| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 335398 | A. Building<br>B. Wing | 04/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Sans Souci Rehabilitation and Nursing Center | 115 Park Avenue<br>Yonkers, NY 10703 |

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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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews during an abbreviated survey (NY00331684, NY00334367), the facility did not ensure a resident who is unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal care for 2 of 3(Resident #5, #6) residents reviewed for activities of daily living. Specifically, (1) review of Resident #5's certified nurse assistant documentation for the months of January and February 2024 revealed bladder and bowel incontinence care was not provided by direct care staff on 19 occasions out of 31days. Further review of the January 2024 and February 2024 certified nurse assistant documentation revealed areas of care including showers, personal hygiene and assistance during meals were not consistently signed as being provided by direct care staff; (2) review of Resident #6's certified nurse assistant documentation for the months of January and February 2024 revealed bladder and bowel incontinence care was not provided by direct care staff on 35 occasions. Further review of the January 2024 and February 2024 certified nurse assistant documentation revealed areas of care including showers were not consistently signed by direct staff as been provided (3) In addition, the surveyor observed during rounds in the facility on 3/7/2025 a total of 22 residents dressed in gowns, between the first and second floors. During rounds on the units on 3/10/2025 there were a total of 33 residents in the facility, out of the facility census of 110 residents dressed in gowns.<br><br>The Findings are:<br><br>The facility Activities of Daily Living (ADL) Care policy last revised 9/4/2024 documented the nursing home shall provide Activities of Daily Living (ADL) care that promotes and maintains residents' health, safety, independence and dignity. Activities of Daily Living (ADL) care includes assistance with tasks such as bathing, dressing, grooming, eating, toileting, mobility and transferring. Care must be individualized and meet each resident's physical, emotional, and psychosocial needs. Nursing staff must document all Activities of Daily Living (ADL) care provided in the resident's electronic health record or care documentation system.<br><br>1) Resident #5 admitted to the facility on [DATE] with diagnoses including but not limited to Dementia, Protein-Calorie Malnutrition and Glaucoma.<br><br>A Quarterly Minimum Data Set, dated [DATE] documented the resident had severe cognitive impairment. The resident had impairment to one side of their upper extremity and used a walker or a wheelchair for locomotion. The resident required maximal assistance with eating, toileting, bed mobility and transfers.<br><br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of an Activities of Daily Living care plan initiated on 3/22/2023 documented Resident #5 requires assistance due to impaired balance and limited mobility. Interventions listed included morning and night routine and encourage resident to participate to the fullest extent possible with each interaction.<br><br>Review of the certified nurse assistant accountability for January 2024 revealed no signatures on the Bladder and Bowel continence record on the 7AM to 3 PM shift on 1/8/24, 1/20/24, 1/31/24, on the 3PM - 11 PM shift on 1/6/24, 1/9/24, 1/10/24, 1/11/24, 1/25/24, 1/29/24, 1/31/24, on the 11 PM- 7 AM shift on 1/1/24, 1/5/24, 1/6/24, 1/7/24, 1/9/24, 1/10/24, 1/11/24, 1/13/24, 1/14/24, 1/24/24.<br><br>The Certified Nurses Accountability Shower record was not signed on 10 occasions, bed bath was documented for most of showers scheduled for Resident #5. Shower was signed as given on 1 occasion (1/12/2024) in January. In addition, there were no signatures for Personal hygiene substantial/maximal assistance x 1 staff on 20 occasions, no signatures for Assistance provided during meals on 20 occasions in January or eating with substantial maximal assistance x 1 staff on 20 occasions.<br><br>Review of the certified nurse assistant accountability for February 2024 revealed no signatures on the Bladder and Bowel continence record on the 3PM - 11 PM shift on 2/10/24, 2/19/24, the 11 PM- 7 AM shift on 2/2/24, 2/3/24, 2/10/24, 2/11/24, 2/24/24, 2/25/24. The Bowel continence records were not signed on 9 occasions: 3PM - 11 PM shift on 2/10/24, 2/19/24,11 PM- 7 AM shift on 2/2/24, 2/3/24, 2/10/24, 2/11/24, 2/18/24, 2/24/24, 2/25/24. In addition, there were no signatures for showers on 6 occasions. Showers were documented as given on 2/5/2024, 2/22/2024 and 2/28/2024. There were no signatures indicating Personal hygiene substantial/maximal assistance x 1 staff was provided on 8 occasions, and substantial assist x1 staff provided for eating on 8 occasions out of 29.<br><br>2) Resident #6 was admitted with diagnosis including but not limited to Diabetes Mellitus, Essential Hypertension and Chronic Pulmonary Edema.<br><br>A Quarterly Minimum Data Set, dated [DATE] documented Residnet #6 was cognitively intact. The resident required a wheelchair for locomotion, maximal assist for bed mobility, dependent for toiletting and transfers and was independent with eating.<br><br>Review of a bladder incontinence care plan initiated 3/18/2023 documented Resident #6 had incontinence related impaired mobility. Interventions listed included the resident uses disposable briefs, change every shift and as needed.<br><br>Review of an incontinence care plan initiated 1/11/2024 documented Resident #6 was incontinent of bowel and bladder related to debility. Interventions listed included provide loose fitting easy to remove clothing and provide peri care after each incontinence episode.<br><br>Review of Resident #6's certified nurse assistant documentation for January 2024 revealed no signatures on the Bladder and Bowel incontinence record on the 7 AM-3 PM shift on 1/1/2024, 1/2/2024, 1/4/2024, 1/5/2024, 1/6/2024, 1/7/2024, 1/8/2024, 1/9/2024, 1/10/2024, 1/11/2024, 1/13/2024, 1/14/2024, 1/15/2024, 1/17/2024, 1/24/2024, on the 3 PM-11 PM shift on 1/10/2024, 1/25/2024 and on the 11 PM-7 am shift on 1/31/2024. The certified nurse accountability shower record was not signed on 5 occasions for Resident #6.<br><br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #6's certified nurse assistant documentation for February 2024 revealed no signatures on the Bladder and Bowel incontinence record on the 7 AM-3 PM shift on 2/3/2024, 2/5/2024, 2/7/2024, 2/11/2024, 2/12/2024, 2/14/2024, 2/18/2024, 2/19/2024, 2/24/2024, 2/25/2024, 2/27/2024, 2/29/2024, on the 3 PM-11 PM shift on 2/3/2024, 2/10/2024, 2/17/2024 and on the 11 PM-7 AM shift on 2/9/2024, 2/18/2024, 2/25/2024, 2/29/2024. The certified nurse accountability shower record was not signed on 3 occasions for Resident #6.<br><br>3) On 3/7/2025, during rounds on the first floor from 12:10 PM to 12:18 PM 14 residents were observed to be dressed in hospital gowns.<br><br>On 3/7/2025, during rounds on the second floor from 12: 45 PM to 12:55 PM 8 residents were observed dressed in hospital gowns.<br><br>On 3/10/2025 during rounds on the third floor from 12:25 PM to 12:35 PM 10 residents were observed dressed in hospital gowns.<br><br>On 3/10/2025, during rounds on the second floor from 12:55 PM to 1:18 PM 15 residents were observed dressed in hospital gowns.<br><br>On 3/10/2025 during rounds on the first floor from 1:21 PM to 1:30 PM 7 residents were observed dressed in hospital gowns.<br><br>During an interview on 3/10/2025 at 12:46 PM, Licensed Practical Nurse #1 stated some residents prefer to wear gowns rather than getting dressed and some are care planned for that but not all the residents prefer to be in gowns. Licensed Practical Nurse #1 stated the residents do have clothing and the residents that were seen dressed in hospital gowns does not happen often.<br><br>During a telephone interview on 4/22/2026 at 11:25 AM, the Director of Nursing #2 stated the nurses on the unit and the Assistant Director of Nursing provide oversight with the certified nurse assistant signing their documentation. The Director of Nursing #2 stated that if there is a blank spot noted on the certified nurse assistant documentation, it does not indicate that the care was not provided. A blank spot on the documentation means the certified nurse assistant forgot to sign. The Director of Nursing #2 stated if the documentation is not completed, staff is educated and reminders.<br><br>During a telephone interview on 4/22/2025 at 12:06 PM, the Assistant Director of Nursing #2 stated a blank spot on the certified nurse assistant documentation would mean that the task was not done. The Assistant Director of Nursing #2 stated back in January and February 2024, the Assistant Directors of Nursing oversaw the certified nurse assistant documentation. The Assistant Directors of Nursing would make rounds and remind staff to complete their documentation an hour before the end of their shift. Presently the charge nurses must print the certified nurse assistant documentation before the end of each shift and show the completion of the documentation to administration at the end of the shift.<br><br>10 NYCRR 415.12(a)(3) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on observations, record review and interviews conducted during the Abbreviated Survey (NY00360526), the facility did not ensure 1(Resident #1) of 3 residents reviewed for quality of care received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Specifically, 1.) Resident #1 who had a stage 2 pressure ulcer that was resolved on 10/29/24 and reopened on 1/28/25, was not being turned and positioned prior to 1/28/25 as per the certified nurse aide documentation. Furthermore, the Wound Care Doctor gave instructions on 1/28/25 to turn and reposition the resident every 1-2 hours while in bed and every 30 minutes while in chair, and the certified nurse aide documentation revealed that it was not being done.<br><br>The findings are:<br><br>The facility policy title ADL care last revised on 9/4/2024 documented that nursing staff must document all Activities of Daily Living(ADL) care in provided in the resident's electronic health record(EHR) or care documentation system<br><br>Resident #1 was admitted with the following diagnoses including but not limited to dementia, major depressive disorder, and mood disorder.<br><br>The 10/26/2024 Quarterly Minimum Data Set (MDS) and assessment tool documented that Resident #1 had severely impaired cognition. Required substantial assistance with eating, oral hygiene, and was dependent with toileting, bed mobility, and transfers. The resident had two stage 2 pressure ulcers.<br><br>The 11/14/23 Pressure ulcer Care Plan documented that Resident #1 has a Sacral pressure ulcer that had re-opened on 1/28/25. Interventions included repositioning at least every 2 hours, or more often as needed or requested.<br><br>Upon review of the 10/29/24 wound care consult, Resident had a stage 2 pressure ulcer that has been resolved on 10/29/24.<br><br>The 10/29/24 at 1:09 PM nursing progress note documented that Resident #1 was seen and evaluated by the wound care specialist and the sacral wound is resolved<br><br>The 1/27/2025 3:08 PM nursing progress note documented that Resident #1 was noted with a re-opening of an old sacral wound and doctor was made aware.<br><br>The November 2024 Certified Nurse Aide Documentation Survey Report documented that Resident #1 was not turned and repositioned on 11/6/24, 11/23/24, and 11/28/24 on the 3pm-11pm shift, and was not turned and repositioned on 11/29/24 on the 7am-3pm shifts<br><br>The December 2024 Certified Nurse Aide Documentation Survey Report documented that Resident #1 was not turned and repositioned on 12/1/24 on the 7am-3pm shift and was not turned and positioned on 12/13/24, 12/14/24, and 12/23/24 on the 3pm-11pm shift<br><br>The January 2025 Certified Nurse Aide Documentation Survey Report documented that Resident #1 was not turned and repositioned on 1/12/25 on the 7am-3pm shift.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Upon review of the 1/28/25 wound care consult, Resident #1 was seen for follow-up evaluation of a reopened Stage 3 sacral wound. Instructions included to apply topical treatment and strict offloading and turning and repositioning every 1-2 hours while in bed and every 30 minutes while in chair and follow up in one week to re-evaluate.<br><br>During an interview on 2/27/24 at 11:29 AM, the Wound Care Doctor stated that Resident #1's sacrum pressure re opened and that the facility does their own investigation on how the wound reopened and that they are not involved. The Wound Care Doctor stated that their role is to recommend treatments or bedside interventions and to help guide the facility with treatments. The Wound Care Doctor stated that they recommended turning and repositioning every 1-2 hours while in bed and every 30 minutes while seated, and offloading. The Wound Care Doctor stated that they have had discussions with the Director of Nursing about interventions and what should be done. The Wound Care stated that is a turning and repositioning is a factor to promote wound healing.<br><br>During an interview on 2/27/25 at 11:56 AM, Certified Nurse Aide #1 stated that they are supposed to document turning and repositioning in the Point Click Care. Certified Nurse Aide #1 stated that there is no way to document turning and repositioning every 2 hours in the Point Click Care because it only allows you to document per shift. Certified Nurse Aide #1 stated that they do not turn and reposition the resident while in their wheelchair. They only turn and reposition the resident while in bed. The instruction in the Certified Nurse Aide documentation does not indicate and that sometimes Resident #1 gives a hard time when trying to provide cares.<br><br>During an interview on 2/27/25 at 6:27 PM, Certified Nurse Aide #2 stated that they sign for turning and repositioning every shift in Point Click Care and that there is no way of documenting it every 2 hours because it only allows you to document per shift.<br><br>During an interview on 2/27/25 at 6:33 PM, Certified Nurse Aide #3 stated that residents are supposed to get turned and repositioned every 2 hours, and Point Click Care only allows them to document for it every shift, and that there is no other place to document on it other than Point Click Care.<br><br>During an interview on 2/27/25 at 6:01 PM, Licensed Practical Nurse Unit Manager #1 stated that Certified Nurses' Aides know to turn and reposition a resident every 2 hours because it is in the tasks in Point of Care and the residents' profile. Licensed Practical Nurse Unit Manager #1 stated that they had an issue on documenting turning and repositioning when the previous Director Of Nursing was there because they were unable to document turning and repositioning every 2 hours , except to document by shift. Licensed Practical Nurse Unit Manager #1 stated that they have no way knowing if a resident is getting turned and repositioned every 2 hours because it is only being documented by shift. Licensed Practical Nurse Unit Manager #1 stated that the nurse managers/supervisors check to see if Certified Nurse Aides are signing every shift, and that there should be no blanks because if it is not signed for, then it was not done.<br><br>During an interview on 2/27/25 at 7:22 PM, the Director of Nursing stated that the Certified Nurse aides should be documenting on the care that they provide for the residents in the electronic medical record(Point Click Care) and that there should not be blanks. The Director of Nursing stated that they called all the staff that did not sign for the cares and was going to complete a Performance Improvement Plan, write them up, and give plan of correction. The Director of Nursing stated that they are going to have them all go back into the electronic medical record and sign for the blanks.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 3/12/25 at 5:18 PM, the Director of Nursing stated they initiated a form for turning and repositioning on 2/27/25 and that the Certified Nurse Aides were made aware after the surveyor came on 2/26/25 that they must turn and reposition the residents every 2 hours and sign for it. The Director of Nursing stated they had an Inservice and reeducated all staff on turning and repositioning, and that going forward, they expect all staff to sign for turning and repositioning every 2 hours.<br><br>During an interview on 3/19/25 at 9:50 am, the Director of Nursing stated that on 2/27/25, they initiated a reeducation on turning a positioning resident, and instructed the certified nurse aides that missed documenting turning and repositioning in point click care, to sign for all the blanks in the certified nurse aide documentation dating back to 11/2024<br><br>10 NYCRR 415.12 |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during an abbreviated survey (NY00331684), the facility did not ensure a resident maintained acceptable parameters of nutritional status, such as usual body weight for 1 out of 3 residents (Resident #5) reviewed for nutrition. Specifically, Resident #5 had a weight loss of fifteen percent in thirty days. Review of Resident #5's certified nurse documentation revealed direct care staff were not consistently documenting the resident's intake and there were several occasions when the resident did not consume or only consumed twenty five percent of their meal. There was no documented evidence of nursing or administration being informed of Resident #5's poor intake.<br><br>The findings are:<br><br>The facility Interdisciplinary Management and Prevention of Significant Weight Loss of Nursing Facility Residents policy last revised/reviewed 2/7/2024 documented there will be a systematic and interdisciplinary approach to monitoring resident weights in the facility. The facility will develop a standardized process in the management and prevention of unplanned significant weight loss of Nursing Facility residents. Residents who lose weight will be identified and managed in a timely manner.<br><br>Resident #5 was admitted with diagnoses including but not limited to Dementia, Protein-Calorie Malnutrition and Glaucoma.<br><br>A Quarterly Minimum Data Set, dated [DATE] documented the resident had severe cognitive impairment. The resident had impairment to one side of their upper extremity and used a walker or a wheelchair for locomotion. The resident required maximal assistance with eating, toileting, bed mobility and transfers. The resident was not on a mechanically altered diet.<br><br>Review of an impaired cognition care plan initiated 3/22/2023 documented Resident #5 was alert and oriented x 2. Interventions listed included ask yes/no questions to determine the resident's needs, introduce self before cares and explain cares to resident.<br><br>Review of a nutritional problem care plan last revised 3/27/2023 documented Resident #5 had a potential for a nutritional problem related to a low body mass index and Spanish speaking. Interventions listed included monitor/record/report to the physician as needed signs and symptoms of malnutrition: emaciation, muscle wasting, significant weight loss 3 pounds in one week, greater than 5% in one month, greater than 7.5% in three months and greater than 10% in six months, provide and serve diet and supplements as ordered, monitor intake and record at every meal and Registered Dietician to evaluate and make diet recommendations as needed.<br><br>Review of Resident #5's weight record revealed the following measurements: on 3/24/2023 the admission weight was 100 pounds<br><br>standing; on 9/14/2023 the weight was 92.8 pounds Standing; on 12/19/2023 the weight was 84.6 pounds wheelchair; on 3/12/24 the weight was 81.8 pounds mechanical lift.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the certified nurse assistant accountability for January 2024 revealed the following: Eating with substantial maximal assistance x 1 staff was not signed on 20 occasions; Amount eaten % was not signed on 27 occasions; the resident ate 25% of their meal on 15 occasions and 0% of their meal on 16 occasions and refused their meal on 1 occasion-1/22/2024.<br><br>Review of the certified nurse assistant accountability for February 2024 revealed the following: Eating with substantial maximal assistance x 1 staff was not signed on 8 occasions; Amount eaten % was not signed on 27 occasions; the resident ate 25% of their meal on 15 occasions, 0% of their meal on 16 occasions, and refused their meal on 1 occasion-1/22/2024.<br><br>There was no documented evidence of nursing or administration being informed of Resident #5's poor intake.<br><br>Review of Resident #5's annual nutrition risk assessment dated [DATE] written by the registered dietician documented the resident was receiving Boost Plus supplement eight ounces x2 daily. Resident #5 was totally dependent for eating, had a fair appetite and an intake of fifty percent with meals. Resident #5's most recent weight on 2/7/2024 was 72.8 pounds in the wheelchair. Resident #5 had a 15.3% weight loss in thirty days. Resident #5 trend for the last six months was weight loss and possible causes were fluctuating appetite and challenging to redirect at mealtimes. Resident #5 needs continual redirection, cueing, & assurance.<br><br>During an interview on 3/19/2025 at 12:54 PM, the Registered Dietician stated Resident #5 was extremely challenging to assist with meals. The Registered Dietician stated Resident #5's representative would come in during lunch time and assist Resident #5 with their meals. The Registered Dietician stated Resident #5's representative would be in the facility for hours after the meals still trying to assist Resident #5 with their meals. The Registered Dietician stated Resident #5 had a fifteen percent significant weight loss in thirty days and once they captured the significant weight loss it was brought to morning report and discussed with the interdisciplinary team. The Registered Dietician stated their recommendation was to start Resident #5 on proform (a protein supplement) daily and increase the residents boost plus supplement to x3 daily. The Registered Dietician stated they also recommended to monitor Resident #5's weekly weights for 4 weeks, provide encouragement at mealtimes and extra time as needed at meals.<br><br>During a telephone interview on 4/22/2026 at 11:25 AM, the Director of Nursing #2 stated if Resident #5 was not consuming their meals or had a low intake, the certified nurse aide should inform the nurse, and the dietician should also be informed as well. The Director of Nursing #2 stated they tried to have different certified nurse assistants attempt to assist the resident with their meals and Resident #5's representative also came in to assist to feed the resident.<br><br>10 NYCRR 415.12(i)(1) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>Based on record review and interview during an abbreviated survey (NY00334367, NY00331640) the facility did not ensure that sufficient nursing staff was consistent for residents according to the Facility Assessment. Nursing and certified nurse assistant staff levels were frequently below the levels determined by the facility to be necessary to meet the needs of the residents. Specifically, review of the facility daily staffing sheets for January 2024 and February 2024 revealed staffing was not adequate across various shifts based on the unit needs and (Provider Average Ratio)PAR levels documented in the facility assessment.<br><br>The findings are:<br><br>The facility undated Staffing Sufficient and Competent Nursing policy documented the facility provides sufficient numbers of nursing staff necessary to provide nursing and related care and service for all residents in accordance with the resident's care plans and the facility assessment.<br><br>The Facility Assessment last revised 9/10/2024 documented the direct care staffing as follows for unit 2:<br><br>Nurses: Day shift-Registered Nurse/Licensed Practical Nurse Charge Nurse and 1 Medication Registered Nurse/Licensed Practical Nurse , Evening shift- 1 Registered Nurse/Licensed Practical Nurse , Night shift- 1 Registered Nurse/Licensed Practical Nurse and Certified Nurse Assistants: Day shift-4-5, Evening shift-3-4, Night shift-2certified nurse assistants<br><br>Review of the facility Daily Staffing sheets for January 2024, documented the following staffing for the 2nd floor:<br><br>Day shift: there was 1 nurse on 1/2/2024, 1/3/2024, 1/5/2024, 1/6/2024, 1/7/2024, 1/8/2024, 1/9/2024, 1/10/2024, 1/11/2024, 1/12/2024, 1/19/2024, 1/20/2024, 1/21/2024, 1/22/2024, 1/23/2024, 1/25/2024, 1/26/2024, 1/27/2024, 1/28/2024, 1/30/2024.<br><br>Day Shift: There were 3 certified nurse aides on1/2/2024, 1/3/2024, 1/5/2024, 1/6/2024, 1/9/2024, 1/12/2024, 1/14/2024, 1/18/2024, 1/19/2024, 1/29/2024, 1/30/2024, 1/31/2024<br><br>On 1/7/2024, 1/8/2024, 1/10/2024, 1/11/2024 on the Day Shift, there were 2 certified nurse assistants.<br><br>There were 2 certified nurse assistants on the evening shift on1/10/2024, 1/31/2024<br><br>There was no nurse scheduled for the night shift on 1/3/2024 and 1/21/2024. There was 1 certified nurse aide scheduled on 1/27/2024.<br><br>Review of the facility Daily Staffing sheets for February 2024, documented the following staffing for the 2nd floor:<br><br>(continued on next page) |

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|---|---|---|---|
| | 335398 | A. Building<br>B. Wing | 04/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sans Souci Rehabilitation and Nursing Center | 115 Park Avenue<br>Yonkers, NY 10703 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Day shift: 1 nurse noted on 2/2/2024, 2/4/2024, 2/5/2024, 2/6/2024, 2/10/2024, 2/11/2024, 2/12/2024, 2/13/2024, 2/14/2024, 2/17/2024, 2/18/2024, 2/20/2024, 2/21/2024, 2/23/2024, 2/24/2024, 2/25/2024, 2/26/2024, 2/27/2024<br><br>There were 3 certified nurse aides on 2/1/2024, 2/5/2024, 2/6/2024, 2/10/2024, 2/17/2024, 2/19/2024, 2/21/2024, 2/23/2024, 2/24/2024, 2/25/2024, 2/26/2024, 2/27/2024, 2/28/2024<br><br>There were 2 certified nurse aides on 2/16/2024 on the evening shift.<br><br>For the Evening shift on 2/17/2024 there was no nurse on 2/17/2024<br><br>2 certified nurse assistants on 2/4/2024, 2/10/2024, 2/28/2024<br><br>For the night shift there was no nurse on 2/16/2024 and 2/17/2024. There was 1certified nurse aide on 2/21/2024 and 2/25/2024.<br><br>During an interview on 3/19/2025 at 11:59 AM the Director of Human Resources stated the facility uses agency staff sometimes if there are call outs, or if they are not aware in advance of a short shift. The Director of Human Resources stated the schedules are run on a 4-week basis and staff are aware a month in advance of the schedules before they are posted. The Director of Human Resources stated the facility does not have a lot of staff shortages per shift now but when they began working for the facility in March 2024, there was not much agency staff being used. The Director of Human Resources stated most of the staff shortages occur on the weekends, but the nursing supervisors are usually able to fill the spots because they have a book with the staff roster that lists staff availabilities and shifts available to work if needed. The Director of Human Resources stated they created a Provider Average Ratio (PAR) sheet that shows what the facility staffing should be, and this is what the nursing supervisors use if they need to fill a staffing need.<br><br>During a telephone interview on 4/22/2026 at 11:25 AM the Director of Nursing #2 stated they do not remember a time when there were no nurses scheduled for a unit, but there may have been sick calls. The Director of Nursing #2 stated if there was no nurse for a unit/shift, they would work the unit themselves. If there is a need for coverage on the weekends/evenings/nights shifts they or the Assistant Directors of Nursing would cover the shift, as they are all nurses. The Director of Nursing #2 stated they had two Assistant Directors of Nursing in 2024 and they do not recall any day when there was no nurse on a unit.<br><br>During a telephone interview on 4/22/2025 at 12:06 PM the Assistant Director of Nursing #2 stated they had not previously known about a nurse not being scheduled for a unit, but they had heard recently this year about these situations.<br><br>10NYCRR 415.13 (A)(1)(i-iii) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during an abbreviated survey (NY00334367), the facility did not ensure residents were free from significant medication error for 4 (Residents #17, #20, #24, #34) out of 42 residents reviewed for medication. Specifically, on 2/25/2024 there was no nurse on the second floor to administer medications to the residents during the 7 AM to 3 PM shift. 36 out of the 42 residents on the unit did not receive their medication with 30 of the residents having significant medications. Significant Medications that were not administered included: Antihypertensives, Retroviral, Anti-seizure, Anti-depressants, Antidiabetics, Insulin, Narcotics, Anticoagulants, Antibiotics, Immunosuppressants, Anti-Parkinsonism and Anti-psychotics.<br><br>The Findings are:<br><br>The Facility Adverse Consequences and Medication Error policy last revised February 2023 documented a medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services. An example of a medication error is an omission, in which a drug is ordered but not administered.<br><br>1) Resident #17 admitted to the facility on [DATE] with diagnoses including but not limited to Type 2 Diabetes Mellitus, Essential Hypertension and Cerebral Infarction.<br><br>A Physician's order dated 1/14/2024 documented an order for Losartan Potassium 25 mg-give one tablet by mouth one time a day for essential hypertension.<br><br>A Physician's order dated 1/15/2024 documented an order for Clopidogrel Bisulfate 75 mg give one tablet by mouth one time a day for blood clot prevention, and Paroxetine HCL 20 mg- give one tablet by mouth one time a day for depression.<br><br>A Physician's order dated 1/22/2024 documented an order for Humalog solution 100 units/ml-inject 10 units subcutaneously before meals for diabetes.<br><br>A Physician's order dated 1/25/2024 documented an order for Metoprolol Tartrate 12.5 mg-give one tablet by mouth two times daily for hypertension hold for a systolic blood pressure less than one hundred and a heart rate less than 60.<br><br>A Physician's order dated 2/7/2024 documented an order for Insulin Glargine solution 100 units/ml-inject 32 units subcutaneously two times a day for diabetes<br><br>Review of the February 2024 Medication Administration record for Resident #17 revealed the following medications were not administered: Clopidogrel Bisulfate 75 mg at 10 AM, Losartan Potassium 25 mg at 10 AM, Paroxetine HCL 20 mg at 10 AM, Insulin Glargine solution 100 units/ml-inject 32 units subcutaneously at 10 AM, Metoprolol Tartrate 12.5 mg at 10 AM, and Humalog solution 100 units/ml-inject 10 units subcutaneously at 11 AM.<br><br>2) Resident #20 admitted to the facility on [DATE] with diagnoses including but not limited to Type 2 Diabetes Mellitus, Essential Hypertension and Peripheral Vascular Disease.<br><br>(continued on next page) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A Physician's order dated 6/17/2022 documented an order for Clopidogrel Bisulfate 75 mg-give one tablet by mouth one time a day for blood clot prevention; Lisinopril 40 mg-one tablet by mouth one time a day for hypertension; Glucophage 1,000 mg-one tablet by mouth two times a day for diabetes; Levemir subcutaneous solution 100 units/ml-inject 45 units subcutaneously two times daily for diabetes.<br><br>A Physician's order dated 10/30/2023 documented Novolog injection solution 100 units/ml-inject ten units subcutaneously with meals for diabetes at 11:30 AM.<br><br>Review of the February 2024 Medication Administration record for Resident #20 revealed the following medications were not administered: Clopidogrel Bisulfate 75 mg at 9 AM, Lisinopril 40 mg at 9 AM, Glucophage 1,000 mg at 9 AM, Levemir subcutaneous solution 100 units/ml-inject 45 units subcutaneously at 9 AM, Novolog injection solution 100 units/ml-inject ten units subcutaneously with meals for diabetes at 11:30 AM.<br><br>3) Resident #24 admitted to the facility on [DATE] with diagnoses including but not limited to Type 2 Diabetes Mellitus, Essential hypertension and Atrial Fibrillation.<br><br>A Physician's order dated 2/14/2024 documented an order for Entresto 49-51 mg-give one tablet by mouth one time a day for heart failure; Farxiga 10 mg-give one tablet by mouth one time a day for diabetes mellitus; Labetalol HCL 300 mg-give one tablet two times a day for hypertension; Enoxaparin Sodium injection solution 40mg/0.4 ml-inject 0.4 ml subcutaneously one time a day for deep vein thrombosis; Hydralazine 50 mg-give one tablet by mouth three times a day for hypertension; Insulin Lispro 100 units/ml-inject four units subcutaneously before meals for diabetes.<br><br>Review of the February 2024 Medication Administration record for Resident #24 revealed the following medications were not administered: Enoxaparin Sodium injection solution 40mg/0.4 ml-inject 0.4 ml at 10 AM, Entresto 49-51 mg at 10 AM, Farxiga 10 mg at 10 AM, Labetalol HCL 300 mg at 10 AM, Hydralazine 50 mg at 10 AM and 2 PM, Insulin Lispro 100 units/ml-inject four units subcutaneously before meals at 11 AM.<br><br>4) Resident #34 admitted to the facility on [DATE] with diagnoses including but not limited to Vascular Dementia, Type 2 Diabetes Mellitus and Chronic Kidney Disease.<br><br>A Physician's order dated 1/27/2023 documented Amlodipine 10 mg-give one tablet by mouth one time a day for hypertension.<br><br>A Physician's order dated 1/27/2023 documented Glipizide 5 mg-give one tablet by mouth one time a day for diabetes mellitus.<br><br>A Physician's order dated 2/23/2024 documented Insulin Glargine solution 100 units/ml-inject 18 units subcutaneously on time a day for diabetes mellitus.<br><br>Review of the February 2024 Medication Administration record for Resident #34 revealed the following medications were not signed out as being administered: Amlodipine 10 mg at 10 AM, Insulin Glargine solution 100 units/ml-inject 18 units subcutaneously at 10 AM, Glipizide 5 mg at 2:30 PM.<br><br>(continued on next page) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During a telephone interview on 4/22/2026 at 11:25 AM, the Director of Nursing #2 stated they were not aware there was no nurse for the second floor during the day shift on 2/25/2024, and the nursing supervisor did not inform them there was a sick call and that the nurse called out. The Director of Nursing #2 stated the Administrator had received a call from the supervisor and was informed everything was okay at work. The Director of Nursing #2 stated the scheduler is also available to be called as well if there are issues with the staffing and the facility was using agency staff if needed during this time. The Director of Nursing #2 stated when they returned to work on Monday the Assistant Director of Nursing at that time brought it to their attention and they called the nursing supervisor. The Director of Nursing #2 stated they did a full assessment of the residents that did not receive their medications and had the Physician's Assistant at the time assess the residents as well. The Director of Nursing #2 stated the supervisor was removed from the schedule after the incident.<br><br>During a telephone interview on 5/2/2025 at 9:32 AM, the Regional Medical Director stated they were informed of the medication that occurred on 2/25/2024. The Regional Medical Director stated they do not recall anything emergent coming out of this incident. The Medical director stated there was a recovery plan made following the incident and they would call their Director of Nursing #1 to be refreshed on the details from the incident. The Regional Medical Director called back and stated they spoke with the facility Administrator who stated the resident were immediately assessed by the Registered Nurse on the unit and the Nurse Practitioner that was in the facility. The Regional Medical Director stated all the affected residents were found to have stable vital signs, there were no adverse effects and no hospitalizations that occurred from the missed medication doses. The Regional Medical Director stated the significance of the medications missed on 2/25/2024 depends on the medications. The Regional Medical Director stated they agree missing a dose of insulin is emergent, as well as if a resident missed a dose of Warfarin (blood thinner). The Regional Medical Director stated if a resident missed a dose of their blood thinners like Eliquis or Pradaxa, this is not emergent because the medication has a half-life (the time it takes for the amount of a medication to decrease by half in the body) of twenty-four to forty-eight hours. The Regional Medical Director stated if a resident did not receive their blood pressure medication for a day or two or did not receive their cholesterol medication for a day these are not emergent situations. The Regional Medical Director stated if a retroviral medication is not administered for a day, this would only be emergent in an acute phase of human immunodeficiency virus. The Regional Medical Director stated if there is an incident where a resident in the facility is not administered a medication they are supposed to be notified immediately, so the resident can be evaluated and monitored for any adverse effects or outcomes.<br><br>10 NYCRR 415.12(m)(2) |