

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Schulman and Schachne Inst for Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 555 Rockaway Parkway Brooklyn, NY 11212	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43350</p> <p>Based on record review and interview conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility failed to develop and implement an effective discharge planning process that focuses on the resident's discharge goals. This was evident for 3 (Residents #136, #44, and #291) of 35 total sampled residents. Specifically, an individualized discharge care plan was not developed for Residents #136, #44, and #291.</p> <p>The findings are:</p> <p>The facility's policy titled Planned Transfer and Discharge with a reviewed date of 02/2023 stated that the social worker documents the resident's/designated representative's plan/request to return home or to another skilled nursing facility in the medical record, the assessment section, the coordinated care plan and the progress notes.</p> <p>The facility's policy titled Comprehensive Care Plan with a reviewed date of 12/2023 stated that every comprehensive care plan meeting must include a review and discussion of discharge planning.</p> <p>1.) Resident #136 had diagnoses of Congestive Heart Failure, Hypertension, and Diabetes.</p> <p>The Minimum Data Set assessment dated [DATE] documented that the Resident had intact cognition.</p> <p>A review of Resident #136's comprehensive care plan revealed no documented evidence that a discharge care plan had been developed.</p> <p>During an interview on 06/26/2024 at 3:42 PM, Resident #136 stated they requested the social worker for help to be discharged in an apartment and they were told that Resident #136's family had to look for the apartment.</p> <p>During an interview on 07/03/2024 at 10:56 AM, Social Worker #4 stated Resident #136 had no active discharge plan because the Resident need homecare and had no housing. The Social Worker stated that there had been no discussion with Resident #136 about their discharge.</p> <p>During an interview on 07/02/2024 at 11:51 AM, the Director of Social Services stated discharge planning for each resident begins on admission and that discharge options must be discussed and documented in the medical record. The Director of Social Services stated a discharge care plan must be initiated for every resident.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45351</p> <p>2.) Resident #44 had diagnoses of Seizure Disorder, Hyperlipidemia, and Hypertension.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #44 had intact cognition and that Resident participated in the assessment process and would like to talk about possibility leaving the facility and returning to the community.</p> <p>A review of Resident #44's comprehensive care plan revealed no documented evidence that a discharge care plan had been developed.</p> <p>3.) Resident #291 had diagnoses of Thyroid Disorder and Myotonic Dystrophy.</p> <p>The Minimum Data Set assessment dated [DATE] documented resident had intact cognition.</p> <p>The Social Services assessment dated [DATE] documented Resident #291 wanted to be transferred to another facility and gave a list of facilities.</p> <p>The review of medical record revealed there was no documented evidence Resident #291's transfer request made on 11/14/2023 was ever submitted and follow up was ever made to inform resident on the progress of transfer request.</p> <p>The Social Service assessment dated [DATE] documented Resident #291's goal was to remain in the facility and resident did not have active discharge planning occurring.</p> <p>A review of Resident #291's comprehensive care plan revealed no documented evidence that a discharge care plan had been developed.</p> <p>During an interview on 06/26/2024 at 9:52 AM, Resident #291 stated they requested a transfer to another facility some time last year, but Resident does not know if the application were submitted.</p> <p>During an interview on 07/02/2024 at 11:50 AM, Registered Nurse #5 stated Resident #291 had requested a few times about transferring to another facility and that the social worker was aware of the request.</p> <p>During an interview on 07/03/2024 at 10:49 AM, the Social Worker Assistant stated Resident #291 requested a transfer and gave a list of potential facilities some time last year. They stated they sent Resident #291's information last year but they cannot recall if they followed up with the facilities. The Social Worker Assistant stated Resident #291 gave them another list of facilities this year where they would want to be transferred to but have not submitted the application to any of these facilities.</p> <p>During an interview on 07/02/2024 at 3:34 PM, The Director of Social Services stated Resident #291 requested transfer to other facilities in November 2023 as per the medical record, but the Resident's transfer request was never carried out by the social work assistant. The Director of Social Services stated they were not able to locate the discharge care plan for Resident #291 and Resident #44 upon review of their medical record. They stated that the social worker who is assigned to the resident is responsible for initiating a discharge care plan.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44843</b></p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility did not provide an ongoing program to support residents in their choice of activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. This was evident for 1 (Resident #365) out of 38 total sampled residents. Specifically, Resident #365 was not provided with a television or other device to watch their preferred programs.</p> <p>The findings are:</p> <p>The facility policy titled Departmental Scope of Service with Policy Number TR-001.5 for Therapeutic Recreation Department and implemented and revised date 12/23 documented the service provision is made available to all members of the resident population, and is based on individual resident assessment, treatment planning, interests, preferences, and needs.</p> <p>Resident #365 had diagnoses of Multiple Sclerosis, Arthralgia, and Unspecified Fall.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #365 had severely impaired cognition. The assessment also documented Resident #365 found it very important to do their favorite activities.</p> <p>From 06/26/2024 at 10:29 AM to 07/01/2024 at 03:32 PM, there were multiple observations of Resident #365 in their bed and in wheelchair in the hallway on the unit with no ongoing activities. There was no television or other device observed being provided to Resident #365 to watch their preferred television programs.</p> <p>The Comprehensive Care Plan related to leisure needs that was initiated on 12/21/2023 and was last updated on 06/16/2024 documented that Resident #365 was a loner by lifestyle preference and preferences included watching television. The interventions included to involve in preferred activities and provide support to improve motivation.</p> <p>The initial recreation assessment dated [DATE] documented it was very important for Resident #365 to do their favorite activities including to watch television. It also documented the current leisure interests for Resident #365 included to watch television in their own room. The quarterly recreation assessment dated [DATE] and 6/16/2024 documented Resident #365 was intact in memory and their current leisure preferences included watching television.</p> <p>There was no documented evidence Resident #365 was provided a television set or other alternative device to watch their favorite television programs in their room.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/2024 at 10:29 AM, Resident # 365 was interviewed and stated they were admitted to the facility for several months and was not able to watch their favorite sport program on television in their room. Resident #365 also stated there was a television installed on the wall in front of the roommate's bed and they were not able to watch it from their bed. Resident #365 further stated they did not have activities to do in their room and would like to watch sport program on television at any time they liked as when they were in the community.</p> <p>On 07/01/2024 at 12:18 PM, the Certified Nursing Assistant #1 was interviewed and stated Resident #365 did not have television or activities in the room.</p> <p>On 07/01/2024 at 02:37 PM, the Recreation Therapy Specialist was interviewed and stated they did the initial and quarterly recreation assessment for Resident #365. The Recreation Therapy Specialist also stated the current leisure interest for Resident #365 was to watch television in their room. The Recreation Therapy Specialist stated they were not sure if Resident # 365 was able to watch the television installed on the roommate's side. The Recreation Therapy Specialist went to Resident #365's bed with State Surveyor and confirmed Resident #365 was not able to watch the television from their bed.</p> <p>On 07/01/2024 at 03:24 PM, the Assistant Director of Recreational Therapy was interviewed and stated they provided the residents with their preferred activities as per assessments indicated. The Assistant Director of Recreational Therapy further stated all residents should be able to watch their favorite television programs in their room at any time if this was their preferences. The Assistant Director of Recreational Therapy had no explanation why no follow up or other alternative was made to address Resident #365's interest of watching television in the room as indicated in the recreation assessment.</p> <p>10 NYCRR 415.5(f)(1)</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48711</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility did not ensure a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion. This was evident for 1 (Resident # 69) of 1 resident reviewed for position/mobility. Specifically, there were multiple observations of Resident #60 without the left-hand carrot in place as per Occupational Therapy and physician orders.</p> <p>The findings are:</p> <p>The facility policy titled Adaptive Equipment/Assistive Feeding Devices with a revised date of 11/2023 documented that the rehabilitation department will provide residents requiring a splint, adaptive equipment, or assistive feeding device. The nurse will write instructions for use of the device and add updates to the care plan.</p> <p>Resident # 69 had diagnoses of Cerebral Vascular Accident, Dementia, and Hemiplegia.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #69 was moderately cognitively impaired and required substantial/maximal assistance of 1 person to complete Activities of Daily Living and had functional limitation in range of motion on upper extremity.</p> <p>The Department of Rehabilitation Medicine Assistive Devices / Adaptive Equipment form dated 05/31/2023 documented that Resident #69 had been provided with a splint, left hand carrot to be worn daily as tolerated to prevent further hand tightening. To remove for hygiene and skin inspection.</p> <p>Physician orders dated 02/11/2024 documented splint to be worn to both upper extremities at all times and remove during range of motion and skin care and hygiene.</p> <p>The Occupational Therapy endorsement form dated 02/09/2024 documented splint for both upper extremities to be worn at all times; remove during range of motion, skin care, and hygiene.</p> <p>A Comprehensive Care Plan related to contracture dated 04/05/2024 documented contracture of the left hand. The facility interventions include to provide range of motion as recommended, to monitor use of splints/devices; left hand carrot to be worn daily as tolerated and to remove for hygiene, skin infection and as needed. Review of Resident #69's care plan did not indicate Resident's refusal to wear the carrot splint.</p> <p>On 06/26/2024 at 12:30 PM and on 06/28/2024 at 12:15 PM, Resident #69 was observed sitting in the dining room with left hand contracture and without a left hand carrot in place.</p> <p>An interview was conducted on 06/28/2024 at 11:36 AM with Registered Nurse #2, who stated that Resident #69 had orders to clean the left hand and place the carrot. They stated that Resident #69 refuse to wear the carrot and would remove it when placed on their hand.</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>An interview was conducted on 06/28/2024 at 12:10 PM with Licensed Practical Nurse #2, who stated that Resident #69 has left hand contracture and was ordered to use a carrot splint but Resident #69 keeps removing the carrot.</p> <p>An interview was conducted on 06/28/2024 at 12:16 PM with Certified Nursing Assistant #5, who stated that Resident #69 is supposed to wear a carrot splint for their hands.</p> <p>An interview was conducted on 06/28/2024 at 12:20 PM with Registered Nurse #3, who is also the Nursing Supervisor for the unit, stated that Resident #69 is supposed to wear a carrot splint on their left hand; they were not aware that Resident #69 has not been using the carrot splint.</p> <p>10 NYCRR 415.12 (e)(2)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45351</p> <p>Based on observation, interview, and record review conducted during the Recertification and Complaint (NY00311959) Survey from 06/26/2024 to 07/03/2024, the facility did not ensure that food were served at an appetizing temperature during meal service. This was evident for 2 units observed during dining observation. Specifically, food served during lunch meal service were not maintained at palatable and appetizing temperatures.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Dining and Meal Policy dated 11/2023 documented it was the policy of the facility to serve meals to meet the nutritional needs of residents.</p> <p>The facility's policy on Food and Nutrition Service dated 11/2023 documented it is the policy of the facility to provide meals to residents as scheduled to meet their nutritional requirements and to develop a mechanism that will ensure safe and accurate preparation and distribution of food products. The meal service time for lunch is 12:00 PM to 1:00 PM.</p> <p>1. Resident #27 was admitted to the facility with Coronary Artery Disease, Hypertension and Hemiplegia. The Annual Minimum Data Set, dated dated dated [DATE] documented resident had intact cognition.</p> <p>On 06/27/2024 at 10:43 AM, Resident #27 stated meals are delivered to their room. The food is often served unappetizing and not hot enough.</p> <p>2. Resident #261 was admitted to the facility with Depression, Respiratory Failure and Diabetes Mellitus. The Quarterly Minimum Data Set, dated dated dated [DATE] documented that resident had intact cognition.</p> <p>On 06/26/2024 at 11:07 AM, Resident #261 stated the meals were often served late and food is cold.</p> <p>On 06/28/2024 at 12:38 PM, Resident #261 was observed in the room, waiting for their lunch meal.</p> <p>On 07/01/2024 from 12:06 PM to 12:59 PM, food delivery cart arrived on Unit 2 North. The staff distributed the trays in the dining room and then distributed meal trays to residents in their room.</p> <p>On 07/01/2024 at 12:59 PM, test tray was conducted and revealed the following temperatures: chicken noodle soup 146.5 degrees Fahrenheit, a cup of hot water for tea 117.8 degrees Fahrenheit, spaghetti with sauce 148.5 degrees Fahrenheit, baked chicken 132.9 degrees Fahrenheit, broccoli 118.8 degrees Fahrenheit.</p> <p>On 7/2/2024 from 11:40 AM to 12:32 PM, food delivery cart arrived on Unit 3 North. The staff distributed the trays to the residents in the dining room and residents' rooms.</p> <p>On 07/02/2024 at 12:32 PM, test tray was conducted on Unit 3 North. The food temperatures were: meatloaf 115.5 degrees Fahrenheit, stuffing 154.4 degrees Fahrenheit, and mustard greens 147 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/03/2024 at 11:35 AM, the Food Service Director stated the food temperatures measured on 7/1/2024 and 7/2/2024 were inconsistent and some items were below the optimal temperature for hot foods. Food Service Director stated some hot foods depending on the density are harder to maintain the temperature; however, the temperature should be at least above 135 degrees Fahrenheit. Food Service Director stated the food cart is delivered to dining room at 11:45 AM, starts meal delivery around 12:00 PM and should not take no longer than 30 minutes from start time. Food Service Director stated the staff took about 1 hour which is longer than expected to deliver the meals to the residents. When foods are kept long on the food cart, the temperature and quality may not be maintained. Food Service Director stated they have been using this food delivery system for more than [AGE] years; therefore, the equipment may also need maintenance to ensure they are working properly.</p> <p>On 7/3/2024 at 1:31 PM, Administrator stated they were made aware of the food temperature issue yesterday. Administrator further stated the facility will need to review the current food delivery system and look further into improving the food quality and temperature for the residents.</p> <p>10 NYCRR 415.14(d)(1)(2)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48711</p> <p>Based on observation, record review, and interviews during the Recertification survey from [DATE] to [DATE], the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. This was identified during the Dining and Kitchen Tasks. Specifically, 1) During the initial tour of the kitchen, opened and undated package of food were observed in the walk-in freezer. 2) the walk-in refrigerator was noted with juice spills, and 3) the walk-in refrigerator had food on the shelf past the best buy date.</p> <p>The findings are:</p> <p>The facility policy titled Food and Nutrition Sanitation Program with a last revised date of ,d+[DATE] documented that the purpose of the policy was to maintain a clean, safe, and effective environment of care and to prevent the transmission of disease-carrying organisms. Each employee will be designated daily to clean and sanitize all areas throughout the department. Cleaning equipment, walls, floor, and storage areas routinely with appropriate cleaning solution and sanitizing agents will prevent and significantly reduce the spread of harmful organisms.</p> <p>The facility policy titled Food, Supplies, and Equipment Procurement with a last revised date of ,d+[DATE] documented that it is the policy of the Food and Nutrition Services Department to design and implement a mechanism to ensure the safe and accurate purchase, receipt and check-in of food and nutrition item. The Executive Chef is responsible for the procurement of food, supplies, and equipment. Food items must be within their expiry date.</p> <p>An initial tour of the kitchen was completed on [DATE] at 09:30 AM with the Food Services Director. The following were observed: walk-in freezer had an open plastic bag of frozen fish patties on top of a cardboard box. Refrigerator #1 (meat refrigerator) was observed with red meat juices lying on the bottom of a gray table and on the floor of the refrigerator. Refrigerator #2 (dairy refrigerator) was observed with three (3) 48 ounces of ricotta cheese on the shelf with a best buy date of [DATE]. Six (6) 48 ounces of ricotta cheese on the same shelf was noted with best buy date of [DATE].</p> <p>During an interview on [DATE] at 09:30 AM with the Food Service Director, they stated the staff had not gotten a chance to clean up the red meat juices and they do not know why there was an open bag of fish patties in the freezer. They stated that cleaning is the responsibility of all the staff to keep the kitchen clean.</p> <p>During an interview on [DATE] at 11:31 AM with the Store Room Inventory staff, they stated they are responsible for the storeroom and that they rotate the products and items and check for the expiration dates. They stated the garbage person is responsible for cleaning the floors, refrigerator, and freezer when there is a spill and there is more than one person that covers that area at any given time.</p> <p>During an interview on [DATE] at 11:40 AM with the Lead Cook, they stated that the kitchen staff is responsible for checking the refrigerators and freezers to make sure that the food is fresh, and no expired food remains in the refrigerator.</p> <p>(continued on next page)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>48711</p> <p>Based on observation and interviews conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility did not ensure that garbage and refuse were disposed of properly. Specifically, garbage was not properly contained outside of the facility. The blue trash compactor/dumpster was not covered and there were various types of garbage lying on the ground. There was an overflow of various metal objects from the open dumpster.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Compactor Usage with the effective date of 03/07/2022 documented that waste removal vendor removes and disposes waste related to municipal waste and recycling waste.</p> <p>During an observation on 06/28/2024 at 08:30 AM, there was a blue compactor observed with the lid open. On top of the blue dumpster was observed to have red colored substance, gray colored crutch, old food (green pepper) and blue rubber gloves. There were flies noted in the area. Trash was scattered on the ground around the dumpster area and there was white colored standing water. Also noted to the right side of the trash compactors were 10 red biohazard containers. Located on the ground next to the red biohazard containers are six (6) empty beer cans in a black plastic bag, six (6) empty glass beer bottles, 10 cigarette butts, suitcase, 2 televisions, printer, and a disc producer. Located in the garbage area is an old oil drum and an opened bag of rock salt placed on the ground. There were four (4) back boards tied to the fence of the garbage area. An open trash container used for metal items was observed. There were bedside table trays, mechanical lifts, chairs, 2 shopping carts, metal cabinets, open paint cans, aluminum pans, two (2) back boards, thirty-three (33) containers of biohazard boxes filled with needles. One (1) large blue dumpster was observed open and filled with trash.</p> <p>During an interview on 06/28/2024 at 9:00 AM, the Housekeeping Supervisor stated they are not sure who is responsible to keep the garbage area clean.</p> <p>During an interview on 06/28/2024 at 11:02 AM, the Director of Building Services/Corporate Director stated they have a big facility and everyone between the hospital, nursing home and clinics are responsible for the garbage. The grounds keeping department is the one that is supposed to clean the grounds around the garbage.</p> <p>During an interview on 07/01/2024 at 10:12 AM, the Assistant Administrator stated that the Director of Building Services is responsible for the trash compactor area and the grounds keeping staff is responsible for the other trash such as the metal items.</p> <p>During an interview on 07/02/2024 at 10:30 AM, the Building Services Employee stated their job is to keep the compactor area clean. They stated that lids are supposed to be closed on the trash compactor and supposed to be free of debris. They stated they are responsible to clean around the perimeter of the garbage area to sweep and pick up any debris on the ground.</p> <p>10 NYCRR 415.14(h)</p>		