

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Surge Rehabilitation and Nursing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 49 Oakcrest Ave Middle Island, NY 11953	

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. (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

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint Investigation Survey, ACTS reference # (NY00366463) was conducted at Surge Rehabilitation and Nursing LLC from 07/25/2025 through 08/11/2025 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey. 42 CFR 483.12 Freedom from Abuse, Neglect and ExploitationBased on observation, interview and record review during an abbreviated survey (#NY00366463) the facility did not ensure each resident was free from misappropriation of resident property and exploitation for 1 (Resident #1) of 5 residents reviewed. Specifically, a facility employee obtained 16 checks from Resident #1, who cashed the checks for the various dollar amounts. The findings are Resident #1 was admitted to the facility with diagnoses that included with diagnoses that included heart failure, circulatory problems and anxiety. The review of the Annual Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score- 12 indicating moderately impaired cognition skills for decision making for Resident.The review of the Admissions Packet, signed by Resident#1 dated 4/20/2023 documented the facility shall not request and/or accept any remuneration, tip or gratuity in any form from the Resident and this was signed by Resident#1.The Review of the facility policy, entitled Abuse Identification and Investigation: Prevention: Reporting dated 8/2024 documented for Misappropriation of Resident Property: New York State Definition as the theft, unauthorized use or removal, embezzlement or intentional destruction of personal property including but not limited to money.The review of the Comprehensive Care Plan (CCP) documented, Resident #1 has potential for abuse and at risk for victimization dated 11/14/2023 and the interventions documented report any suspected abuse via the facilities chain of command.The review of the Facility Investigation dated 01/03/2025 documented 12/28/2024 at 02:21PM, there is reasonable cause to believe that abuse, neglect or mistreatment occurred. The investigation further documented Resident #1, alert and orientated has been voluntarily giving money to the accused staff member/Certified Nurse's Aide#1. The Next of Kin contacted Administration to inform them about the situation as they were reviewing the patients' funds. They provided copies of checks, showing money going from Resident #1's account to the accused Certified Nurses Aide's bank account. Resident was interviewed with presence of Suffolk County Police Officer, Director of Nursing, and Social Worker and acknowledged willfully, and voluntarily giving money to the accused Staff Member to help them out. The accused staff member was removed from the schedule. The Investigation further documented copies of checks documented the name of Resident #1 printed on the front of the check, made out to Certified Nurse's Aide#1, signed with the name of Resident#1 the opposite side of the check documented that the name of Certified Nurse's Aide#1 was signed on the opposite side of the checks with their name of Certified Nurse's Aide#1. Copies of the front and back of the check documented the following: Check date: 10/20/2024 Amount : \$2,500.00Check date: 10/22/2024 Amount : \$2,000.00Check date: 10/23/2024 Amount :\$3,500.00Check date: 10/28/2024 \$Amount : 3,200.00Check date: 11/4/2025 Amount : \$1,000.00Check date: 11/9/2025 Amount : \$3,000.00Check date: 11/19/2024 Amount : \$1,800.00Check date: 11/25/2025 Amount : \$2,700.00Check date: 11/29/2024 Amount : \$1,600.00Check date: 12/3/2024 Amount : \$400.00Check date: 12/6/2024 Amount : \$500.00Check date: 12/13/2024 Amount : \$6,080.00Check date: 12/21/2024 Amount : \$2,000.00Check date: 12/23/2024 Amount : \$3,700.00Check date: 12/26/2024 Amount : \$2,000.00Check date: 12/28/2024 Amount : \$2,800.00The review of the Psychiatric Evaluation dated 1/3/2025 at 10:18AM documented Resident #1 denies any suicidal ideation. Further documented Resident #1 was evaluated on 12/30/24 at 10:18AM, Medical Evaluation, Mood/Anxiety, and vague suicidal ideation without intent or plan, Resident #1 wrote between \$27,000-\$40,000 to a Certified Nurse's Aide because they were in love with them , however became angry when staff learned of the occurrence.The review of the Resident Nursing instruction as of 07/25/2025 documented Resident #1 has clear speech, understands and is understood, negative statements two-person approach.During the telephone interview dated 7/25/2025 at 2:48PM, with Certified Nurse's Aide # 1 they stated they were trained at the facility not to exploit patients and stated they did not exploit Resident #1 whom they recall. During an interview on 5/23/2025 at 3:50PM with Director of Nursing, they stated when Resident#1's personal checks were discussed with the Certified Nurse's Aides#1, they admitted to receiving checks in their name. The Certified Nurse's Aide#1 stated they should not take money or checks from Resident#1 or any other residents. The Director of Nursing (DON) stated residents are not permitted to give employees any items of value such as money or jewelry and facility employees are</p>		