

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 10/16/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>19546</p> <p>Based on record review and interviews conducted during the Recertification Survey from 10/08/2024 to 10/16/2024, the facility did not ensure a resident, or their designated representative was provided appropriate notification at the termination of Medicare Part A benefits. This was evident in 3 (Residents #46, #294, and #295) of 3 residents reviewed for Beneficiary Notification. Specifically, the facility did not provide the Notice of Medicare Non-Coverage for Medicare Part A at least two calendar days before Medicare covered services ended as required, did not ensure that notices were mailed on the same day telephone notification was made, and did not provide the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage form for residents after discharge from skilled services.</p> <p>The findings are:</p> <p>The facility policy titled Notice of Medicare Non-Coverage with a reviewed date of 01/2024 documented that in the event a patient/resident no longer qualifies for a skilled level of care, a Notice of Medicare Non-Coverage letter will be issued in accordance with federal guidelines informing the patient/resident and or representative party that they no longer qualify for Medicare payment. A Notice Of Medicare Non Coverage / Advanced Beneficiary Notice will be provided by the Social Service Department at least 2 calendar days before Medicare covered services end. The Social Service Department must inform the patient / resident / and / or representative of their appeal rights and when and how to appeal the decision, ensure that the beneficiary or representative signs and dates the Notice Of Medicare Non- Coverage to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed.</p> <p>The Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 states that the form must be delivered at least two calendar days before Medicare covered services end and included the requirement that notification of changes in coverage for an institutionalized beneficiary/enrollee who is not competent be made to a representative. The instructions also stated that if the provider is personally unable to deliver a Notice of Medicare Non-Coverage to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise them when the enrollee's services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date. The instructions also state that when direct phone contact cannot be made, the notice should be sent to the representative by certified mail, return receipt requested.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 (2024) states that Medicare requires Skilled Nursing Facilities to provide the notice to original Medicare patients prior to providing care that Medicare usually covers but may not pay for because the care is not medically reasonable and necessary; or considered custodial.</p> <p>1.) Resident #46's last covered day of skilled services was on 05/22/2024. The Notice of Medicare Non-Coverage documented that the Resident's designated representative received telephone notification of termination of coverage from the Social Worker on 05/22/2024. There was no documented evidence that the notice was mailed on the same day that telephone notification was made.</p> <p>2.) Resident #294's last covered day of skilled services was on 04/17/2024. There was no documented evidence that the facility provided the resident or their designated representative with Notice of Medicare Non-Coverage and Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage.</p> <p>3.) Resident #295's last covered day of skilled services was on 05/08/2024. There was no documented evidence that the facility provided the resident or their designated representative with Notice of Medicare Non-Coverage and Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage.</p> <p>On 10/15/2024 at 10:21 AM, the Minimum Data Set Coordinator was interviewed and stated that the Notice of Medicare Non-Coverage is given to the residents at least 2 days before the last day of service. This allows the resident or their representative time to appeal the process if they choose to. They stated that if a resident is not fully cognitive, they call the representative and then send the notice via certified letter with return receipt. The Minimum Data Set Coordinator stated it is the Social Worker's responsibility to provide the notice. However, they had a high turn over in the Social Service department.</p> <p>On 10/15/2024 at 11:49 AM, the Administrator was interviewed and stated that when there is a change in coverage or services, the resident or their representative must be notified in writing, with sufficient time to exercise their appeals rights. They stated that the Social Worker is responsible for ensuring that the liability and beneficiary notices were provided, and the process fully implemented. However, the Social Service department was going through multiple changes. The Administrator stated that they reassigned the task and trained ancillary staff as back up.</p> <p>10 NYCRR 415.3(g)(2)(i)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>43350</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 10/08/2024 to 10/16/2024, the facility did not ensure that a resident with limited range of motion received appropriate treatment and services, including provision of equipment, to prevent further decline in range of motion. This was evident in 1 (Resident #52) of 2 residents reviewed for positioning / mobility. Specifically, Resident #52 has been observed on 2 occasions without the hand rolls applied in both hands as per physician orders.</p> <p>The findings are:</p> <p>The facility's policy titled Contractures with a last reviewed date of 01/12/2024 stated that braces and splints are applied by the nursing staff upon physician's order, per the plan of care, and under the direction of Physical/Occupational Therapy.</p> <p>Resident #52 was admitted to the facility with diagnoses of Traumatic Brain Injury, Seizure Disorder, and Paranoid Schizophrenia. The Minimum Data Set (a resident assessment tool) dated 06/14/2024 documented that Resident #52 had severely impaired cognition and was dependent in all areas of activities of daily living.</p> <p>A care plan for use of adaptive devices was initiated for Resident #52 on 03/15/2024. The care plan documented the use of Posey rolls for both hands at all times, remove for hygiene, skin check, and range of motion if tolerated.</p> <p>A physician's order dated 07/30/2024 included Posey rolls for both hands to be worn at all times, remove for hygiene, skin check, or range of motion as tolerated.</p> <p>On 10/09/2024 at 10:26 AM, Resident #52 was observed in bed with both hands tightly fist in contracture without the Posey rolls in place.</p> <p>On 10/11/2024 at 11:33 AM, Resident #52 was observed in a geriatric chair without the Posey rolls in place.</p> <p>On 10/15/2024 at 10:11 AM, Certified Nursing Assistant #2 was interviewed and stated that Resident #52's hands and fingers are contracted, and that the Resident has devices to prevent their fingers from touching their palms. The devices are kept in their room relatively close to their bed and are not applied by the aide but by the therapists.</p> <p>On 10/15/2024 at 11:31 AM, Registered Nurse #2, who was the Nurse Manager, was interviewed and stated that Resident #52 is supposed to have the Posey Rolls in both hands at all times. They stated that the aides on the unit are supposed to apply the hand rolls on the residents when the rehabilitation services aide is not on the unit.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/2024 at 10:10 AM, the Rehabilitation Services Director was interviewed and stated that there are 2 Rehabilitation services aides who are responsible for applying the residents' hand rolls, but they are available only on days when the gym is open. The Director stated that when the rehab aides are not present, the nursing staff must apply the hand rolls since it has to be worn 24/7 to avoid further contracture.</p> <p>On 10/16/2024 at 10:48 AM, the Director of Nursing was interviewed and stated that the facility employs aides who work in the Rehabilitation Services department and make multiple rounds on all units every day; any resident not wearing ordered devices will have them placed by these aides. They stated that it was possible that the Resident was not able to tolerate the hand rolls. The Director of Nursing stated that the assigned aide needs education.</p> <p>10 NYCRR 415.12(e)(2)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18881</p> <p>Based on record review and interviews conducted during the Recertification Survey from 10/08/2024 to 10/16/2024, the facility did not ensure sufficient nursing staff were available to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the facility reported short staffing on weekends confirmed by a review of the Daily Staffing and the Payroll Based Journal Staffing Data Report.</p> <p>The findings are:</p> <p>The facility was not able to provide a policy related to facility staffing.</p> <p>The Payroll Based Journal Staffing Data Report for the 3rd quarter of 2024 (04/01/2024 - 06/30/2024) documented that excessively low weekend staffing was triggered.</p> <p>The Facility assessment dated ,d+[DATE] documented that the facility strives to maintain adequate staffing on each shift to ensure that residents' needs and services are met. Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the residents' comprehensive care plan. The facility assessment documented a facility capacity of 200 with a staffing plan by shift as follows: Day shift - 12 licensed nurses (5 medication nurses, 5 Registered Nurses / Unit Managers, 2 charge nurses) and 5 Certified Nursing Assistants per unit with a total of 25; Evening shift - 9 licensed nurses (5 medication nurses, 2 Registered Nurse Supervisors, 2 charge nurses) and 4 Certified Nursing Assistants per unit with a total of 20. There was no staffing break down indicated for the night shift.</p> <p>A review of the actual weekend facility staffing schedule from 06/01/2024 to 09/30/2024 showed that the facility was utilizing Nurse Liaisons. The job description for Nurse Liaison documented that the minimum educational requirement was Home Health Aide Certificate. Their nursing care functions does not include providing direct resident care.</p> <p>A review of the actual facility staffing from 07/01/2024 - 09/30/2024 documented the following:</p> <p>07/13/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 3rd floor; and 1 in 6th floor.</p> <p>07/14/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 2nd floor; 1 Certified Nursing Assistant scheduled in 3rd floor; 1 Certified Nursing Assistant scheduled in 5th floor; and 1 Certified Nursing Assistant scheduled in 6th floor.</p> <p>07/20/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 3rd floor; 1 Certified Nursing Assistant scheduled in 5th floor; and 1 Certified Nursing Assistant scheduled in 6th floor.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>07/28/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 3rd floor; 1 Certified Nursing Assistant scheduled in 5th floor; and 1 Certified Nursing Assistant scheduled in 6th floor.</p> <p>08/04/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 4th floor.</p> <p>08/10/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 2nd floor; 1 Certified Nursing Assistant scheduled in 3rd floor; There was 1 Certified Nursing Assistant scheduled in 5th floor; and 1 Certified Nursing Assistant scheduled in 6th floor.</p> <p>08/11/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 2nd floor; and 1 in 6th floor.</p> <p>08/18/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 5th floor.</p> <p>08/24/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 2nd floor; and 1 in 6th floor.</p> <p>08/25/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 5th floor; and 1 in 6th floor.</p> <p>09/07/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 3rd floor; 1 Certified Nursing Assistant scheduled in 4th floor; and 1 Certified Nursing Assistant scheduled in 5th floor.</p> <p>09/08/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 2nd floor; 1 Certified Nursing Assistant scheduled in 3rd floor; 1 Certified Nursing Assistant scheduled in 4th floor; 1 Certified Nursing Assistant scheduled in 5th floor; and 6th floor had no scheduled Certified Nursing Assistant.</p> <p>09/15/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 4th floor; and 1 Certified Nursing Assistant scheduled in 5th floor.</p> <p>09/22/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 6th floor.</p> <p>09/28/2024 Night Shift: There was 1 Certified Nursing Assistant scheduled in 4th floor; and 1 scheduled in 5th floor.</p> <p>A review of the Daily Staff Posting was compared with the actual facility staffing grid. The review revealed several inaccuracies documented as follows:</p> <p>07/13/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 8.</p> <p>07/14/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 6.</p> <p>07/20/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 7.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>07/28/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 7.</p> <p>08/04/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 9.</p> <p>08/10/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 7.</p> <p>08/11/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 8.</p> <p>08/18/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 9.</p> <p>08/24/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 8.</p> <p>08/25/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 8.</p> <p>09/07/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 7.</p> <p>09/08/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 4.</p> <p>09/15/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 8.</p> <p>09/22/2024: Documented 10 Certified Nursing Assistants for the night shift, the staffing grid showed 9.</p> <p>On 10/10/2024 at 2:33 PM, the Staffing Coordinator was interviewed and stated they were short in staff mainly during weekends due to call outs and religious reasons. They stated it is hard to find a replacement when staff calls out.</p> <p>On 10/16/2024 at 11:37 AM, Nurse Liaison #1 was interviewed and stated they started working in the facility in 11/2023. They stated they are not a Certified Nursing Assistant and is tasked to work in the unit when there is short staffing. They stated they help the Certified Nursing Assistants with transferring and ambulating residents.</p> <p>On 10/15/2024 at 4:38 PM, the Director of Nursing was interviewed and stated that there is short staffing coverage during the night shift especially during the weekends, and nurse liaisons are utilized as 2nd Certified Nursing Assistants in the unit. The Director of Nursing stated despite having contracts with different agencies, they are still struggling with their staffing.</p> <p>10 NYCRR 415.13 (a)(1)(i-iii)</p>		