STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335434	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Neck Care Center	260 19 Nassau Boulevard 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)
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** Based on interviews and record review, the facility did not ensure all alleged violations involving abuse were reported immediately to the New York State Department of Health no later than 2 hours after the alleged occurrence. This was evident for 1 (Resident # 9) of 3 residents reviewed for Abuse out of 28 total sampled residents. Specifically, Resident # 9 had an allegation of injury of unknown origin that was not reported in a timely manner. The findings are:The facility policy titled, Abuse Prevention and Reporting, dated effective 07/01/2006 and last reviewed 05/01/2026, documented the facility must report alleged violations related to mistreatment, exploitation, neglect, or abuse including injuries of unknown source and misappropriation of resident property and report the results of all investigations to all the proper authorities within prescribed timeframes. Alleged violations involving abuse, neglect, exploitation mistreatment are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. Resident #9 had diagnoses that include Alzheimer's Disease, Depression and Muscle weakness.The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #9 has severely impaired cognition, and required substantial assistance of 1 person to assist with Activities of Daily Living. The facility's investigation documented on an Accident/Incident Report that occurred on 01/07/2026 at 1:25 PM documented Resident #9 had an injury of unknown origin specifically, bruising on neck, chin and jaw area and both hands.The facility's Director of Nursing reported to Department of Health of an occurrence on 01/08/2026 at 10:52 AM.Resident #9 was examined on 01/08/2026 by the physician who diagnosed resident with Non-thrombocytopenic purpura.The facility concluded on their investigation that the injury might have been from facial shaving administered by a Certified Nurse Assistant and did not report the injury to state agency.On 05/26/2026 at 10:05 AM, the personal and work profile of Certified Nurse Assistant #11 was reviewed and found no deficient work practice nor disciplinary measure documented. On 05/26/2026 at 10:33 AM, Resident #9 was observed in bed with Geri sleeves on both arms. Resident's face was noted with no skin discoloration on neck, chin, or jaw area. no discoloration was noted on hands or wrist area either. On 05/27/2026 at 12:36 PM, Resident #9 was observed with spouse visiting. Appeared to be with no complaint, no observed pain or discomfort. On 05/28/2026 at 10:37 AM, Certified Nursing Assistant #11 was interviewed and stated they had been working in the facility for 3 years and remembered a supervisor taking a statement last January regarding Resident #9 who had bruising on the chin, neck, and jaw area. They stated shaving was done as always on this resident and resident did not sustain any bruising or cuts while shaving. They state they always put moisturizer first before shaving Resident #9. On 05/28/2026 at 10:43 AM, Registered Nurse # 1 was interviewed stated when a resident has injury of unknown origin, the director of nursing investigates and must report to Department of Health immediately. On 05/29/2026 at 10:55 AM, the Director of Nursing was interviewed and stated they did a full investigation of Resident #9's bruises and did not report to Department of Health timely because they concluded the bruises were from facial shaving.On 05/29 /2026 11:18 AM, Administrator was interviewed and stated they did not report the facial bruising to the Department of Health timely because they investigated (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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the cause and thought it was from facial shaving. They stated that the resident has behavioral issues as well. They further stated that they are aware that in the last two state surveys they did not ensure injury of unknown origin were reported timely. Audits were done as per plan of correction then and yet they still had this issue. 10 New York Code Rules and Regulation 415.4(b)(2)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and staff interviews, the facility did not ensure that it established and maintained an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This was identified specifically, when Licensed Practical Nurse #1 did not follow the manufacturer's instructions and did not use the appropriate Environmental Protection Agency (EPA) approved disinfectant to clean and disinfect the shared blood glucose meter. The findings are:The facility's policy titled, Blood Glucose-Capillary (Finger Sticks) dated 10/2025, documented to use approved EPA registered disinfectant for cleaning of sampling device. Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses and clean and disinfect Glucometer with Germicidal Wipes.During a medication administration observation on 05/28/2026 at 3:51PM Licensed Practical Nurse #1 was observed performing a fingerstick for Resident #121. The glucometer was a multi-use blood glucose meter for the unit. Licensed Practical Nurse #1 was observed using an alcohol wipe (70 % Isopropyl Alcohol) to clean the blood glucose meter. When finished the Glucometer was placed on medication cart without disinfecting the device.During an interview 05/28/2026 4:54 PM Licensed Practical Nurse #1 stated they used the alcohol because they had cleaned the Glucometer before with the purple wipes. Licensed Practical Nurse #1 stated they believe the Glucometer is to be cleaned in-between residents with alcohol. Then Licensed Practical Nurse #1 stated they forgot to clean the Glucometer. Licensed Practical Nurse #1 further stated that the Glucometer is to be cleaned with the wipes in the purple container between residents and after using.During an interview on 05/29/2026 10:03 AM, the Infection Preventionist stated they were not sure which wipes are used to clean the Glucometer. The Infection Preventionist stated they think this facility uses alcohol wipes to clean the Glucometer. When asked what the purple topped container wipes are used for, they stated when those are used to clean the Glucometer and that it has to air dry. The Infection Preventionist stated they think the wipes in the container with the purple top says according to the manufacturer to air dry for 2-3 minutes. The Infection Preventionist stated once the nurse uses the glucometer, they clean it again and put it away. When asked about the Glucometer policy the Infection Preventionist stated they were not sure of the facility policy. The Infection Preventionist stated the staff are trained on facility policy once a year (unable to state a specific date) for training. The Infection Preventionist stated the Glucometer in-service is done once a year in-person and on the computer. The Infection Preventionist stated they could not recall when last in-service training was done. The Infection Preventionist stated they do not in-service the staff.During an interview 05/29/2026 11:06 AM, Assisted Director of Nursing stated they conduct staff education. The Assisted Director of Nursing stated there are also other registered nurses who provide in-services. The Assisted Director of Nursing stated they provide in-service on patient care, abuse, wound care, and educate staff on blood glucose monitoring and Glucometer use. The Assisted Director of Nursing stated the in-service for the blood glucometer monitor teaches the nurses to wash their hands and then don gloves. It also instructs to use the purple wipes to clean the glucometer and let it air dry for 3 minutes. The nurse is to check the medication administration record, use a lancet to get a specimen, then dispose of lancet and use gloves to clean Glucometer with purple top wipes. The Assistant Director of Nursing stated alcohol pads are not used to clean the Glucometer, and nurses were not educated to use alcohol pads. The Assistant Director of Nursing stated that they have not had the staff demonstrate cleaning of the glucometer. Assisted Director of Nursing stated clinical competency glucose testing is done on orientation, then as needed. 10 New York Code Rules and Regulation 415.19(a) (1-3)