

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Ozanam Hall of Queens Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 42 41 201st Street Bayside, NY 11361	

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 - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18881</p> <p>Based on staff interview, observation and record review during the Recertification and Complaint Survey (NY00349107) conducted from 09/26/2024 to 10/03/2024, the facility did not ensure that injuries of unknown origin are reported immediately, but not later than 2 hours after the allegation is made to the New York State Department of Health. This was evident for 1 (Resident #148) of 5 residents reviewed for Falls out of a sample 38 residents. Specifically, Resident #148 was observed with discoloration of the chin and mouth of unknown origin which was not reported to New York State Department of Health.</p> <p>The finding is:</p> <p>Resident #148 was admitted to the facility with diagnoses which included Non-Alzheimer's' Dementia, Traumatic Brain Dysfunction, and Fracture of Nasal Bones.</p> <p>The Significant Change Minimum Data Set assessment dated [DATE] identified Resident #148 as severely cognitively impaired and able to make needs known, needed supervision of staff with Activities of Daily Living, including ambulation.</p> <p>The Nursing Progress note dated 08/18/2024 documented Resident #148 was visited by their child who noted discoloration of the resident's face. Resident #148 informed their child that they had had a fall. The note also documented that the Licensed Professional Nurse observed Resident #148 with discoloration to the lower lip measuring 2 centimeter by 1 centimeter and under the chin injury measuring 3 centimeter by 2.5 centimeter.</p> <p>The Quality Assurance Fall Investigation Statement Form dated 08/18/2024 documented that Resident #148's child reported that Resident #148 had fallen.</p> <p>The Summary of Investigation dated August 23, 2024, documented that Resident #148 was alert and oriented to person only, and had light reddish discoloration to the lower lip measuring 2cm x 1 cm and purplish discoloration under Resident #148's chin measuring 3 cm x 2.5 cm. The summary also documented that Resident #148, nor their child was able to state when and where a fall had occurred. The summary also documented that other nursing aides were interviewed and were unaware that Resident #148 had fallen.</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 - Few</p>	<p>There was no documented evidence that the injury of unknown origin for Resident #148 was reported to the Department of Health as required.</p> <p>On 10/01/2024 at 4:24 PM, during an interview the Director of Nursing stated that the incident involving Resident #148 on 08/18/2024 was not called in because they did not consider that Resident #148 had experienced an injury. The Director of Nursing acknowledged that the Accident/Incident report documented that Resident #148 had discoloration to their lip and chin and could not explain how this had occurred, however the Director of Nursing did not think this incident needed to be reported as an injury of unknown origin.</p> <p>10 NYCRR 415.4 (b)(2)</p>		