Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335446	A. Building B. Wing	09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Garden Center for Nursing and Rehab	139 66 35th Avenue Flushing, NY 11354

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50820 Based on observation, interviews, and record review conducted during the recertification survey from 09/16/2024 to 09/23/2024, the facility did not ensure a resident right to self-determination was honored. This was evident for 1 of 3 Residents (Resident #69) investigated for Abuse out of a total sample of 35 Residents. Specifically, Certified Nursing Assistant repeatedly attempted to render care to Resident #69 despite Resident #69 refusing care. The findings are: The facility's policy titled, Resident Rights Policy and Procedures last reviewed 6/11/2024 documented this facility is committed to assuring the rights and protection of its residents as stipulated under Federal and State Laws. Resident's rights include but are not limited to the following: Treated with respect, dignity and self-determination with care. Quarterly Minimum Data Set, dated dated dated [DATE] documents that Resident #69 is cognitively intact with a BIMS score of 15. Resident is dependent with all activities of daily living care and transfers including bed mobility. Resident is frequently incontinent of urine and bowel. Resident has active diagnosis of Aphasia, Cerebral Vascular Accident and Hemiplegia. On 09/19/24 at 11:16 AM, Resident #69 who is nonverbal was interviewed and communicated to surveyor through use of an I pad, eye movements and hand gestures. Resident #69 typed into I-Pad that Certified Nursing Assistant #9 came in to the room at 4AM waking resident up from sleep. The Certified Nursing Assistant #9 turned on the lights and did not introduce themslves. Resident #69 states they were not familiar with the Certified Nursing Assistant #9. Resident #69 was motioning with their hands for Certified Nursing Assistant #9 to leave because resident did not want care at that time. The Certified Nursing Assistant #9 attempted to move the table by the residents bedside to give care, but Resident #69 held onto the table because they did not want it to be moved. Certified Nursing Assistant #9 also attempted to pull down Resident #69 bed sheet to change residents' diaper despite Resident #69 motioning no with their hands that they didn't want care. Resident #69 typed into iPad that CNA was still trying to change me and was trying to pull down the bed sheet despite Resident #69 waving no with their hands and motioning for Certified Nursing Assistant #9 to leave. (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: 335446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Garden Center for Nursing and Rehab	139 66 35th Avenue Flushing, NY 11354

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/20/24 at 08:26 AM, the Certified Nursing Assistant #9 was interviewed and stated that Resident #69 was observed to be sleeping when they entered the room, turned on the lights and attempted to give care. Certified Nursing Assistant #9 stated that when Resident #69 heard Certified Nursing Assistant #9 in the room then Resident #69 woke up from sleep and opened their eyes. Certified Nursing Assistant #9 stated that they said Good morning and I am going to give care but Resident #69 did not respond and was unaware Resident #69 did not speak. Certified Nursing Assistant #9 did not review Residents' chart before entering room and was not aware that Resident #69 was nonverbal. Certified Nursing Assistant #9 stated they went to Resident #69 bedside and attempted to move the table which was by the resident's bedside which had a cup of water in it. However, Resident #69 held on to the table which caused water in the cup to be spilled. Certified Nursing Assistant #9 stated, I started to give care and she kept pushing my hands. Certified Nursing Assistant #9 tried to pull down the bed sheet to start care, but Resident #69 kept pushing Certified Nursing Assistant #9 hands away at which time Certified Nursing Assistant #9 left the room and reported it to the Licensed Practical Nurse #2 on shift. On 09/20/24 at 08:52 AM, Licensed Practical Nurse #2 was interviewed and stated that they were notified by Certified Nursing Assistant #9 that Resident #69 was refusing their diaper to be changed. Then Licensed Practical Nurse #2 went back into the room with Certified Nursing Assistant #9. Licensed Practical Nurse #2 states they asked Resident #69 why they were refusing care and Resident #69 typed into iPad that they didn't want to be changed. Licensed Practical Nurse # 2 then informed supervisor that Resident #69 refused to be changed. On 09/20/24 at 11:52 AM, the Director of Nursing Service was interviewed and stated that residents can refuse care, but it is the staff's jobs to make sure residents are tidy. If a resident refuses care, the Certified Nursing Assistants are educated to back away, reapproach and inform nurse immediately. Then the nurse will go back to resident and approach them softly. If a resident refuses care, then staff are to back away and get family and doctor involved. Every staff is given information on resident's care and CNA accountability should be reviewed by Certified Nursing Assistants before they enter a resident's room to see what care the resident should be receiving. CNA accountability will also reflect how a resident communicates. 10 NYCRR 415.5