Pancreatic Mass, and Stercoral Colitis. A physician's readmission note dated 03/26/2024 documented that Resident #63 had a colostomy on the left lower abdomen. The Minimum Data Set assessment with reference date of 03/31/2024 did not document Resident #16 having colostomy. 3.) Resident #65 was admitted to the facility with diagnoses of Recurrent Depressive Disorder, Psychotic Disorder, Insomnia, Hypertension, and Embolism. The Minimum Data Set assessment with reference date of 01/23/2024 did not document any of Resident #65's active diagnoses. On 05/03/2024 at 11:00 am, the Minimum Data Set Coordinator was interviewed and stated each department was responsible for ensuring that their sections were completed timely and accurately. The Minimum Data Set Coordinator stated they were responsible for scheduling and ensuring completion for timely submission of the Minimum Data Set assessment. 10 NYCRR 415.11(b)