STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335426	A. Building B. Wing	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Center for Rehabilitation and Nursing	142 27 Franklin Avenue Flushing, NY 11355

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41709 Based on record review and interviews conducted during the Recertification survey from 02/21/2024 to 02/28/2024, the facility did not ensure that a resident and/or resident's representative were offered the opportunity to participate in the revision and/or review of the comprehensive care plan. This was evident for 3 residents (Resident #31, #142, and #165) reviewed for Care Planning out of 38 total sampled residents. Specifically, 1) Resident #31 and/or their designated representative were not invited to their care plan meeting, 2) Resident #142 and/or their designated representative were not invited to their care plan meeting, and 3) Resident # 165 was not invited to their care plan meeting. The findings are: The facility policy and Procedure titled Care Planning - Conferences with approval date 04/17/2021 documented the resident had the right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process. It also documented the Comprehensive Care Meetings are scheduled on Admission, for Significant Change, Annually, and a Quarterly review. The resident/representative is invited to attend the annual, significant change and admission meetings. 1. Resident #31 was admitted to the facility with diagnoses of Hypertension, Respiratory Failure, Tracheostomy Status, Diabetes, Pressure Ulcer and Major Depressive Disorder. The quarterly Minimum Data Set assessment dated [DATE] documented Resident #31 was moderately cognitively impaired and participated in the assessment. The social services notes from 07/28/2023 to 01/31/2024 were reviewed. There was no documented evidence that Resident #31 and/or their designated representative, or family were invited to any quarterly care plan meetings. The care plan meeting reports dated 10/27/2023 and 01/19/2024 documented these were quarterly care plan meetings. The reports did not document Resident #31 and/or their designated representative or Family were invited to the care plan meetings nor attended these meetings. (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: 335426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2024
NAME OF PROVIDER OR SUPPLIER: Franklin Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE: 142 27 Franklin Avenue Flushing, NY 11355	

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There was no documented evidence in the medical record that Resident #31 and/or their designated representative, and or family participated in the review and revision of quarterly comprehensive care plans or attended the quarterly care plan meetings scheduled on 10/27/2024 and 01/19/2024. 44843 2. Resident #142 had diagnoses of Hemiplegia and Hemiparesis following Cerebral Infarction, Aphasia, and Other Seizures. The annual Minimum Data Set assessment dated [DATE] documented Resident #142 was cognitively impaired and only the representative participated in the assessment. The social services notes from 01/01/2023 to 02/22/2024 were reviewed. There was no documented evidence that Resident #142 and/or their designated representative were invited to any care plan meeting. The care plan meeting reports dated 04/20/2023, 07/13/2023, and 09/28/2023 documented these were quarterly care plan meetings. The reports did not document Resident #142 and/or their designated representative were invited to the care plan meetings nor attended these meetings. There was no documented evidence in the medical record that Resident #142 and/or their designated representative participated in the review and revision of comprehensive care plans or attended the care plan meetings scheduled on 04/20/2023, 07/13/2023, and 09/28/2023. 3. Resident #165 had diagnoses of Major Depressive Disorder, Bipolar Disorder, and Unspecified Fracture of the Right Femur. The quarterly Minimum Data Set assessment dated [DATE] documented Resident #165 was cognitively intact and had no rejection of care. It documented only Resident # 165 participated in the assessment. On 02/21/2024 at 09:45 AM, Resident #165 was interviewed and stated they make their own decisions. Resident #165 stated they did not recall being invited to any care plan meeting for a long time. The social services notes from 01/01/2023 to 02/22/2024 were reviewed. There was no documented evidence that Resident #142 and/or their designated representative were invited to any care plan meeting. The care plan meeting reports dated 01/12/2023, 07/13/2023, 10/12/2023 and 01/18/2024 documented these were quarterly care plan meetings. The reports did not document Resident #165 and/or their designated representative were invited to the care plan meetings nor attended these care plan meetings. There was no documented evidence in the medical record that Resident #165 and/or their designated representative participated in the review and revision of comprehensive care plans or attended the care plan meetings scheduled on 01/12/2023, 07/13/2023, 10/12/2023 and 01/18/2024. On 02/21/2024 at 10:57 AM, Resident #142's representative was interviewed and stated they made decisions for Resident #142. The representative also stated they were never invited to any care plan meeting. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/26/2024 at 02:14 PM, Social Worker #1 stated during the interview they received training from the Social Work Director and stated they only invite residents and/or their designated representative to the initial, annual, and significant change care plan meetings. Social Worker #1 stated they were told by the Social Work Director that they do not have to invite residents and/or their designated representative to the quarterly care plan meetings. On 02/26/24 at 02:31 PM, the Social Work Director was interviewed and stated they were trained by the previous two Social Work Directors that they were not required to invite the residents and/or their designated representative to participate in the quarterly care plan meetings. The Social Work Director stated they were not aware the Centers for Medicare & Medicaid Services regulation requires the residents' participation in the care plan meetings. 10 NYCRR 415.11(c)(2)(i-iii)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864 Based on record review and interviews conducted during the Recertification Survey from 02/21/2024 to 02/28/2024, the facility did not ensure that residents were provided a safe and homelike environment and that residents received care and services safely and does not pose a safety risk. This was evident for 1 (Resident #5) of 3 residents investigated for Respiratory care out of an investigative sample of 38 residents. Specifically, on 02/22/2024, a Maintenance staff was observed cleaning the air conditioning unit while Resident #5 was in bed sleeping in their room. The findings are: The facility's policy titled Entry of Engineers and Repair Workers dated 03/03/2023 stated that before entering a resident's room, engineers and repair workers must first check in with the nurse on duty in that unit. They should provide details about the nature of the work, estimated duration, and any potential disturbances. The purpose is to ensure the safety, privacy, and dignity of our residents when engineers and repair workers need to enter their rooms for maintenance or repair work. On 02/22/2024 at 10:24 AM, the State Surveyor observed two Maintenance Staff in Resident #5's room. One Maintenance Staff was vacuuming the air conditioning unit while the other Maintenance Staff was standing next to them. Resident #5 was observed in bed sleeping with oxygen via nasal canula. The State Surveyor observed dust coming from the vacuum and blowing inside the room. Resident #5 was admitted to the facility with diagnoses of Schizoaffective Disorder, Panic Disorder with Agoraphobia, and Sleep Apnea. The Significant Minimum Data Set, dated dated dated [DATE], documented Resident #5's cognition was intact, independent for bed mobility, dependent for transfer and toilet use, and uses Oxygen therapy. A Comprehensive Care Plan for Respiratory: Oxygen Use was initiated on 01/11/2024. The care plan documented that resident requires use of oxygen due to episodes of shortness of breath. The interventions included providing oxygen as ordered by the physician and to assess for discomfort with breathing. 02/28/2024 10:19 AM, the Inservice Coordinator was interviewed and stated that Maintenance staff must notify the charge nurse when work will be done in a resident's room and that residents must be taken out of the room. The Inservice Coordinator stated they were not notified that Maintenance will be working in Resident #5's room on 02/22/2024. On 02/28/2024 at 01:39 PM, the Maintenance Assistant was interviewed and stated they forgot to let the nurse know that they will be working on Resident #5's room on 02/22/2024. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/28/2024 at 01:42 PM, the Director of Maintenance was interviewed and stated that they are responsible for scheduling the maintenance works. They stated they usually notifies the nurse about the type of work and the nurse would either let the resident know or have the resident move out of the room. The Director of Maintenance stated that on 02/22/2024, the Maintenance Assistant forgot to tell the nurse that they were going to work on Resident #5's room. 415.5(h)(2)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on record review and interviews conducted during the Recertification and Abbreviated (NY00330116) Survey from 02/21/2024 to 02/28/2024, the facility failed to ensure that all alleged violations involving abuse and injuries of unknown source were reported immediately but not later than 2 hours after the allegation was made to the New York State Department of Health. This was evident for 3 (Resident #655, #203, and #97) of 38 total sampled residents. Specifically, 1) On 02/12/2024, Resident #655 sustained a laceration to their right eyebrow. The injury was not witnessed, and the source of injury could not be explained by the Resident. The injury was not reported to the New York State Department of Health, and 2) On 12/18/2023 at approximately 5:45 AM, Residents #203 and #97 were involved in a resident-to-resident altercation. The alleged incident was not reported to the New York State Department of Health within 2 hours after the allegation was made. The findings are: The facility policy titled Abuse, Neglect, Mistreatment, Exploitation Prohibition dated 09/26/2022 documented the facility shall ensure that alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the Administrator of the facility or his/her designee. When required by law or regulation, the facility shall ensure timely notification to the Department of Health. 1) Resident #655 had diagnoses of Diabetes Mellitus, Coronary Artery Disease, and Heart failure. The Minimum Data Set assessment dated [DATE] documented Resident #655 had severely impaired cognition. A Nurses' Notes dated 02/12/2024 at 9:10 AM documented Resident #655 was observed in bed with a small cut to their right eyebrow with moderate amount of bleeding. Resident was unable to give account of what happened. The facility's Occurrence Investigative Risk Management Summary Report dated 02/12/2024 documented Resident #655 was observed lying in bed with a small cut close to their eyebrow. The facility concluded that Resident #655's head may have come in contact with the call bell clip during movement and that their investigation has not revealed cause to believe an alleged exploitation, abuse, mistreatment, or neglect had occurred. A review of Occurrence Reports and Employee Statements did not indicate any witness to how Resident #655 sustained the eyebrow laceration. There was no documented evidence that Resident #655's eyebrow laceration was reported to the New York State Department of Health. 2. Resident #203 had diagnoses of Nontraumatic Intracerebral Hemorrhage and Cerebrovascular Accident. The Minimum Data Set assessment dated [DATE] documented Resident #203 had intact cognition. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #97 had diagnoses of Cerebrovascular Accident and Mood disorder. The Minimum Data Set assessment dated [DATE] documented Resident #97 had intact cognition. A Nurses' Notes dated 12/18/2023 at 6:57 AM documented that Resident #97 called Resident #203 N*gger. Resident #203 told Resident #97 to stop. Resident #97 refused to stop; Resident #203 started to hit Resident #97 with a stick. A Nurses' Notes dated 12/18/2023 at 3:07 PM documented that at 5:45 AM, was called by the Charge Nurse and stated that Resident #97 was poked by their roommate with a stick. Resident #97 was noted with scratch marks on the right forearm. The facility's Investigation Report dated 12/19/2023 documented that during interview Resident #97 stated they wanted to turn down the heat in their room. Resident #203 told them to stop yelling and go back to sleep. Resident #97 told Resident #203 Shut up N*gger. A verbal exchange continued, Resident #203 approached Resident #97 and poked them with a reacher bar. Resident #97 sustained superficial scratch to their right forearm. The facility concluded there was no evidence of abuse, neglect, or mistreatment by the facility. Resident #97 provoked Resident #203 when they called them N*gger. The Nursing Home Facility Incident Report documented that the staff was first made aware of the incident on 12/18/2023 at 5:45 AM. The report documented that the facility Administrator submitted the incident report to the New York State Department of Health on 12/18/2023 at 6:04 PM. On 02/22/2024 at 11:50 AM, Resident #203 was interviewed and stated that the other resident he had an altercation with would not call for the nurse but would holler. Resident #203 stated one night they got into it and that they jumped them. Resident #203 stated they were moved to a different floor. On 2/28/2024 at 10:22 AM, the Director of Nursing was interviewed and stated they did not report Resident #655's laceration because it was explainable. The Director of Nursing stated that they did an investigation and that it was unsubstantiated since there was evidence of blood stain on the clip and that was how they knew the injury was self-inflicted. On 02/28/2024 at 10:28 AM, the Director of Nursing stated during the interview that the incident between Residents #203 and #97 occurred at 12/18/2023 at 5:45 AM and was submitted to the New York State Department of Health on 12/18/2023 at 6:04 PM. The Director of Nursing stated it should have been reported to the New York State Department of Health within 2 hours. They added that they need to gather all information that was why it takes a while for them to report. On 2/28/24 at 12:17 PM, the Administrator was interviewed and stated the facility policy on abuse reporting stated that reporting is to be done within 24 hours or within 2 hours if there is an obvious injury. The Administrator further stated name calling does not constitute abuse. 10 NYCRR 415.4(b)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864 Based on record review and interviews conducted during the Recertification Survey from 02/21/2024 to 02/28/2024, the facility failed to ensure that the Minimum Data Set assessments accurately reflected the residents' status. This was evident for 2 (Resident #181 and Resident#25) of 2 residents sampled for catheter care, out of 38 sampled residents. Specifically, Resident #181's Foley catheter was not documented, and Resident #25 's use of suprapubic catheter was documented as an ostomy, instead of indwelling catheter. The findings are: The facility's policy titled Minimum Data Set Assessment and Completion with an approval date of 02/01/2022 documented that the Minimum Data Set 3.0 manual is to be utilized by all disciplines participating in the completion of the Resident Assessment Instrument and that each individual completing a portion of the assessment, signs and certifies the accuracy of that portion of the assessment. Resident #181 was admitted to the facility with diagnoses of Stroke and Cardiac Arrest. The Quarterly Minimum Data Set, dated dated dated [DATE], documented that Resident #181 was severely cognitively impaired, dependent on bed mobility, transfers, eating, and toilet use. The Minimum Data Set also documented always incontinent of urine and bowel. The Minimum Data Set did not document the use of indwelling catheter. The admission Peer Review Instrument dated 01/10/2024 documented indwelling catheter. The Physician's orders dated 01/19/2024, documented Foley Catheter, change as needed with size 16 French, 10 milliliter balloon. Irrigate Catheter with 200 milliliter sterile saline as needed for increase sediments and / or blockage of urine flow. Provide Foley care every shift and as needed, record urine output every shift and as needed. The Comprehensive Care Plan on bladder elimination/indwelling catheter/genitourinary, created on 07/28/2022, documented aging process: neurogenic bladder, as evidenced by use of a Foley catheter. Interventions include to provide Foley care every shift and as needed, observe and monitor resident's urine output. Resident #25 was admitted to the facility with diagnoses of Obstructive Uropathy, Quadriplegia, and Respiratory Failure. The Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #25's cognition was intact, had ostomy, and always incontinent of bowel. The Physician's Orders dated 12/17/2018 with renewal date of 02/22/2024 documented to irrigate suprapubic tube with 200 milliliter of normal saline solution for malfunction as needed, and suprapubic tube care every shift. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Comprehensive Care Plan titled bladder elimination/indwelling catheter/ genitourinary status, created on 01/28/2023 documented neurogenic bladder, use of a suprapubic catheter. Interventions include to observe and monitor resident's urine output color, appearance, and odor of urine; record urine output as instructed and if abnormalities were evident. On 02/28/2024 at 12:23 PM, the Minimum Data Set Assessor was interviewed and stated they are the Case Manager and also completed the Minimum Data Set. They stated that Resident #181 came back from the hospital on 01/18/2024 with a Foley catheter and it should have been documented in the Minimum Data Set. They stated they probably missed it. The Minimum Data Set Assessor stated the Assessors crosscheck each other's work to ensure that the Minimum Data Set was accurate. On 02/28/2024 at 12:04 PM, the Minimum Data Set Coordinator was interviewed and stated they completed the Minimum Data Set assessment dated [DATE] for Resident #25. They stated that the suprapubic tube should have been coded as indwelling catheter and not as ostomy. The Minimum Data Set Coordinator stated it was probably an oversight and that each staff who completed their section of the Minimum Data Set is responsible for the accuracy of their documentation. 10 NYCRR 415.11 (b)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on observations, interviews and record review conducted during the Recertification Survey from 02/21/2024 to 02/28/2024, the facility failed to ensure a person-centered comprehensive care plan was developed and implemented to meet residents' preferences. This was evident for 1 (Resident #116) of 38 total sampled residents. Specifically, a Comprehensive Care Plan was not developed to address Resident #116's preference not to use a urinary catheter privacy bag. The findings are: The facility policy titled Care Planning-Conferences with an approval date of 04/17/2021 stated that the facility will develop and implement a comprehensive person-centered care plan for each resident. The policy stated that the comprehensive care plan must be prepared by an interdisciplinary team and other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. Resident #116 had diagnosis of Obstructive Uropathy, Benign Prostatic Hyperplasia, and Bipolar Disorder. The Minimum Data Set assessment dated [DATE] documented that Resident #116 was cognitively intact and had an indwelling catheter. On 02/21/2024 at 12:03 PM, 02/22/2024 at 12:17 PM, and 02/23/2024 at 12:14 PM, Resident #116 was observed in the dining room sitting in their wheelchair with an exposed Foley catheter bag containing urine hanging on the arm of their wheelchair. There were other residents sitting in the dining room eating lunch at the time. The Physician's Order dated 11/04/2023 and was last renewed on 02/21/2024 documented the following: Change suprapubic catheter once a month and as needed size 24 French 10 milliliter balloon. There was no documented evidence that a Comprehensive Care Plan to address Resident #116's preference not to use a Foley privacy bag was developed. On 02/28/2024 at 1:01 PM, Resident #116 was interviewed and stated they have a black bag that covers the urine bag, but they do not want to use it. Resident #116 further stated that the nurses have asked them to cover their urine bag with the black bag in the past. On 02/27/2024 at 11:29 AM, the Assistant Director of Nursing was interviewed and stated that Resident #116 refused to use a urinary catheter privacy bag because the Resident complained that the wheel on the wheelchair rubs off on the privacy bag. The Assistant Director of Nursing stated they will update Resident #116's Comprehensive Care Plan with their preference not to use a urinary catheter privacy bag. On 02/28/2024 at 10:05 AM, the Director of Nursing was interviewed and stated that Resident #116 removed their urinary catheter privacy bag because it keeps getting caught in the wheelchair. The Director of Nursing stated that a care plan for Resident #116's refusal to use privacy bag should have been documented. (continued on next page)

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