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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335336 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
| NAME OF PROVIDER OR SUPPLIER Margaret Tietz Center for Nursing Care Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 164 11 Chapin Parkway Jamaica, NY 11432 | |

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) |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>40565</p> <p>Based on staff interview and record review conducted during the Recertification and Complaint Survey (NY00325508) from 05/21/2024 to 05/29/2024, the facility did not ensure each resident received adequate supervision and assistance devices consistent with a resident's needs, goals, and care plan to prevent accidents. This was evident for 1 (Resident #134) of 38 total sampled residents. Specifically, Resident #134 required 2 staff assistance using mechanical lift for transfers as documented in the Comprehensive Care Plan. On 10/04/2023 at 5:30 PM, Certified Nursing Assistants #6 and #3 transferred Resident #134 from wheelchair to bed without using the mechanical lift. During the transfer, Resident #134 felt weak while in a standing position, and their left leg scraped the wheelchair that caused a laceration that required emergency medical intervention. The Resident required 13 stitches to the wound. This resulted in actual harm to Resident #134 that was not Immediate Jeopardy.</p> <p>The findings include:</p> <p>The facility policy titled Care Planning Process with an effective date of 07/2022 documented that the purpose of the policy was to ensure each resident receives the necessary care and services to attain or maintain the highest practicable, physical, mental, and psychosocial well-being. The care plan shall address the individual resident's medical diagnoses and condition, activities of daily living functional ability, and strengths and needs.</p> <p>Resident #134 had diagnoses of Anemia (a condition in which there is a low level of healthy red blood cells to carry oxygen throughout the body), Cerebrovascular Accident (a condition in which there is loss of blood flow to a part of the brain which damages brain tissue), and Non-Alzheimer's Dementia (loss of memory and intellectual functions caused by other diseases).</p> <p>The Minimum Data Set assessment (an assessment tool that measures health status in nursing home residents) dated 09/05/2023 documented Resident #134 had severe impairment in cognition and was totally dependent on 2 staff members for transfer.</p> <p>A Comprehensive Care Plan for Activities of Daily Living Self Care Performance Deficit related to Activity Intolerance was initiated for Resident #134 on 08/30/2023. The care plan interventions included total dependence with 2 persons for assistance using mechanical lift for transfers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>The Documentation Survey Report (overview of tasks and assignments completed by the Certified Nursing Assistants) for 10/2023 documented that Resident #134 required total dependence with 2 persons assist using mechanical lift for transfers. Certified Nursing Assistant #6 documented that the task was performed for 10/04/2023 3:00 PM to 11:00 PM shift.</p> <p>The Accident Report dated 10/04/2023 at 5:30 AM documented that the Registered Nurse was informed that Resident #134's leg was bleeding after transfer. Resident sustained a skin tear on the left lower shin. Resident #134 was confused and was unable to give a statement. The report documented the staff did not use a mechanical lift during transfer. The employee written statement dated 10/04/2024 by Certified Nursing Assistant #6, who was assigned to Resident #134, documented they saw blood coming from Resident #134's left leg when the Resident was placed in bed. Certified Nursing Assistant #6 documented Certified Nursing Assistant #3 assisted them in the care of the resident. The employee written statement dated 10/04/2023 by Certified Nursing Assistant #3 documented they helped transfer Resident #134 from chair to bed.</p> <p>The facility summary of investigation dated 10/06/2024 completed by the Director of Nursing documented Resident #134 was noted with a laceration that measured 8 x 1 x 0.2 centimeters on the left shin. During the investigation, the laceration was sustained when Resident #134 was transferred from wheelchair to bed by Certified Nursing Assistants #6 and #3. The summary of investigation documented as per Resident's care plan and Kardex (a document that contains resident care instructions for the Certified Nursing Assistants), Resident #134 required total assistance of 2 person using a mechanical lift for transfers. The Certified Nursing Assistants stated during the interview they transferred the Resident without using a mechanical lift, and as they were assisting the Resident into a standing position, the Resident felt weak, and their left leg scraped the wheelchair causing the laceration. Resident #134 was assessed by the attending physician and ordered to transfer the Resident to the hospital for sutures.</p> <p>The hospital patient discharge summary dated 10/04/2023 documented that Resident #134 was treated at the emergency department for left shin laceration that required 13 stitches.</p> <p>Several attempts to reach Certified Nursing Assistant #6 were unsuccessful.</p> <p>During an interview on 05/24/2024 at 3:38 PM, Certified Nursing Assistant #3 stated on the day of the incident, Certified Nursing Assistant #6 asked for help to transfer Resident #134 from the wheelchair to bed. At the end of the transfer, they noticed blood on the Resident's shin and notified the charge nurse. Certified Nursing Assistant #3 stated Resident #134 was not on their assignment, and they did not know the Resident needed a mechanical lift for transfer.</p> <p>During an interview on 05/24/2024 at 3:02 PM, Registered Nurse #4, who was the Registered Nurse Supervisor at the time of the incident, stated Resident #134 required total assist of 2 staff with the use of mechanical lift. They stated on the day of the incident, Certified Nursing Assistants #6 and #3 transferred Resident #134 from wheelchair to bed without using a mechanical lift, which was stated in the care plan and sustained an injury to their left leg. Registered Nurse #4 stated Certified Nursing Assistant #6 was not regularly assigned to the resident and did not know the Resident required the use of a mechanical lift for transfers. They stated they had a huddle (meeting) at the start of the shift and aides were notified of residents' status. Registered Nurse #4 stated they were not sure if Certified Nursing Assistants #6 and #3 participated in the huddle that day.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 05/29/2024 at 9:48 AM, Registered Nurse #2, who was the In-service Coordinator, stated Certified Nursing Assistants who were assigned to the Resident and those who were assisting were expected to check a resident's plan of care prior to providing care.</p> <p>During an interview on 05/29/2024 at 10:43 AM, the Director of Nursing stated they investigated the incident, and it was noted the Certified Nursing Assistants transferred Resident #134 without using a mechanical lift as documented in the Resident's plan of care. They stated Resident #134 sustained a skin tear on their left leg. They stated the Certified Nursing Assistants were trained on how to use Point of Care (an electronic medical record that provides resident care instructions for Certified Nursing Assistants) to find out what assistance a resident required and could have also verified a resident's transfer status from the charge nurse.</p> <p>During an interview on 05/29/2024 at 11:02 AM, the Administrator stated as per the facility's investigation, the staff did not use a mechanical lift during transfer and Resident sustained an injury.</p> <p>10 NYCRR 415.12 (h) (2)</p> | | |