STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335402	A. Building B. Wing	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Rehabilitation and Nursing, LLC	6 Frowein Road Center Moriches, NY 11934

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility did not ensure that comprehensive care plans were reviewed and revised by the interdisciplinary team to reflect each resident's preferences and status after each assessment. This was identified for one (1) (Resident #75) of one (1) resident reviewed for Care Plans, and for one (1) (Resident #7) of one (1) resident reviewed for Dementia. Specifically, Resident #75 and Resident #7 had physician's orders for the use of ace wraps (compression bandages) to their lower extremities; however, both residents' comprehensive care plans were not revised to reflect the use of the ace wraps. The finding is:The undated facility policy titled Comprehensive Care Plans, documented comprehensive care plans will be revised, or new care plans will be developed quarterly, annually and as needed. -Resident #75 was admitted with diagnoses including congestive heart failure (the heart cannot pump enough blood to meet the body's needs, causing fluid buildup in the lungs and the body), chronic obstructive pulmonary disease (lung disease causing breathing issues due to airway damage and inflammation), and hypertension (high blood pressure). The Minimum Data Set assessment, dated 01/12/2026 documented a Brief Interview for Mental Status score of 15, indicating Resident #75 was cognitively intact.A physician's order dated 01/17/2026 documented a treatment of ace wraps bilaterally (both legs) to the lower extremities each morning and remove each night at 9:00 PM for edema (swelling in parts of the body because of trapped fluid, usually in legs, feet or ankles).The Treatment Administration Record for January 2026 indicated that every day the ace wraps were applied to the bilateral lower extremities at 06:00 AM and removed at 09:00 PM.The comprehensive care plan titled cardiovascular dated 01/06/2026 documented goals that included Resident #75 will be free from signs and symptoms of cardiovascular dysfunction i.e. dyspnea (difficulty breathing), pain, edema, mental status changes, headache, fatigue, weakness, palpitations, and bradycardia. The care plan did not include the use of the ace wraps and monitoring the lower extremities when applying and using the ace wraps.The comprehensive care plan titled skin integrity, potential for impairment dated 01/06/2026 documented skin impairment evidenced by edema with goals that included resident will remain free of skin breakdown and interventions that included float heels off mattress with pillows as tolerated. The care plan did not include the use of the ace wraps and monitoring the lower extremities when applying and using the ace wraps.During an observation and interview on 01/27/2026 at 11:47 AM, Resident #75 was observed with the ace wraps to both lower extremities. Resident #75 stated they have cuts on their legs, so the staff applies the ace wraps to their legs every day.During an interview on 01/29/2026 at 10:25 AM, Registered Nurse Unit Manager #1 stated they were responsible for updating the care plans annually, quarterly, and as needed. Registered Nurse Unit Manager #1 stated the use of the ace wraps should have been included in Resident #75's comprehensive care plan. -Resident #7 was admitted with diagnoses including congestive heart failure (where the heart cannot pump enough blood to meet the body's needs, causing fluid buildup in the lungs and the body), bacteriuria (presence of bacteria in the urine), and dementia (progressive decline in mental ability). The Minimum Data Set assessment dated [DATE] documented that a Brief Interview for Mental Status score could not be (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completed because Resident #7 was rarely/never understood.A physician's order dated 01/08/2026 documented to apply ace wraps bilaterally to the lower extremities each morning and remove them at bedtime for prophylactic measures.The Treatment Administration Record for January 2026 indicated that every day the ace wraps were applied to the resident's bilateral lower extremities at 06:00 AM and removed at 09:00 PM.The comprehensive care plan titled cardiovascular last revised 12/23/2025 documented goals that included Resident #7 will be free from signs and symptoms of cardiovascular dysfunction i.e. dyspnea, pain, edema, mental status changes, headache, fatigue, weakness, palpitations, and bradycardia. The care plan did not include the use of the ace wraps and monitoring the lower extremities when applying and using the ace wraps.The comprehensive care plan titled skin integrity, potential for impairment last revised 12/03/2024 documented skin impairment evidenced by edema with goals that included the resident will remain free of skin breakdown and interventions that included float heels off mattress with pillows. The care plan did not include the use of the ace wraps and monitoring the lower extremities when applying and using the ace wraps.During an observation on 01/30/2026 at 08:20 AM, Resident #7 was observed in bed with both lower legs wrapped with the ace wraps.During an interview on 01/30/2026 at 8:22 AM, Registered Nurse Unit Coordinator #1 stated Resident #7 had a physician's order for the ace wraps to be applied to both lower extremities in the morning and removed at night daily for the lower leg edema. Registered Nurse Unit Coordinator #1 stated the resident's comprehensive care plan should have been updated to include the use of ace wraps.During an interview on 01/30/2026 at 8:55 AM the Director of Nursing Services stated the Resident #75 and #7's care plan should have been updated to include the use of the ace wraps, when the order for ace wraps to lower extremities was first received. 10 NYCRR 415.11(c)(1)