

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 08/09/2024
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45349</p> <p>Based on record review and interviews during the Recertification Survey initiated on 8/5/2024 and completed on 8/9/2024, the facility did not ensure a person-centered comprehensive care plan was developed and implemented to address each resident's medical needs. This was identified for one (Resident #81) of three residents reviewed for unnecessary medications. Specifically, Resident #81 was receiving anticoagulant medications as per the physician's orders; however, there was no comprehensive care plan developed for the use of an anticoagulant.</p> <p>The finding is:</p> <p>The undated facility's policy and procedure titled Comprehensive Care Plans (CCP) and Resident/Patient Meeting documented within 14 days of the resident's admission, a comprehensive assessment of the resident's needs will be prepared and developed by the interdisciplinary team, as required by the course of treatment specific to the resident. Information obtained from the comprehensive assessment enables the facility staff to plan care that focuses on the resident's ability to achieve the resident's highest practicable mode of functioning that includes but is not limited to the following: medical status measurement (functional physical and mental abilities including, but not limited to, information on the vital signs, laboratory values and/or diagnostic test), and drug therapy.</p> <p>Resident #81 was admitted with diagnoses of multiple fractures and Atrial Fibrillation. The admission Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 14, which indicated the resident had intact cognition. the resident received an anticoagulant medication.</p> <p>A Physician's order dated 7/2/2024 documented to administer Enoxaparin (an anticoagulant medication) 30 milligrams/0.3 milliliter, inject 0.3 milliliters by subcutaneous route every 12 hours for Fracture of one rib, right side.</p> <p>There was no documented evidence that a comprehensive care plan was developed for the use of the anticoagulant medication use.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Registered Nurse Supervisor #1 was interviewed on 8/07/2024 at 2:13 PM and stated any Registered Nurse can develop and initiate a care plan. The Registered Nurse Supervisor #1 stated that the admitting nurse was responsible for admissions assessment and initiating the care plans. The next day, a Registered Nurse should follow and initiate any other care plans that were required and were not initiated by the admission nurse. Registered Nurse Supervisor #1 stated that if a resident is on an anticoagulant, then there should be a care plan for the use of the anticoagulant medications. The Registered Nurse Supervisor #1 reviewed the resident's electronic medical record and stated no care plan was developed for the use of the anticoagulant medication.</p> <p>The Director of Nursing Services was interviewed on 0/07/2024 at 2:22 PM and stated if the resident is getting an anticoagulant medication, such as Enoxaparin, then there should be an anticoagulant care plan developed. The Director of Nursing Services reviewed the electronic medical record to identify a care plan for the anticoagulant medication use and there was no documented evidence that a care plan was developed.</p> <p>10 NYCRR 415.11 (c)(1)</p>		