

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Rego Park Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 111 26 Corona Avenue Flushing, NY 11368	

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>39365</p> <p>Based on observation, record review, and interviews conducted during an Abbreviated Survey (NY00355639), the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately but not later than two hours after the allegation is made to the State Survey Agency in accordance with State law through established procedures. This was evident for one out of three residents (Resident #1) sampled for abuse. Specifically, on 09/20/2024 at 7:30 AM, Resident #1 was observed with an abrasion and redness without any active bleeding on the left forearm. The facility investigated the incident and did not report the injury of unknown origin to the New York State Department of Health.</p> <p>The findings are:</p> <p>The facility Policy and Procedure entitled Abuse Investigation and Reporting, with the revision date of 09/16/2024, documented all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment, and/or injuries of unknown source (abuse) shall be promptly reported to local state and federal agencies (as defined by current regulation) and thoroughly investigated by facility management. Findings of abuse investigations will be reported.</p> <p>Resident #1 was admitted to the facility with diagnoses including Adult Failure to Thrive, Malnutrition, and Dementia.</p> <p>A Minimum Data Set (an assessment tool) dated 08/23/2024 identified that Resident #1 had severely impaired cognition.</p> <p>An Accident/Incident Note dated 09/20/2024 at 3:55 PM written by Unit Manager #1 documented that they were called by Certified Nursing Assistant #1 on 09/20/2024 at 7:30 AM for an injury of Unknown Origin. Resident #1 was attended by a Certified Nursing Assistant #1 when observed with an abrasion and redness without any active bleeding on the left forearm. Resident #1 was not able to say what happened. There are no changes in the upper-lower Range of Motion. No complaint of pain was voiced. The Medical Doctor was made aware and ordered Mupirocin two times a day. The family was notified. Emergency Contact #1 and Emergency Contact #2 were made aware.</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>A review of the facility's Summary of Investigation dated 09/20/2024, documented the facility investigated and concluded that abuse did not occur. No staff witnessed any incident or fall. Resident #1 non-complaint with care. The abrasion likely occurred while Resident #1 was trying to leave the room and resist care.</p> <p>During an interview on 01/13/2025 at 1:26 PM, the Director of Nursing stated when the incident occurred on 09/20/2024, the incident was investigated by the former Director of Nursing. The Director of Nursing stated the staff was interviewed 72 hours back, and no one witnessed any injury or fall. The Director of Nursing stated Resident #1 had a behavior of resisting care and combative behavior. The Director of Nursing stated the incident was not reported to the New York State Department of Health because Resident #1 likely had a self-inflicted abrasion that was very superficial and with no bleeding due to movement behavior. The Director of Nursing stated they were supposed to report any allegation of abuse, including injury of unknown origin, to the Administrator and the New York Department of Health within two hours.</p> <p>During an interview on 01/13/2025 at 3:37 PM,, the Administrator stated they were made aware that Resident #1 sustained a laceration on 09/20/2024, but they don't recall what time. The Administrator stated they did not report the incident that occurred on 09/20/2024 to the New York State Department of Health because Resident #1 had a history of combativeness and, due to that, may have caused self-inflicted injury. The Administrator stated that the Director of Nursing and Administrator are responsible for investigation and reporting to the New York Department of Health.</p> <p>10 NYCRR 415.4(b)(2)</p>		