STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335372	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vanderbilt Rehabilitation and Care Center, Inc	135 Vanderbilt Ave Staten Island, NY 10304

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on interview and record review conducted during the Recertification and Complaint survey (NY00335874) from 7/9/24 to 07/16/2024, the facility did not ensure that it promoted and facilitated resident self-determination through the support of resident choice for 1 (Resident #143) of 5 residents reviewed for Activities of Daily Living, and 2 (Resident #39 and #63) of 2 residents reviewed for Choices. Specifically, the preferred number of showers per week were not obtained and not provided in accordance with Resident #143, Resident #39's, and Resident #63's wishes. The findings are: The facility's policy and procedure titled Shower and Bath reviewed 2/2022 documented facility to cleanse and refresh the residents through showering and scheduled for two showers per choice weekly and as needed. 1. Resident #143 was admitted to the facility with diagnosis of Cerebrovascular Accident and Hypertension. The Quarterly Minimum Data Set, dated dated dated [DATE] documented resident had severely impaired cognition and required partial/moderate assistance for shower. The New York State Department of Health Complaint Intake (NY00335874) received 5/9/2024 documented that Resident #143's hygiene is poor, and they do not get their hair washed. During an interview on 7/10/2024 at 10:20 AM, Resident #143 stated they were showered once last week but they would like twice a week as per their shower schedule. The Comprehensive Care Plan for Activities of Daily Living/Rehabilitation Potential revised 12/22/2023 documented that resident's bathing type is shower. The Certified Nursing Assistant Documentation Record from 6/1/2024 to 7/10/2024 revealed Resident #143 was showered 3 (6/6/2024, 6/13/2024, and 6/25/2024) days out of 9 days in June 2024 and 2 (7/2/2024, 7/9/2024) days out of 3 days from 7/1/2024 to 7/10/2024. The review of Resident #143's medical record from 6/1/2024 to 7/10/2024 revealed resident refused shower once on 7/5/2024; therefore, bed bath was rendered instead. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There was no documented evidence that Resident #143 refused shower on other scheduled days. On 7/11/2024 at 10:44 AM, Certified Nursing Assistant #14 was interviewed and stated that Resident #143 requires assistance and is scheduled to shower twice a week. Certified Nursing Assistant #14 also stated that Resident #143 is able to verbalize their needs and they did not recall Resident #143 ever refusing a shower. On 7/11/2024 at 11:39 AM, Licensed Practical Nurse #8 stated that all residents on the unit have a shower schedule and are showered twice a week. Licensed Practical Nurse #8 also stated that any refusal of care or treatment is documented in the resident's medical record and Resident #143 had refused a shower on 7/5/2024. Licensed Practical Nurse#8 further stated that they do not recall Resident #143 refusing any showers last month. On 7/16/2024 at 11:26 AM, Registered Nurse Supervisor #2 stated the unit nurse is responsible for ensuring that nursing staff is providing showers as per the schedule and document if it is not being done. Registered Nurse Supervisor #2 also stated they were not aware that Resident #143 was not getting shower consistently on their shower days. 50894 2. Resident #63 had diagnoses which included Cerebrovascular accident and hemiparesis. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #63 was cognitively intact, required moderate assistance with bathing and personal hygiene, and that there was no rejection of care. The Significant Change Minimum Data Set assessment dated [DATE] documented that it was very important for the resident to choose between a tub bath, shower, bed bath, or sponge bath. During an interview on 07/09/24 at 12:03 PM, Resident #63 stated that they received showers on Tuesdays and Saturdays. Resident #63 stated that they would like to take showers more often but if they request to shower on an alternate day, they are told by the Certified Nursing Assistants to wait until their designated shower day. During an interview on 07/15/24 at 09:46 AM, Certified Nursing Assistant #7 stated that Resident #63 is scheduled for showers during the event shift and that they work the day shift, so they do not assist with this resident's showers. Certified Nursing Assistant #7 stated that Resident #63 has not requested a shower during the day shift but requests a bed bath one to two times per week and they are able to accommodate this. 3. Resident #39 had diagnoses which included Renal Failure, Diabetes Mellitus, and Anxiety. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #39 was cognitively intact, required dependent-level assistance for bathing, tub/shower transfer, putting on and removing footwear, and lower body dressing. Resident #39 required moderate assistance for upper body dressing and personal hygiene. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Annual Minimum Data Set assessment dated [DATE] stated that it was very important to choose between a tub bath, shower, bed bath or sponge bath. During an interview on 07/09/24 at 11:33 AM, Resident #39 stated that their shower days are Wednesday and Saturday, but that they attend dialysis every Wednesday, so they are only able to shower on Saturdays. Resident #39 stated that they would like to shower three days per week, on days that they are not attending dialysis. During an interview on 07/12/24 at 09:13 AM, Resident #39 stated that they clean themselves in bed by mixing their own solution which they put on a rag because they do not feel like the staff cleans them thoroughly. Resident #39 also stated that they are rushed in and out of the shower by the Certified Nursing Assistant on their shower day and that there are times when the Certified Nursing Assistant is unable to wash their hair on their shower day because they are too busy. During an interview on 07/15/24 at 09:38 AM, Certified Nursing Assistant #7 stated that Resident #39 is scheduled for showers on Wednesday and Saturday. They stated that a bed bath is given on Wednesday instead of a shower due to the resident going to dialysis on Wednesdays. Certified Nursing Assistant #7 stated that they will wash the resident's body completely but that the resident sometimes wants to clean themself in addition to that, and Certified Nursing Assistant #7 will give the resident a washcloth to do so. Certified Nursing Assistant #7 stated that the nurse on the floor creates the shower schedule and that depending on how many other showers are scheduled for that day, they may be able to accommodate shower requests for non-scheduled shower days. During an interview on 07/15/24 at 02:57 PM, Registered Nurse #3 stated that showers are given twice a week based on the posted shower schedule which designates assigned shower days based on room number. Registered Nurse #3 stated that the schedule that is currently followed for the 2nd floor residents was created with day and room assignments prior to Registered Nurse #3 being assigned to the floor, but that they can edit it if needed. Resident Nurse #3 also stated that they have only had one or two requests for showers on alternate shower days by residents on the floor, and if the resident's assigned Certified Nursing Assistant has extra time, they will usually comply with extra shower requests unless they are chaotically busy and short staffed. Registered Nurse #3 stated that the social worker and Director of Nursing would be required to approve requests for a resident to be regularly scheduled for more than two showers per week, or to change the day of the scheduled two showers. During an interview on 07/16/24 at 11:28 AM, the Director of Social Work stated that residents are showered twice a week and that if residents want to change their shower day, the social service department would work with the nurses on the floor to assist with the resident's request. The Director of Social Work stated that they were unaware if anyone asks residents about their shower frequency preference or bathing preference and that that would likely be something the nursing department would do. During an interview on 07/16/24 at 11:45 AM, the Director of Nursing stated that showers are scheduled at least twice a week, or more if that is the resident's preference. The Director of Nursing stated that residents are told that they will get showers twice a week during their admission but that nurses on the floor should be telling residents that they can take showers more frequently than that if they would like. 10 NYCRR 415.5(b)(1-3)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review, and interview conducted during the Recertification Survey from 07/09/2024 to 07/16/2024, the facility did not ensure a safe, clean, comfortable, and homelike environment was provided to the residents. Specifically, maintenance services necessary to maintain a sanitary, orderly and comfortable interior were not provided to the residents. This was evident for 4 of 9 resident units (Unit 5, Unit 6, Unit 7, Unit 2, and Unit 8) during environmental observations. Specifically, 1) on Unit 5 a wooden closet was observed with scuff marks and scratches, and the lock on the closet was broken, 2) on Unit 6 name plaques were missing, there mismatched and scuffed paint on walls, scratched furniture, cracked armrests and missing parts on wheelchairs, rusted and scratched lockers, and black substance on shower room floor grout, 3) on Unit 7 there was mismatched paint, scuff marks in dining room and throughout unit, and scratched furniture, 4) on Unit 2 an active leak was observed in the ceiling of a resident's room, 2), and on Unit 8, mismatched pain, stained walls, chipped radiator, broken nightstand, scuffed walls, dusty furniture, and improperly hung privacy curtains were observed. The findings are: The facility's policy titled Safe, Clean, Comfortable, and Home-like Environment revised on 02/20/2023 stated that it is the policy of the facility to provide a safe, clean, comfortable homelike environment in such a manner to acknowledge and respect resident rights to the extent possible. The policy also documented that this included but was not limited to the provision of housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. The New York State Department of Health Complaint Intake #NY00337577 dated 4/1/2024 documented the facility is dirty and there is broken furniture throughout the facility. 1. On 7/9/2024 at 10:58 AM and on 7/10/2024 at 9:05 AM, on Unit 5 in room [ROOM NUMBER] A, the wooden closet was observed with scuffs marks and scratches, and the lock on the closet was broken. 44842 During multiple observations from 7/9/24 to 7/16/24 the following were noted: 2) On Unit 6 a) Rooms 615/616/618-Name plaques were missing near bedroom doors leaving square area of mismatched, scuffed paint, b) Lock on 618A wooden closet was broken, c) a black-colored substance was noted along the floor/wall edge in shower room (lower side of unit), d) Resident #36's wheelchair armrests cracked and missing foam from right arm rest, (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e) Resident #102's left push handle grip missing and plastic part at end of left anti bar missing on wheelchair, f) Metal lockers and cabinet rusted and scratched (located in side hallway on unit), and g) Chipped paint, mismatched paint, scuff marks, and scratched furniture were observed throughout unit. 3) On Unit 7 a) Large chunk of paint peeled off lower door of dining/day room, b) Mismatched/scuffed paint throughout dining/day room, c) room [ROOM NUMBER] Large rectangular area of mismatched paint, d) room [ROOM NUMBER] About 8 chipped paint on wall by nightstand bed A, e) room [ROOM NUMBER] Large piece of the top layer of counter below sink was missing, wooden closet had scratches, and large square area of mismatched paint missing, f) Large area of mismatched paint near elevator, and g) Chipped paint, mismatched paint, scuff marks, and scratched furniture throughout unit. On 7/12/2024 at 11:10 AM, [NAME] #1 was interviewed and stated staff reports broken furniture in the maintenance book which is located at the nurse's station. Then we either fix the furniture or throw it out. On 7/16/2024 at 1:42 PM, the Director of Nursing was interviewed and stated we do weekly rounds with Administrator, Maintenance, and Housekeeping Director. The Director of Nursing stated they are putting together work orders for maintenance and housekeeping issues that need to be addressed and setting aside broken furniture in the facility alcove to be removed from the facility. 50894 4. On 07/11/24 at 11:24 AM, brown marks were observed on the ceiling of room [ROOM NUMBER]. A basin was observed on top of the air conditioning unit, positioned under some of the brown marks on the ceiling. On 07/11/24 at 11:24 AM, the resident who resides in room [ROOM NUMBER], was interviewed and stated that the ceiling had been leaking for a while on and off, most recently on 07/10/2024, and that it had been an ongoing issue. They were unable to identify an approximate date when it began. The resident also stated that all of the staff on the floor were aware of the issue, On 07/15/24 at 11:00 AM, the resident who resides in room [ROOM NUMBER] was re-interviewed and stated that maintenance had examined the leak on 07/12/2024 and told them that it was resolved. [NAME] marks on the ceiling remained present. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/15/24 at 2:48 PM, room [ROOM NUMBER] was observed with a ceiling actively leaking, with drops collecting in the basin placed on top of the air conditioning unit. [NAME] marks were observed on the ceiling where leak was occurring. On 07/16/24 at 09:31 AM, the basin in room [ROOM NUMBER] was observed to have two white cloths in it that were saturated in water. 5. On 07/10/2024 at 12:39 PM, the following observations were made on Unit 8 in room [ROOM NUMBER]: a) Paint on the ceiling and walls were mismatched, b) Stains and scuffmarks observed on walls, c) Radiator paint was chipped, d) Nightstand door was broken, e) Sink ledges were dusty, f) Brownish stains observed on remote control, g) Scuffmarks observed on dresser, h) Stains observed on floor, and i) Privacy curtain improperly hung with hooks missing, On 07/12/24 at 10:29 AM, Registered Nurse Supervisor #3 was interviewed and stated that the facility was aware of the leak in room [ROOM NUMBER], and that the leak is coming from the air conditioning unit in the room on the 3rd floor above room [ROOM NUMBER]. Registered Nurse #3 also stated that maintenance was aware of the leak and was working on fixing it. On 07/15/2024 at 09:46 AM, Certified Nursing Assistant #7 was interviewed and stated that on 07/12/2024, maintenance fixed the leak in Resident #63's ceiling. Certified Nursing Assistant #7 also stated that maintenance requests are managed via a computer ticketing system. On 07/16/24 at 12:20 PM, Housekeeper #1 was interviewed and stated that privacy curtains are cleaned when the Director of Housekeeping tells the housekeepers to clean them. The housekeeper will remove the curtain, wash them, and rehang them. Housekeeper #1 also stated that the housekeepers are not responsible for identifying when curtains need to be cleaned or fixed and that it would be up to the nurse on the floor to notify the Director of Housekeeping of concerns. Housekeeper #1 further stated that concerns like leaks would be handled by the maintenance department. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/16/24 at 12:30 PM, the Director of Housekeeping was interviewed and stated that they make daily rounds of the units to identify concerns, but that if there is a specific concern, nurses will let them know, and that housekeepers are not responsible for notifying the head of housekeeping of these concerns. The Director of Housekeeping stated that there may be torn curtains on Unit 2 but that they were not sure, and that if privacy curtains are torn, it is their responsibility to order new ones. On 07/16/24 at 12:42 PM, the Director of Maintenance was interviewed and stated that they make daily rounds on the units to identify any maintenance related concerns. The Director of Maintenance also stated that they were aware of the leak in room [ROOM NUMBER] and that it needs to be repaired. The Director of Maintenance further stated that there are only four other people working on the maintenance team so they cannot immediately repair things like this but try their best to get it done as quickly as possible. 10 NYCRR 415.5 (h)(2)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on record review and interviews conducted during the Recertification and Abbreviated (NY00344855) survey from 7/09/2024 to 7/16/2024, the facility did not ensure a resident was free from physical abuse. This was evident for 1 (Resident #36) of 5 residents reviewed for Abuse out of 39 total sampled residents. Specifically, on 6/09/24 at 6:51 PM, the Dayroom Attendant sprayed Resident #36 with hand sanitizer when Resident #36 was trying to exit the dayroom. The findings are: The facility policy and procedure titled Abuse Prevention with a revision date of 1/07/2024 documented that residents will be protected from abuse, mistreatment, exploitation, or misappropriation of resident property in accordance with State and Federal Regulations. Resident #36 was admitted with diagnoses that included Bipolar disorder, Alzheimer's disease, and Type 2 Diabetes Mellitus. The Minimum Data Set, dated dated dated [DATE] documented that Resident #36 had moderately impaired cognition. The Comprehensive Care Plan titled Potential for Abuse as evidenced by abusive behavior towards others dated 8/01/2023 and updated 6/10/2024 documented a goal of Resident #36 will not be abused or victimized by others. Interventions included set limits and provide support for inappropriate behavior, encourage resident to voice concerns to staff, and observe for changes in mood/behavior. The undated Facility Investigation Summary documented that during an investigation for a resident-to-resident altercation incident involving Resident #36 and Resident #102, video surveillance revealed the Dayroom Attendant sprayed Resident #36 with hand sanitizer while Resident #36 was trying to exit the dayroom. This incident occurred just prior to the resident-to-resident altercation. The Dayroom Attendant was immediately removed from the unit, suspended pending the investigation, and terminated as per facility policy upon completion of the investigation. There was no documentation in the medical record regarding the staff to resident altercation. A physician's progress note dated 6/12/24 documented Resident #36 was seen and examined at their bedside and no injury was noted. The Corrective Action Notice to the Dayroom Attendant dated 6/14/24 documented an infraction of abuse, neglect, and mistreatment on 6/9/24 with action of termination. Video footage of the incident was not retained and was not available for review by the State Surveyor. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/15/2024 at 11:14 AM, the Dayroom Attendant was interviewed and stated they were the only staff in the dayroom with about ten other residents at the time of the incident. The Dayroom Attendant also stated they were sitting in the dayroom and Resident #36 was sitting in their wheelchair and hitting and kicking them, so they used hand sanitizer on Resident #36 to stop the behaviors. The Dayroom Attendant stated that Resident #102 then walked over to Resident #36 and suddenly flipped over the wheelchair with Resident #36 sitting in it. The Dayroom Attendant further stated the next morning the Director of Nursing called them to the office, and they were terminated. On 07/15/2024 at 4:52 PM, Certified Nursing Assistant #10 was interviewed and stated they were in the hallway when the Dayroom Attendant came out in the hallway to get them. The Certified Nursing Assistant #10 stated they went to the dayroom and saw Resident #36 on the floor and the Dayroom Attendant reported that Resident #102 suddenly flipped Resident #36 over who was sitting in a wheelchair. Certified Nursing Assistant #10 stated they went to go get the nurse and the nurse evaluated Resident #36. Certified Nursing Assistant #10 further stated Resident #36, and Resident #102 have not had previous altercations and they had not observed the Dayroom Attendant abuse any residents. On 7/12/24 at 6:20 PM, Registered Nurse Supervisor #7 was interviewed and stated that a Certified Nurse Assistant called them and reported Resident #102 grabbed Resident #36 by their legs and flipped them over in their wheelchair. Registered Nurse #7 stated they collected statements from the Certified Nurse Assistants and the Dayroom Attendant who was the only staff witness to the altercation between Resident #36 and Resident #102. Registered Nurse #7 also stated they assessed Resident #36 and there were no injuries observed. Registered Nurse #7 stated the dayroom aide was the only staff member in the room with several other residents at the time of the incident. Registered Nurse #7 stated the Director of Nursing, Administrator, and physician were notified right after the incident occurred. The Registered Nurse #7 further stated they interviewed Resident #36 and Resident #102 who are both confused, and they did not remember anything about the incident. On 7/16/2024 at 2:04 PM, the Director of Nursing was interviewed and stated they viewed video footage from 6/9/24 to investigate the altercation which occurred in the dayroom between Residents #36 and #102. The Director of Nursing stated that they observed the Dayroom Attendant flicking hand sanitizer which was in a cup at Resident #36 who was trying to exit the dayroom. The Director of Nursing also stated the Dayroom Attendant was sitting on a chair looking at their phone when Resident #102 grabbed the leg of Resident #36's wheelchair and pushed it backwards flipping Resident #36 over. The Director of Nursing stated they interviewed the Dayroom Attendant with the Administrator and the Dayroom Attendant stated they used the sanitizer as a way of redirecting Resident #36. The Director of Nursing further stated the video was not saved and they reported the abuse to the Department of Health once they were made aware of the incident. On 7/16/24 at 4:45 PM, the Administrator was interviewed and stated it is the facility's responsibility to make sure that each resident has the right to be free from abuse, neglect, and corporal punishment of any type by anyone. The Administrator also stated they watched the video with the Director of Nursing and the Director of Nursing was responsible for the investigation. The Administrator further stated the outcome was that the abuse did happen, and the Dayroom Attendant was terminated. 10 NYCRR 415.4(b)(1)(i)

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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** 44842 Based on record review and interviews conducted during the Recertification and Abbreviated (NY00344855) survey from 7/09/2024 to 7/16/2024, the facility did not ensure that all alleged violations involving abuse were immediately reported to the New York State Department of Health, but not later than 2 hours after the allegation was made. This was evident for 2 (Resident #36 and #102) of 5 residents reviewed for Abuse out of 39 total sampled residents. Specifically, a resident-to-resident altercation between Resident #36 and #102 was not reported to the New York State Department of Health within 2 hours of occurrence. The findings are: The facility policy and procedure titled Abuse Prevention with a revision date of 1/07/2024 documented 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 is made, if the events that caused the allegation involve abuse or result in serious bodily injury. Resident #36 had diagnoses which included Bipolar disorder, Alzheimer's disease, and Type 2 Diabetes Mellitus. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #36 had moderately impaired cognition. Resident #102 had diagnoses of Major Depressive Disorder, Alzheimer's disease, and Diabetes Mellitus. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #102 had severely impaired cognition. An Accident/Incident Report dated 6/09/2024 at 5:55 PM documented as per Dayroom Attendant, Resident #102 flipped over Resident #36 from their wheelchair. The Department of Health Facility Incident Report Submission dated 6/11/24 documented the facility reported the resident-to-resident altercation between Resident #36 and Resident #102 on 6/10/2024 at 3:57 PM more than 2 hours after the occurrence on 6/09/2024. On 7/16/2024 at 2:04 PM, the Director of Nursing was interviewed and stated they report abuse within 2 hours if they are made aware immediately. The Director of Nursing further stated the resident-to-resident altercation occurred on a Sunday and they were not in the facility and therefore reported the incident the next day on Monday 6/10/2024. The Director of Nursing stated they were first made aware of the incident on 6/09/2024 at 6:50 PM and the Administrator was informed on 6/09/2024 at 7:03 PM. (continued on next page)

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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	On 7/16/24 at 4:45 PM, the Administrator was interviewed and stated the resident-to-resident altercation was reported to the Department of Health within 2 hours of the incident and the Director of Nursing was responsible for the investigation. 10 NYCRR 415.4(b)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335372	A. Building B. Wing	07/16/2024

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on record review and interviews conducted during the Recertification and Abbreviated (NY00344855) survey from 7/09/2024 to 7/16/2024, the facility did not ensure that all allegations of abuse were thoroughly investigated. This was evident for 1 (Resident #36) of 5 residents reviewed for Abuse out of 38 total sampled residents. Specifically, the alleged staff-to-resident abuse involving the Dayroom Attendant and Resident #36 was not thoroughly investigated. The findings are: The facility policy and procedure titled Abuse Prevention with a revision date of 1/07/2024 documented the facility will investigate all incidents of alleged and actual abuse, complaints/grievances, misappropriation, and injuries of unknown origin. The investigative process will include statements from staff, witness, residents, interviews with staff, witness, residents, medical record review if applicable, review of employee records. All findings of investigations will be documented. An investigative report will be completed within 5 days and summarize the findings and outcome as well as any corrective action(s). In the event that abuse cannot be ruled out the New York State Department of Health will be notified. Residents/Resident Representative will be informed regarding conclusion of investigation and actions taken. Resident #36 had diagnoses which included Bipolar Disorder, Alzheimer's disease, and Type 2 Diabetes Mellitus. The Minimum Data Set assessment dated [DATE] documented that Resident #36 had moderately impaired cognition. The undated Facility Investigation Summary documented that during an investigation for a resident-to-resident altercation incident involving Resident #36 and another resident video surveillance revealed the Dayroom Attendant sprayed Resident #36 with hand sanitizer while Resident #36 was trying to exit the dayroom. The Dayroom Attendant was immediately removed from the unit, suspended pending the investigation, and terminated as per facility policy upon completion of the investigation. There was no documented evidence the facility completed a thorough investigation to include interviews and/or witness statements from any staff working at the time the incident occurred. In addition, there were no resident interviews regarding care provided by the accused staff. On 7/15/2024 at 11:14 AM, the Dayroom Attendant was interviewed and stated they were the only staff in the dayroom with about ten other residents. The Dayroom Attendant also stated that they were sitting down in the dayroom and Resident #36 was sitting in their wheelchair and hitting and kicking them, so they used hand sanitizer on Resident #36 to stop the behaviors. The Dayroom Attendant further stated the next morning the Director of Nursing called them to the office, and they were terminated. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/16/2024 at 2:04 PM the Director of Nursing was interviewed and stated they watched video from the previous evening to investigate the altercation which occurred in the dayroom between Residents #36 and #102. The Director of Nursing observed the Dayroom Attendant flicking hand sanitizer which was in a cup at Resident #36 who was trying to exit the dayroom. The Director of Nursing stated they interviewed the Dayroom Attendant with the Administrator present, and the Dayroom Attendant stated they used the sanitizer as a way of redirecting Resident #36. The Director of Nursing stated the video was not saved and they reported the abuse to the Department of Health once they were made aware of the incident. The Director of Nursing further stated they included the summary of the staff-to-resident abuse in the resident-to-resident Facility Investigation Summary and did not complete a separate investigation with staff statements. On 7/16/24 at 4:45 PM the Administrator was interviewed and stated they watched the video with the Director of Nursing and observed the Dayroom Attendant flicking hand sanitizer at Resident #36. The Administrator was unable to explain why staff statements were not gathered for this incident and stated the Director of Nursing was responsible for completing the investigation. 10 NYCRR 415.4(b)(3)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 45351 Based on observation, record review and staff interviews conducted during the Complaint (NY#00335874) and Recertification survey from 7/9/2024 to 7/16/2024, the facility did not ensure that Comprehensive Care Plans were reviewed and revised by the interdisciplinary team after each assessment. Specifically, the care plan related to Activities of Daily Living was not revised quarterly. This was evident for 1 (Resident #143) of 5 residents reviewed for Activities of Daily Living out of 38 total sampled residents. The findings are: The facility's policy and procedure titled Comprehensive Care Plan revised 1/1/2024 documented each resident will have an individualized interdisciplinary plan of care in place. Resident #143 was admitted to the facility with diagnosis of Cerebrovascular Accident, Hypertension and Hyperlipidemia. The Quarterly Minimum Data Set assessment was completed on 2/26/2024 and 5/20/2024. The Care Plan for Activities of Daily Living Functional/Rehabilitation Potential created 11/13/2023 was last revised 12/22/2023. There was no documented evidence that the Comprehensive Care Plan had been reviewed and revised after the Quarterly assessment on 2/26/2024 and 5/20/2024. On 7/11/2024 at 11:39 AM, Licensed Practical Nurse #8 stated they are responsible to ensure regular care and treatments are given to the residents on the unit, and they also oversee the nursing staff to ensure residents receive daily care as per their plan of care. Licensed Practical Nurse #8 also stated that the care plans are reviewed and updated by the nurse supervisor. On 7/16/24 at 11:26 AM, Registered Nurse Supervisor #2 stated that care planning for every resident is done quarterly. The interdisciplinary team will review the resident's plan of care during the care plan meeting and update the care plan after every care plan meeting. Registered Nurse Supervisor #2 also stated that the care plan related to activities of daily living is supposed to be updated by the nurse supervisor. Registered Nurse Supervisor reviewed Resident #143's medical record and stated Resident #143's Activities of Daily Living care plan should have been revised after every care plan meeting. 10 NYCRR 415.11(c)(2)(i-iii)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review and staff interviews conducted during the Complaint (NY#00335874) and Recertification survey from 7/9/2024 to 7/16/2024, the facility did not ensure that a resident was provided with appropriate treatment and services to maintain or improve their ability to ambulate. This was evident for 1 (Resident #143) 5 residents reviewed for Activities of Daily out of 39 sampled residents. Specifically, Resident #143 was not provided with floor ambulation program as per physical therapy and in accordance with physician's order. The findings are: The facility's policy and procedure titled Restorative Nursing Services revised 1/1/2024 documented resident will receive restorative nursing care as needed to help promote optimal safety and independence. Resident #143 was admitted to the facility with diagnoses that included Cerebrovascular Accident, Hypertension, and Hyperlipidemia. The Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #143 had intact cognition, required supervision for walking 50 feet and walk of 150 feet had not been attempted, and resident used a walker and wheelchair for ambulation. The New York State Department of Health Complaint Intake received 5/9/2024 documented that Resident #143 can walk to the bathroom, but the staff will not let resident walk or provide any walking exercises. On 7/10/2024 at 10:20 AM, an interview was conducted with Resident #143 who stated they would like to be out of bed and out of the room more often to decrease further decline in their mobility. Resident #143 also stated they had not been doing any type of walking or ambulating with staff on the unit. The Physician's Order initiated 1/6/2024, revised 3/3/2024 documented Floor Ambulation Program resident to ambulate 100 feet using rolling walker with closer supervision and wheelchair to follow twice daily. The Physical Therapy Discharge Summary completed 3/4/2024 documented Resident #143 has reached maximum potential with skilled services and was being discharged from physical therapy. The discharge recommendation for Resident #143 was to continue restorative nursing program/floor maintenance program to maintain current level of performance and in order to prevent decline. The Physical Medicine and Rehabilitation Evaluation dated 3/13/2024 documented Resident #143 was evaluated for mobility/activities of daily living (ADL) dysfunction. The evaluation also documented resident's prior function was ambulating with rolling walker independently and the recommendation was to proceed with floor ambulation program for Resident #143. (continued on next page)

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	335372	A. Building B. Wing	07/16/2024

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Comprehensive Care Plan titled Activities of Daily Living/Rehabilitation Potential last revised on 12/22/2023 revealed no documented evidence a floor ambulation program was initiated for Resident #143. The Certified Nursing Assistant Documentation Record for Resident #143 dated 3/1/2024 to 7/10/2024 revealed task Walk in Corridor task for 150 feet were completed 26 (4/17, 4/18, 4/20, 4/23, 5/5, 5/9, 5/14, 5/15, 5/16, 5/18, 5/20, 5/21, 5/23, 5/25, 5/27, 5/28, 5/29, 5/30, 5/31, 6/1, 6/5, 6/17, 6/24, 6/25, 6/26 and 7/8) out of 132 opportunities for the 7 AM to 3 PM shift, 4 (3/20, 5/18, 6/7, 6/25) out of 132 opportunities for the 3 PM to 11 PM shift, and 5 (3/28, 5/17, 5/26, 5/27, 6/17) out of 132 opportunities for the 11 PM to 7 AM shift. There was no documented evidence that Resident #143 refused the floor ambulation program. On 7/11/2024 at 10:44 AM, Certified Nursing Assistant #14 was interviewed and stated Resident #143 is independent but mostly required supervision for their daily care. Resident #143 is able to verbalize their needs and asks for assistance especially when transferring for toileting. Resident #143 is assisted to the toilet by holding and walking with the resident to the toilet. Resident #143 uses a wheelchair to transfer from their room to dining room. Certified Nursing #14 stated they were not aware that Resident #143 was on a floor ambulation program, and so they had never done any ambulation with Resident #143. On 7/16/2024 at 3:51 PM, Certified Nursing Assistant #15 was interviewed and stated Resident #143 uses a wheelchair in transferring from their room to the dining room. Certified Nursing Assistant #15 also stated they would be notified by the nurse if a resident requires an ambulation program daily. Certified Nursing Assistant #15 further stated they were not made aware of an ambulation program for Resident #143. On 7/11/2024 at 11:39 AM, Licensed Practical Nurse #8 was interviewed and stated Resident #143 requires supervision for most of their care but does gets out of bed independently at their will and uses a wheelchair to go out of their room. Licensed Practical Nurse #8 also stated that any noncompliance or refusals will be documented in the medical record. Licensed Practical #8 further stated they were not aware that Resident #143 was on a Floor Ambulation Program because the floor ambulation program is usually done on the unit by the Rehab staff. On 7/11/2024 at 12:30 PM, the Director of Rehabilitation was interviewed and stated that Resident #143 completed Physical Therapy on 3/3/2024 and was discharged to the unit on a Floor Ambulation Program. Resident #143 was able to ambulate 100 feet using the rolling walker and a Floor Ambulation Program was ordered upon discharge to maintain functional ability and to prevent further decline. The Director of Rehabilitation also stated nurses are responsible for picking up the order and implementing the floor ambulation program with the nursing staff. The Director of Rehabilitation further stated that they were not aware that nursing staff did not perform the floor ambulation program for Resident #143 On 7/16/2024 at 11:26 AM, Registered Nurse Supervisor #2 was interviewed and stated the unit nurse is responsible for ensuring that nursing staff is doing the ambulation program with the residents. Registered Nurse Supervisor #2 reviewed Resident #143's medical record and stated that Resident #143 has an order for Floor Ambulation Program, but they did not know why the floor ambulation program was not implemented for Resident #143. (continued on next page)

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	335372	A. Building B. Wing	07/16/2024

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 NYCRR 415.12(e)(2)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on observation, record review, and staff interviews conducted during the Recertification and Abbreviated (NY00344855) survey from 07/09/2024 to 07/16/2024, the facility did not ensure psychotropic drugs were not given to residents unless the medication was necessary to treat a specific condition as diagnosed and documented in the clinical record. This was evident for 1 (Resident #102) of 5 residents reviewed for Unnecessary Medication out of 39 total sampled residents. Specifically, Resident #102 displayed worsening of behavioral symptoms and psychotropic medication was increased without Resident #102 being assessed for possible underlying medical cause. The findings are: The facility policy titled Role of the Attending Physician at New Vanderbilt Rehab and Care Center dated 05/2023 documented the attending physician will periodically review all medications and monitor both for continued need based on validated diagnosis or problems and for possible adverse drug reactions. The medications review should consider observations and concerns offered by nurses, psychiatrists, consultant pharmacists and others regarding beneficial and possible adverse impacts of medications on the resident. Resident #102 had diagnoses which included Major Depressive Disorder, Alzheimer's disease, and Diabetes Mellitus. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #102 had severely impaired cognition, had no behavioral symptoms, and antipsychotic medications were received on a routine basis. A Comprehensive Care Plan titled Behavior Symptoms dated 6/10/2024 had interventions which included notify medical doctor immediately for changes in behavior, provide redirection or distraction to minimize frequency or duration of behavior, and identify pattern of behavior. On 7/11/2024 at 10:58 AM, Resident #102 was observed sitting by the nurse's station socializing with another resident. On 7/11/2024 at 11:07 AM, Resident #102 was observed yelling profanity at Registered Nurse Supervisor #5 and asking how they could get out of the nursing home. Registered Nurse #5 was talking in a gentle tone with Resident #102. On 7/11/2024 at 2:44 PM, Resident #102 was observed walking down the hallway crying out their child's name. Resident #102 then told Registered Nurse #5 that their child was just walking in front of them. Registered Nurse #5 immediately responded in a gentle manner, giving emotional support and redirection. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Medical progress note dated 7/10/2024 at 11:12 PM documented follow up on agitation, Major Depressive Disorder, and reviewed psychiatry consultation. Resident #102 was seen and examined and was paranoid, confused, and agitated at times. Consider Haldol 2 mg with Benadryl 25 mg as needed every 8 hours for agitation and anxiety. Continue to monitor mood and behavioral changes. A Nursing behavior progress note dated 7/14/2024 at 6:07 PM documented Resident #102 noted with increased agitation and combative behavior for no apparent reasons. Resident #102 is wandering back and forth on the unit, unable to be redirected by staff. Resident #102 is also verbally aggressive at this time. All efforts to calm resident are non-effective. Resident #102 has received Buspirone 5 mg and Seroquel 50 mg. To be evaluated by Psychiatric Medical Doctor. A Psychiatric progress note dated 7/14/2024 at 6:33 PM documented follow up note, writer was asked to re-evaluate Resident #102 as they have been acting out, yelling, screaming, disorganized in their thoughts, and behavior was pacing back and forth in the hallways. Resident #102 has a psych history of Schizophrenia paranoid type, Alzheimer's dementia, anxiety disorder, and chronic medical issues. Resident #102 is alert, has fair eye contact, angry, moody, verbally aggressive towards staff and other residents. Resident #102 remains disorganized and paranoid, feels that others are plotting against them and are after them. Resident #102 is needing a lot of redirections. Plan: please consider increasing the Seroquel 50 mg to 4 times daily and continue other psych meds. Will follow up in a week or as needed. The Medication Administration Record dated 7/01/2024 at 9:00 AM to 7/14/2024 at 5:00 PM, documented Resident #102 received Seroquel 50 mg tablet 3 times per day then on 7/14/2024 at 9:00 PM, documented Resident #102 was started on Seroquel 50 mg tablet 4 times per day for Major Depressive Disorder. Physician's order dated 5/27/2024 documented Seroquel 50 mg give 1 tablet PO 3 times per day for Major Depressive Disorder. Physician's order dated 7/14/2024 documented Seroquel 50 mg give 1 tablet PO 4 times per day for Major Depressive Disorder. There was no documented evidence of a medical workup to rule out underlying medical conditions before Resident #102 was prescribed an increase in their antipsychotic medication. On 7/15/24 at 3:48 PM, the Psychiatrist was interviewed and stated Resident #102 has Alzheimer's, paranoia, delusions, and depression, and was acting out yesterday evening, calling people names, pacing, getting in other residents' and nurses' faces. The Psychiatrist also stated Resident #102 is on Seroquel which they adjusted a little more yesterday due to their increased behaviors. The plan is to follow up today with Resident #102's increased medication and get feedback from the nurses. The Psychiatrist further stated they will find out whether the Attending Physician had assessed Resident #102 and ordered a urinalysis to rule out any type of infection. The Psychiatrist further stated when residents act out erratically for no reason, who had previously been stable for a few months, they always want to rule out a urinary tract infection or pneumonia. On 7/15/2024 at 4:52 PM, Certified Nurse Assistant #10 was interviewed and stated Resident #102 has behaviors of yelling but has never hit anyone. Certified Nurse Assistant #10 further stated Resident #102 attends activities and has a group of same-sex residents that they socialize with. (continued on next page)

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	335372	A. Building B. Wing	07/16/2024

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/16/24 at 10:48 AM, Physician #1 was interviewed and stated Resident #102's increased behavior has been on and off for 2 months. Recently their behavior has been better, quieter, and more cooperative. Physician #1 stated Resident #102 was very aggressive and combative 2 months ago. Sometimes Resident #102 is very agitated and sometimes very nice. Resident #102's mental status is up and down. Physician #1 also stated that they rely on the psychiatrist to order any medication adjustments and lab studies that are related to the resident's psychiatric condition. On 7/16/24 at 1:57 PM, the Director of Nursing was interviewed and stated it is always encouraged to rule out a medical condition when a resident has increased behaviors. The Director of Nursing also stated that staff reported this is not new behavior for Resident #102 as they have flare ups in behavior on occasion. 10 NYCRR 415.12(l)(2)(i)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review and staff interviews conducted during the Complaint (NY#00335874) and Recertification survey from 7/9/2024 to 7/16/2024, the facility did not assure that menus are developed/prepared/followed to meet resident choices including their nutritional, religious, cultural/ethnic needs. Specifically, 1) Resident #37 requested an ice cream during lunch service but was denied because of kosher dietary requirements, 2) Resident #143's alternative menu selection for lunch meal was not followed, and 3) Resident #58 stated the menus are developed with strict kosher dietary requirements and did not accommodating their cultural preferences. The findings are: The facility's policy and procedure titled Menus reviewed on 1/1/2024 documented menus are developed and prepared to meet resident choices including religious, cultural, and ethnic needs. Menu items and available snack reflect religious, cultural, and ethnic preferences of the residents and inputs from resident is considered in menu planning. 1.Resident #37 was admitted to the facility with diagnosis of Depression, Respiratory Failure and Hypertension. The Annual Minimum Data Set, dated dated dated [DATE] documented that Resident #37 has intact cognition. On 7/9/2024 at 12:29 PM, Resident #37 was observed eating a hamburger provided for a special barbecue event on the unit. Recreation Staff was observed calling the kitchen for a soda and ice cream as per Resident #37's request. Resident #37 was informed that thy would not be permitted to have ice-cream as dairy is not allowed to be served for this meal because meats were served for this event. Resident #37 was visibly upset and stated they do not follow a kosher diet. 2. Resident #143 was admitted to the facility with diagnosis of Cerebrovascular Accident, Hypertension and Hyperlipidemia. The Quarterly Minimum Data Set, dated dated dated [DATE] documented resident has severely impaired cognition. The New York State Department of Health Complaint Intake received 5/9/2024 documented that food is unpalatable, and Resident #143 does not get their choice. On 7/11/2024 at 10:44 AM, Certified Nursing Assistant #14 stated that Resident #143 did not like today's lunch option, so they ordered cheeseburger from the alternative menu. On 7/11/2024 at 12:01 PM, Certified Nursing Assistant CNA #14 was observed calling the kitchen for the missing cheese for the cheeseburger. On 7/11/2024 12:03 PM, Resident #143's hamburger was observed without cheese. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The review of alternative menu selected on 7/11/2024 for Resident #143 documented cheeseburger was ordered for Resident #143's lunch meal. 3. Resident #58 was admitted to the facility with diagnosis of Hypertension, Hyperlipidemia, and Chronic Obstructive Pulmonary Disease. The Quarterly Minimum Data Set, dated dated dated [DATE] documented cognition is intact. On 7/9/2024 at 11:50 AM, Resident #58 was interviewed and stated they have been residing in the facility for 4 years and are currently an active member of the Resident Council. Resident #58 also stated that the facility's regular menu strictly adheres to Kosher dietary law and so there is no cooked food served on Saturdays. Resident #58 further stated that the alternative menu is very limited, and they are forced to order alternative option daily. In addition, when the facility has special events, they are always challenged when ordering non-kosher foods such as cheeseburgers. Resident #58 stated that they are aware that this facility follows kosher law, however they are not kosher and feel that all residents' food choices are not accommodated. On 7/12/2024 at 11:00 AM, the Director of Activity stated that the Super Bowl Party is a pre-planned event with the menu items selected by residents and were approved for the event. On Super Bowl Day, some items were not ordered for the residents because the Rabbi did not approve them. The Director of Activity also stated that the residents complained and eventually the food items were ordered, however, a number of residents expressed dissatisfaction about the situation. On 7/16/2024 at 9:22 AM, the Food Service Director was interviewed and stated that the kitchen follows kosher dietary law, and so dairy and meat are not served together for all meals, and there is no raw meat cooked in the kitchen on Saturdays. The menus reflect these laws. The Food Service Director also stated that residents can always order alternative menu options such as battered fish, hamburger, baked chicken, spaghetti/sauce, meatballs, and cheeseburgers. These menu options are also offered for Saturday meals because some residents may not like the main option which is a salad. These foods can be cooked on Friday and can be reheated for the next day. The Food Service Director further stated the cheeseburger cannot be prepared together since it is a kosher kitchen therefore, hamburger and cheese are served separately for any request. The Food Service Director stated they are doing everything to accommodate residents' requests but they are also following the kosher dietary laws. 10 NYCRR 415.14(c)1-3

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	335372	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vanderbilt Rehabilitation and Care Center, Inc	135 Vanderbilt Ave Staten Island, NY 10304

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review and staff interviews conducted during the Complaint (NY#00335874) and Recertification survey from 7/9/2024 to 7/16/2024, the facility did not ensure that medical records were maintained in accordance with accepted professional standards and practices that were complete and accurately documented for each resident. Specifically, Resident #143 was not provided with floor ambulation program, but documentation reflected that resident was provided with a floor ambulation program. This was evident for 1 (Resident #143) of 5 residents reviewed for Activities of Daily Living out of 39 sampled residents. The findings are: The facility's policy and procedure titled Restorative Nursing Services revised 1/1/2024 documented resident will receive restorative nursing care as needed to help promote optimal safety and independence. Resident #143 was admitted to the facility with diagnosis that included Cerebrovascular Accident and Hypertension. The Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #143 had intact cognition, required supervision for walking 50 feet and walk of 150 feet had not been attempted, and resident used a walker and wheelchair for ambulation. The New York State Department of Health Complaint Intake received 5/9/2024 documented that Resident #143 can walk to the bathroom, but the staff will not let resident walk or provide any walking exercises. On 7/10/2024 at 10:20 AM, an interview was conducted with Resident #143 who stated they would like to be out of bed and out of the room more often to decrease further decline in their mobility. Resident #143 also stated they had not been doing any type of walking or ambulating with staff on the unit. The Physical Therapy Discharge Summary completed 3/4/2024 documented Resident #143 has reached maximum potential with skilled services and was being discharged from physical therapy. The discharge recommendation for Resident #143 was to continue restorative nursing program/floor maintenance program to maintain current level of performance and in order to prevent decline. The Physician's Order initiated 1/6/2024, revised 3/3/2024 documented Floor Ambulation Program resident to ambulate 100 feet using rolling walker with closer supervision and wheelchair to follow twice daily. The Comprehensive Care Plan titled Activities of Daily Living/Rehabilitation Potential last revised on 12/22/2023 revealed no documented evidence a floor ambulation program was initiated for Resident #143. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Certified Nursing Assistant Documentation Record for Resident #143 dated 3/1/2024 to 7/10/2024 revealed task Walk in Corridor task for 150 feet were completed 26 (4/17, 4/18, 4/20, 4/23, 5/5, 5/9, 5/14, 5/15, 5/16, 5/18, 5/20, 5/21, 5/23, 5/25, 5/27, 5/28, 5/29, 5/30, 5/31, 6/1, 6/5, 6/17, 6/24, 6/25, 6/26 and 7/8) out of 132 opportunities for the 7 AM to 3 PM shift, 4 (3/20, 5/18, 6/7, 6/25) out of 132 opportunities for the 3 PM to 11 PM shift, and 5 (3/28, 5/17, 5/26, 5/27, 6/17) out of 132 opportunities for the 11 PM to 7 AM shift. On 7/11/2024 at 10:44 AM, Certified Nursing Assistant #14 was interviewed and stated Resident #143 is independent but mostly required supervision for their daily care. Resident #143 is able to verbalize their needs and asks for assistance especially when transferring for toileting. Resident #143 is assisted to the toilet by holding and walking with the resident to the toilet. Resident #143 uses a wheelchair to transfer from their room to dining room. Certified Nursing #14 stated they were not aware that Resident #143 was on a floor ambulation program, and so they had never done any ambulation with Resident #143. Certified Nursing Assistant #14 was not able to explain why walk in corridor was being documented in their task record when they had never walked Resident #143. On 7/16/2024 at 3:51 PM, Certified Nursing Assistant #15 was interviewed and stated Resident #143 uses a wheelchair in transferring from their room to the dining room. Certified Nursing Assistant #15 also stated they would be notified by the nurse if a resident requires an ambulation program daily. Certified Nursing Assistant #15 further stated they were not made aware of an ambulation program for Resident #143. Certified Nursing Assistant #15 stated they did not know why walk in corridor was being documented in their task record when they had not walked Resident #143. On 7/16/2024 at 12:28 PM, the Director of Nursing was interviewed and stated that care should be accurately documented in the medical record and staff should only document tasks that have actually been performed. 10 NYCRR 415.22(a)(1-4)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 44842 Based on observation, record review, and interviews conducted during the recertification survey from 7/09/2024 through 7/16/2024, the facility did not ensure a Quality Assurance and Performance Improvement (QAPI) program identified and prioritized problems and opportunities that reflect organizational process, functions, and services provided to residents. Specifically, there were 7 repeated deficiencies from the last survey conducted on 5/22/2023. (Refer to: F600, F609, F640, F655, F657, F758, and F880) for further information. The findings include but are not limited to: The facility policy titled QAPI Plan, dated January 01, 2024, documented the system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur. Action plans will be implemented to prevent recurrence. 1. Refer to F550 and F561 re: resident rights. 2. Refer to F578 re: Advance directives. 3. Refer to F580 re: notification. 4. Refer to F584 re: the environment. 5. Refer to F610 re: investigation of allegations. 6. Refer to F658 re: professional standards. 7. Refer to F676 and F677 re: activities of daily living. 8. Refer to F685 re: communication/maintaining hearing. 9. Refer to F690 re: catheter care. 10. Refer to F756 re: drug regimen review. 11. Refer to F803 and F812 re: food and nutrition services. 12. Refer to F814 re: garbage disposal. 13. Refer to F842 re: resident records. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. Refer to F865 re: QAPI. 15. Refer to R0610, R0830, and R1022 re: criminal history record check. 16. Refer to I210 re: signage for COVID vaccine availability. 16. Refer to F600, F609, F640, F655, F657, F758, and F880 re: repeat deficiencies. On 07/16/24 at 4:05 PM, the Administrator was interviewed and stated when any deviation from expected performance, or a negative trend occurs the findings are brought to the attention of the Quality Assurance committee. Staff report quality concerns to the Quality Assurance committee through their chain of command, the compliance officer, or the hotline. The facility works on issues that trigger and issues that the department feels need improvements. Also, weekly rounds are done with the department heads and the findings are reported to the Quality Assurance and Performance Improvement Committee. The nursing team and department heads will give a report on whether the corrective actions are effective, and if improvement is occurring. Monthly Quality Assurance and Performance Improvement committee meetings have been implemented in order to fix the issues. They compare month to month from the monthly progress reports from the departments. They meet as a team and discuss the inputs and ideas on how to change and correct the deficiencies. The Administrator stated at the time of the last survey, the facility submitted a plan of correction, and they continue to work on Quality Assurance and Performance Improvement and provide in-service training for the staff. The Administrator stated the facility performs competencies on staff and measure improvements and are working on recruiting staff with enticements such as bonuses. The Administrator stated the facility tracks performance by bringing it up to the team and move on if effective, if not effective then they continue to do Quality Assurance and Performance Improvement until compliance. The Minimum Data Set assessments are being worked on and Abuse issues are being worked on also. The Administrator further stated the Director of Nursing is new at the facility and started a month ago and they took over as Administrator late last year. 10 NYCRR 415.27