

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Split Rock Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3525 Baychester Ave Bronx, NY 10466	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50894</b></p> <p>Based on record review and interviews conducted during the Recertification Survey from 09/03/2024 to 09/10/2024, the facility failed to ensure that all alleged violations involving abuse were reported immediately, but not later than 2 hours after the allegations of abuse were made to the New York State Department of Health. This was evident in 1 (Resident #140) of 4 residents reviewed for Abuse out of 36 total sampled residents. Specifically, 1.) On 09/03/2023, Resident #140 alleged that they were inappropriately touched by a staff. 2.) On 09/05/2024, Resident #140 alleged that, months ago, they were sexually assaulted by a male Certified Nursing Assistant who worked on the evening shift. The facility did not report both allegations to the New York State Department of Health.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse, Neglect, Mistreatment, and Exploitation Prohibition with an implementation date of 03/11/2024 documented that all allegations of abuse must be immediately reported to the Administrator and no later than 2 hours to other officials, including to the State Survey Agency, after the allegation was made.</p> <p>Resident #140 had diagnoses which included Chronic Inflammatory Demyelinating Polyneuritis, Diabetes Mellitus, and Muscle Weakness.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #140 was cognitively intact, had no physical or verbal behavioral symptoms directed towards others, and had not rejected care.</p> <p>On 09/05/2024 at 12:47 PM, Resident #140 was interviewed and stated that they were sexually assaulted months ago by a male Certified Nursing Assistant who worked on the evening shift. Resident #140 could not recall when this occurred but stated that it occurred multiple times. Resident #140 stated that the Certified Nursing Assistant would stick their fingers in their butt while providing care. Resident #140 stated that after this occurred for the final time, they confronted the Certified Nursing Assistant and threatened to punch them in the face if the sexual assault occurred again. Resident #140 stated that the nurse informed them that the Certified Nursing Assistant would never touch them again and that the Certified Nursing Assistant never provided care or was assigned to them again.</p> <p>1.) A nurse's progress notes dated 09/03/2023 at 11:53 AM by Licensed Practical Nurse #1 documented that Resident #140 complained that they were inappropriately touched by a staff. The nursing supervisor was made aware and went in for the Resident to explain. Resident #140 refused to talk.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An Incident / Accident Investigation Report Summary dated 09/03/2023 documented that Resident #140 refused care from Certified Nursing Assistant #2 on 09/03/2023. Licensed Practical Nurse #1 went in to speak with the Resident, but Resident refused to speak. The investigative summary concluded that no abuse or mistreatment occurred. Review of the facilities investigative report and staff written statements showed no documented evidence that Resident #140's allegation of being inappropriately touched by staff was addressed.</p> <p>On 09/10/2024 at 12:38 PM, Licensed Practical Nurse #1 was interviewed and stated that they wrote a progress note about Resident #140 claiming that Certified Nursing Assistant #2 inappropriately touched them in the groin area. Licensed Practical Nurse #1 stated they reported the allegation to the nursing supervisor.</p> <p>On 09/10/2024 at 12:53 PM, the Administrator was interviewed and stated that on 09/03/2023, Resident #140 stated they were inappropriately touched by Certified Nursing Assistant #2. The Administrator stated that the allegation was not reported because there was nothing to report. The Administrator stated that Resident #140 was not touched. They stated Resident #140 was being cleaned and because of their behavior, Resident #140 claimed it was abuse.</p> <p>2.) The facility had not provided documented evidence that Resident #140's allegation that they were sexually assaulted by a male Certified Nursing Assistant was investigated.</p> <p>On 09/05/2024 at 02:11 PM, Licensed Practical Nurse #1 was interviewed and stated that months ago, they heard about an accusation made by Resident #140 regarding a Certified Nursing Assistant inappropriately touching Resident #140's buttocks. Licensed Practical Nurse #1 identified the Certified Nursing Assistant being accused as Certified Nursing Assistant #1. Licensed Practical Nurse #1 stated they were unsure if this was reported.</p> <p>On 09/09/2024 at 05:15 PM, Certified Nursing Assistant #1 was interviewed and stated that they cared for Resident #140 until about a year ago when Resident #140 changed rooms and was no longer on their assignment. Certified Nursing Assistant #1 denied ever touching Resident #140 inappropriately or being aware of any accusations made by Resident #140 against them.</p> <p>On 09/09/2024 at 11:27 AM, the Director of Social Services was interviewed and stated that they were unaware of Resident #140's statement that Certified Nursing Assistant #1 sexually assaulted them until Resident #140 reported it to the State Surveyor on 09/05/2024. The Director of Social Services stated they met with Resident #140 on 09/06/2024 to discuss this concern and Resident #140 reported that Certified Nursing Assistant #1 inappropriately touched Resident #140's anus. The Director of Social Services stated that Resident #140 stated that Resident #140 feels that the concern was resolved since Certified Nursing Assistant #1 no longer provided care for them. The Director of Social Services stated that when they receive allegations of abuse, the Director of Nursing is notified, the facility collects statements from staff, and it is reported to the New York State Department of Health. The Director of Social Services stated they were unsure if this concern had been reported to the New York State Department of Health.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/10/2024 at 10:08 AM, the Administrator was interviewed and stated that they were not made aware of Resident #140's accusation against Certified Nursing Assistant #1 until it was shared with the State Surveyor. The Administrator stated that they believe the accusation is untrue based on his past behaviors of refusing care, exposing himself, and throwing items. The Administrator stated the allegation was not reported to the New York State Department of Health because they believed that the claim was related to their other claim from a year ago.</p> <p>10 NYCRR 415.4(b)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50894</b></p> <p>Based on record review and interviews conducted during the Recertification Survey from 09/03/2024 to 09/10/2024, the facility did not ensure that all allegations of abuse were thoroughly investigated. This was evident for 1 (Resident #140) of 4 residents reviewed for Abuse out of 36 total sampled residents. Specifically, 1.) On 09/03/2023, Resident #140 alleged that they were inappropriately touched by a staff. The facility investigation did not address the allegation. 2.) On 09/05/2024, Resident #140 alleged that, months ago, they were sexually assaulted by a male Certified Nursing Assistant who worked on the evening shift. There was no documented evidence that the allegation was investigated.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse, Neglect, Mistreatment, and Exploitation Prohibition with an implementation date of 03/11/2024 documented that the Nursing Department with facility Administration will coordinate the investigation of all allegations of physical or verbal abuse. The Director of Nursing is responsible for coordinating a timely and thorough investigation. The investigation should be conducted as soon as possible after the allegation of abuse is made.</p> <p>Resident #140 had diagnoses which included Chronic Inflammatory Demyelinating Polyneuritis, Diabetes Mellitus, and Muscle Weakness.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #140 was cognitively intact, had no physical or verbal behavioral symptoms directed towards others, and had not rejected care.</p> <p>1.) A nurse's progress notes dated 09/03/2023 at 11:53 AM by Licensed Practical Nurse #1 documented that Resident #140 complained that they were inappropriately touched by a staff. The nursing supervisor was made aware and went in for the Resident to explain. Resident #140 refused to talk.</p> <p>An Incident / Accident Investigation Report Summary dated 09/03/2023 documented that Resident #140 refused care from Certified Nursing Assistant #2 on 09/03/2023. Licensed Practical Nurse #1 went in to speak with the Resident, but Resident refused to speak. The investigative summary concluded that no abuse or mistreatment occurred. Review of the facilities investigative report and staff written statements showed no documented evidence that Resident #140's allegation of being inappropriately touched by staff was addressed.</p> <p>On 09/10/2024 at 12:38 PM, Licensed Practical Nurse #1 was interviewed and stated that they wrote a progress note about Resident #140 claiming that Certified Nursing Assistant #2 inappropriately touched them in the groin area. Licensed Practical Nurse #1 stated they reported the allegation to the nursing supervisor.</p> <p>On 09/10/2024 at 12:53 PM, the Administrator was interviewed and stated that on 09/03/2023, Resident #140 alleged that Certified Nursing Assistant #2 had inappropriately touched them. The Administrator stated that Resident #140 does not want to be cleaned after having diarrhea, so they claimed they were inappropriately touched. The Administrator stated they knew it was not inappropriate touching because Certified Nursing Assistant #2 reported what had occurred.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2.) On 09/05/2024 at 12:47 PM, Resident #140 was interviewed and stated that they were sexually assaulted months ago by a male Certified Nursing Assistant who worked on the evening shift. Resident #140 could not recall when this occurred but stated that it occurred multiple times. Resident #140 stated that the Certified Nursing Assistant would stick their fingers in their butt while providing care. Resident #140 stated that after this occurred for the final time, they confronted the Certified Nursing Assistant and threatened to punch them in the face if the sexual assault occurred again. Resident #140 stated that the nurse informed them that the Certified Nursing Assistant would never touch them again and that the Certified Nursing Assistant never provided care or was assigned to them again.</p> <p>The facility had not provided documented evidence that Resident #140's allegation that they were sexually assaulted by a male Certified Nursing Assistant was investigated.</p> <p>On 09/05/2024 at 02:11 PM, Licensed Practical Nurse #1 was interviewed and stated that months ago, they heard about an accusation made by Resident #140 regarding a Certified Nursing Assistant inappropriately touching Resident #140's buttocks. Licensed Practical Nurse #1 identified the Certified Nursing Assistant being accused as Certified Nursing Assistant #1. Licensed Practical Nurse #1 stated they were unsure if this was reported.</p> <p>On 09/09/2024 at 05:15 PM, Certified Nursing Assistant #1 was interviewed and stated that they cared for Resident #140 until about a year ago when Resident #140 changed rooms and was no longer on their assignment. Certified Nursing Assistant #1 denied ever touching Resident #140 inappropriately or being aware of any accusations made by Resident #140 against them.</p> <p>On 09/09/2024 at 11:27 AM, the Director of Social Services was interviewed and stated they were unaware of Resident #140's statement that Certified Nursing Assistant #1 sexually assaulted them until Resident #140 reported it to the State Surveyor on 09/05/2024. The Director of Social Services stated they met with Resident #140 on 09/06/2024 to discuss this concern and Resident #140 reported that Certified Nursing Assistant #1 inappropriately touched Resident #140's anus. The Director of Social Services stated that Resident #140 stated that the Resident felt that the concern was resolved since Certified Nursing Assistant #1 no longer provided care for them.</p> <p>On 09/10/2024 at 9:59 AM, the Director of Nursing was interviewed and stated this was the first time they heard about Resident #140's allegation, that the Resident was sexually assaulted by a male Certified Nursing Assistant. The Director of Nursing stated they were investigating the allegation but had not provided documented evidence of investigation.</p> <p>On 09/10/2024 at 12:53 PM, the Administrator was interviewed and stated they believed that the sexual abuse claim related to Certified Nursing Assistant #1 was part of the same allegation that Resident #140 made on 09/03/2023 when they alleged of being inappropriately touched. The Administrator stated that Resident #140 was a homosexual and fantasizes about some of this activity. The Administrator stated they were not looking into this allegation any further because it happened a year ago, and that Resident #140 does not remember when the allegation occurred. The Administrator further stated So what am I supposed to do? Take statements a year later when Resident #140 cannot even recall when it was?</p> <p>10 NYCRR 415.4(b)(3)</p>		