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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335380	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Metropolitan Res Health Care Facility Inc	225 Maple Avenue Monsey, NY 10952

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 45478 Based on observation, interview, and record review conducted during the Recertification Survey and Abbreviated Survey (NY00321083), it was determined that for one of five residents (Resident #263) reviewed for unnecessary medication, the facility did not ensure that pain management was provided for each resident who required such services consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals. Specifically, for Resident # 263 there was a lack of consistent pain assessment and monitoring of effectiveness of pain medication. The findings is:: The current facility policy, titled Pain Assessment, last revised 3/2023 documented each resident would be assessed for pain and if present would have an effective pain management plan in place that would allow for optimal independence and an improved quality of life. The Licensed Nurse would document the following for PRN (as needed) pain medications: location of pain, pain level prior to medication, pain scale used, non-pharmacological interventions, pharmacological interventions, and effectiveness of pain medication. Resident #263 had diagnoses including Malignant Neoplasm of the Prostate, Malignant Neoplasm of Bone, Malignant Neoplasm of Brain, and Malignant Neoplasm of Liver and Bile Duct. The Admission Minimum Data Set Assessments, dated 7/18/23, documented Resident #26 had severely impaired cognition, was on a scheduled pain regimen, received as needed pain medication, and had frequent vocal complaints of moderate pain. There was no pain scale rate noted. The Alteration in Comfort Care Plan created 7/18/23 documented Resident #263 had pain related to cancer, and neuropathy. Administer medications as ordered; evaluate the effectiveness of pain interventions as needed; review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction, identify and record previous pain history and management of that pain and impact on function. Identify previous response to analgesia including pain relief, side effects and impact on function. The Physician Orders documented 7/18/23 Acetaminophen 325 mg. give 2 tablets by mouth every 6 hours as needed for pain not to exceed >3 grams in 24 hours; 7/19/23 Tramadol 50 mg every 6 hours as needed for pain was discontinued on 7/20/23; 7/21/23 Tramadol 50 mg every 6 hours for pain was discontinued on 7/25/23; and 7/26/23 Oxycodone-acetaminophen 5-325 mg 1 tablet every 6 hours for pain was discontinued on 8/6/23. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Metropolitan Res Health Care Facility Inc	225 Maple Avenue Monsey, NY 10952

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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Medication Administration Record dated July and August 2023, documented Resident #263 received: Tramadol 50 mg every 6 hours as needed for pain on 7/19/23 with a documented pain level of 5 and there was no documented evidence of a follow up pain assessment to determine the effectiveness of the medication administered. Resident #263 received Tramadol 50 mg every 6 hours for pain from 7/21/23-7/27/23 and Oxycodone 5-325 mg 1 tab every 6 hours for pain from 7/27/23-7/31/23, and 8/1/23-8/6/23 and there was no documented evidence of a pain assessment for all shifts. Resident #263 received Acetaminophen 325 mg 2 tablets by mouth every 6 hours as needed for pain on 7/25/23 with a documented pain level of 1 and there was no documented evidence of a follow up pain assessment in the electronic medical record to determine if the pain medication administered was effective. During an interview on 7/26/24 at 11:34 AM Licensed Practical Nurse #1 stated for pain medication administration they would check the medication orders and administer the medication as per order. Licensed Practical Nurse #1 stated if a resident told them they had severe pain, they would administer the medications. Licensed Practical Nurse #1 stated for a resident with confusion they would use the facial expression pain scale as an identifier of pain and if a resident was alert they would ask about their pain. Licensed Practical Nurse #1 stated residents should be assessed first prior to administration of pain medication and the pain level should be documented on the order sheet for pain assessment. Licensed Practical Nurse #1 reviewed the July and August 2023 Medication Administration Record and stated they could not find a pain assessment for Resident # 263. Licensed Practical Nurse #1 stated there should have been an order to assess pain, but was unable to find the order for a pain assessment. Licensed Practical Nurse #1 stated they never informed the nursing supervisor or the Director of Nursing of the missing order for a pain assessment. During an interview on 7/26/24 at 11:48 AM the Director of Nursing stated the Nurse Practitioner did not put a supplemental order in place for the assessment of pain, which made it unavailable for nursing to document. The Director of Nursing stated they would be unable to determine if pain medication/s were effective since there was no documentation of a pain assessment. The Director of Nursing stated they were never informed the pain assessment order was not in place for Resident #263's pain to be assessed. [10 NYCRR 415.12]