

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)
<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**</b> 40565</p> <p>Based on record review and interview conducted during the Recertification Survey from 05/21/2024 to 05/29/2024, the facility did not ensure that a resident's comprehensive care plans were reviewed and revised to accurately reflect a resident's current status. This was evident in 1 of 38 sampled residents. Specifically, Resident #148's comprehensive care plan did not document Resident's urinary catheter was discontinued.</p> <p>The findings include:</p> <p>The facility policy titled Care Planning Process with effective date of 07/2022 documented the facility shall have a care planning process that is person centered which includes integrating assessment findings, developing an interdisciplinary care plan, regularly reviewing and revising the care plan, providing and documenting the care.</p> <p>Resident #148 was admitted to the facility with diagnoses of Atrial Fibrillation, Heart Failure, Benign Prostatic Hyperplasia, Renal insufficiency, and Obstructive Uropathy.</p> <p>On 05/21/2024 at 12:00 PM, Resident #148 was observed in the day room. Resident had no urinary catheter. The resident stated they had a urinary catheter inserted before admission to the nursing home and was removed 2 weeks ago.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #148 had intact cognitive status. The Minimum Data Set further documented the Resident had indwelling catheter.</p> <p>A medical progress note dated 04/02/2024 documented Resident #148 was admitted from the hospital with chief complaint of acute on chronic congestive heart failure, complicated urinary tract infection, urinary retention, with indwelling urinary catheter.</p> <p>The nursing progress note dated 04/18/2024 at 7:19 AM documented Resident #148's urinary catheter was discontinued around 6:00 AM for trial voiding as ordered.</p> <p>A Comprehensive Care Plan for alteration in urinary elimination related to catheter usage for obstructive uropathy, acute kidney failure, and Benign Prostatic Hyperplasia was initiated on 04/02/2024. The care plan did not document that the urinary catheter was discontinued.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/28/2024 at 9:53 AM, Registered Nurse #1, who was the Registered Nurse Supervisor, stated Resident #148's urinary catheter was discontinued on 04/18/2024. They stated the Registered Nurse Supervisor on the floor should have reviewed and updated the care plan and should have documented that Resident #148's urinary catheter had been removed. They stated they did not know why the care plan had not been updated.</p> <p>During an interview on 05/28/2024 at 10:33 AM, the Assistant Director of Nursing stated the nurses' and nursing supervisors were responsible for updating the care plan.</p> <p>During an interview on 05/29/2024 at 10:38 AM, the Director of Nursing stated the nurses' and nursing supervisors were responsible for reviewing and updating the residents' care plans. They stated they have a lot of new nurses that were still learning which probably why Resident #148's care plan had been missed.</p> <p>415.11(c)(2)(i-iii)</p>		