

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Little Neck Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 260 19 Nassau Blvd Little Neck, NY 11362	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</p> <p>Based on record review and staff interview during the Recertification/Complaint survey (NY00324573) conducted between 08/21/2024 and 08/28/2024, the facility did not ensure that all alleged violations involving abuse were reported immediately to the New York State Department of Health, but not later than 2 hours after the allegation was made. This was evident for 1 (Resident #83) of 2 residents reviewed for Abuse out of 25 sampled residents. Specifically, the facility did not report 1). an allegation of Abuse, and 2). an injury of unknown origin for Resident #83 to the New York State Department of Health within 2 hours.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse Prevention and Reporting dated 07/2006, reviewed 03/2024 documented that all alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property must be reported immediately but not later than 2 hours - if the alleged violation involves abuse or results in serious bodily injury; 24 hours - if the alleged violation does not involve abuse and does not result in serious bodily injury.</p> <p>Resident #83 was admitted to the facility with diagnoses that included Coronary Artery Disease, Non-Alzheimer's Disease, and Anxiety disorder.</p> <p>The Annual Minimum Data Set, dated dated dated [DATE] documented that Resident #83 had moderately impaired cognition and required partial/moderate assistance and supervision or touching assistance of staff for most Activities of Daily Living.</p> <p>The Comprehensive Care Plan titled Potential for Abuse/Neglect/Mistreatment/Victimization dated 6/21/24 documented that Resident #83 has a potential risk of victimization related to diagnosis of Dementia.</p> <p>The Facility Incident Report dated 09/20/23 documented that Resident #83 alleged that someone punched them at night. The incident date/time documented was 09/20/2023 at 14:30.</p> <p>The Facility Submission Report documented that the report was submitted to the New York State Department of Health on 09/26/2023 at 20:04. The report was submitted 7 days after the incident occurred.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility Incident Report documented that on 7/31/24 at approximately 9:30 AM while providing a shower to Resident #83, the assigned Certified Nursing Assistant observed a discoloration to resident's right shoulder. This was reported to charge nurse immediately who conducted a full body assessment noting a reddish, blue discoloration on the right shoulder measurement of 4.0 cm x 2.5 cm. Resident was interviewed and stated that they did not know how the discoloration occurred.</p> <p>The Facility Submission report documented that the injury of unknown origin was submitted on 8/2/2024 at 14:24. The submission time was more than 24 hours after the injury of unknown origin was observed.</p> <p>On 08/26/2024 at 10:05 AM, an interview was conducted with Registered Nurse Supervisor #1 who stated that all allegations of abuse, whether it is physical, verbal, misappropriation of resident property, have to be reported immediately, within 24 to 48 hours of the time the incident occurred, whether it is proven or not. Registered Nurse Supervisor #1 also stated that the Director of Nursing is usually responsible for reporting to Department of Health, and if not around, the Administrator does the report.</p> <p>On 08/26/2024 at 12:17 PM, the Director of Nursing was interviewed and stated that incidents of abuse or major injury and sexual abuse should be reported within 2 hours, and a minor injury of unknown origin within 24 hours. The Director of Nursing also stated that Resident #83's incident case was reported late because it was when they were doing some auditing that they realized that the incident was not reported on time.</p> <p>On 08/28/2024 at 10:54 AM, the Administrator was interviewed and stated that the abuse allegations should be reported within 2 hours, and it is the Director of Nursing that is in charge of reporting it online. The Administrator stated that it was when they did an audit report that they noticed that the case had not been reported within the time frame, and that was when they decided to report it.</p> <p>10 NYCRR 415.4(b)(2)</p>		