STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. 43478 Based on observation, interviews, and record review conducted during the abbreviated survey (NY00351516) from 8/19/24 to 8/20/24, the facility did not ensure a resident's preferences were incorporated in developing care plan goals for 1 (Resident #1) of 3 residents reviewed for pain management. Specifically, when Resident #1 was placed on comfort care, the facility did not include the designated representative (family) in pain management care planning. The findings are: The Facility policy, 'Pain Management', last reviewed 8/24 documented the facility is committed to reducing physical and psychosocial symptoms associated with pain. The interdisciplinary team works with the resident and significant others to establish a plan of care that will address the individual resident goals for comfort and function. The Resident/family will be included in the evaluation of pain, potential interventions and determine resident's pain goal and acceptable level of pain. The facility will develop, review and /or revise the resident' plan of care as needed, communicate interventions to all staff, evaluate effectiveness of pain management and interventions and document on the medical record of administration. Resident #1 was admitted with diagnoses which included multiple lesions of metastatic malignancy (cancer), end stage renal disease on dialysis and diabetes mellitus. The Physician's Orders dated 8/1/24 included: Do Not Resuscitate, Do Not Intubate, Oxygen 2-3 Liters via nasal cannula as needed, assess resident for pain every shift, Oxygen 3 Liters via nasal cannula as needed for shortness of breath. The Social Services note dated 8/9/24 at 4:24 PM documented social work met with designated representative to discuss advance directives. Due to the change in resident's condition, the resident was placed on Comfort Care including Do Not Hospitalize, Do Not Resuscitate, and do not intubate. The Facility Nursing Note dated Friday 8/9/24 at 11:34 PM documented Resident #1 was in bed with family members at the bedside. Resident #1 was on oxygen and had shallow breathing with irregular heart rate and unable to swallow. The Assistant Medical Director was made aware and ordered to hold all medication until further re-evaluation. The family members were made aware and agreed. (continued on next page)

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
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 - Few	The Facility Nursing Note dated 8/10/24 at 4:09 PM by Registered Nurse Supervisor #1 documented Resident #1's family requested morphine intramuscular for pain. The primary physician was notified and gave a verbal order for Lidocaine patch. Resident #1's designated representative refused the order for lidocaine patches. The primary physician was notified, the family requested to speak with primary physician and the contact information for the designated representative was sent to the primary physician. Further review of Resident #1's medical record revealed no documentation of new medication orders or discussions with the family representative on 8/9/24 and 8/10/24. During an interview on 8/19/24 at 10:30 AM, Resident #1's designated representative stated the family met with the primary physician on Friday 8/9/24 at the resident's bedside and discussed pain management. The designated representative asserted that the primary physician stated they would order intramuscular morphine for the resident. The designated representative stated that on Saturday 8/10/24, they inquired about the intramuscular morphine for pain and the nurse stated it was not in stock and there was no order for the morphine. The designated representative stated the nurse attempted to reach the primary physician but was unsuccessful. During an interview on 8/19/24 at 2:43 PM, Registered Nurse #2 who provided care to Resident #1 on Friday 8/9/24 evening shift, stated they were made aware that Resident #1 was placed on Comfort Care. Registered Nurse #2 stated they overheard Registered Nurse Supervisor #1 state that family wanted Morphine. Registered Nurse #2 stated they were not aware of any new medication orders on their shift. During an interview on 8/19/24 at 4:40 PM with the primary physician, they stated that on Friday 8/9/24 they saw Resident #1 and the family at the bedside, they did not discuss ordering morphine for pain management, they suctioned the resident, but they did not document the visit in the resident's electronic medical record. The primary physician stated that Resident #1 was placed on Comfort Care on 8/9/24 at approximately 4:30 PM, and that on Saturday 8/10/24 the Registered Nurse Supervisor called to report Resident #1's family was requesting for pain medication, and they suggested administering 2 Lidocaine patches. The primary physician stated the Registered Nurse Supervisor called them again stating family wanted morphine. The primary physician stated Resident #1 had diagnoses of hypotension (low blood pressure) and heart failure (weak heart) and morphine would repress the resident's respirations and the resident could die within minutes if given morphine. They stated they did not call the Resident #1's designated representative back because they were driving, and they were very busy being on call at 6 facilities. During an interview on 8/20/24 at 5:44 PM, the Director of Nursing, stated that on Friday 8/9/24 they were aware that Resident #1 had been placed on Comfort Care, but they did not know that Resident #1's designated representative had requested for morphine on Saturday or that the designated representative wanted to speak to the physician. When there was such a request, it was the responsibility of the Registered Nurse Supervisor to elevate the request to the physician or the Director of Nursing. During a follow-up interview on 8/21/24 at 9:45 AM, the Director of Nursing stated areas to be addressed for residents on Comfort Care included symptom control, quality of life and pain relief. It is expected that these are addressed for sick and dying residents. They stated that Comfort Care should be discussed in an Interdisciplinary meeting with family and resident if able to attend. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 - Few	On 8/20/24 at 1:05 PM during an interview with the Assistant Medical Director and Director, they stated they do not provide hospice care. Stated for Comfort Care the plan depends on the physician's experience and the resident's status. They stated they honor resident and family requests if appropriate medically. The physician stated that they do not order medications based only on family request, but rather on resident assessment. They stated in general; they are cautious about giving morphine IM or IV and opioids to a resident who does not really need it because it can cause respiratory suppression and can cause death. Stated Lidocaine would have been appropriate for Resident #1 based on assessments. 10 NYCRR 415.11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 43478 Based on observation, interviews, and record review conducted during the abbreviated survey (NY00351516) from 8/19/24 to 8/20/24, the facility did not ensure pain management was provided to residents who require such services, consistent with professional standards of practice for 1 of 3 residents reviewed. Specifically, Resident #1 was placed on Comfort care without a plan for pain management. The family requested morphine for pain on 8/9/24 and 8/10/24 because the resident was in pain. There is no documentation that the facility staff consistently assessed the resident to determine their pain/comfort level and the need for alternate medication. The findings are: The Facility Policy, titled 'Pain Management', last reviewed 8/24 documented the facility is committed to reducing physical and psychosocial symptoms associated with pain. The facility promotes resident self-reporting as the most reliable indicator of pain. The interdisciplinary team works with the resident and significant others to establish a plan of care that will address the individual resident goals for comfort and function, determine resident's pain goal and acceptable level of pain through evaluation of pain and potential interventions. Resident #1 was readmitted with diagnoses which included multiple lesions of metastatic malignancy, end stage renal diseases and Type 2 diabetes. The Physician's Orders dated 8/1/24 included: Tylenol 325 mg tablets, 2 tablets by mouth every 8 hours as needed for pain, Do Not Resuscitate, Do Not Intubate, Oxygen 2-3 Liters via nasal cannula as needed, assess resident for pain every shift, Oxygen 3 Liters via nasal cannula as needed for shortness of breath. The 7/23/24 'Pain Management' Care Plan documented the goal was to have adequate pain relief. The 8/4/24 intervention documented on-going assessment of resident's pain. The 8/5/24 intervention documented to monitor for new reports of pain. The Physician's Orders dated 8/9/24 at 4 PM documented Do Not Hospitalize, Comfort Care and at 11:14 PM the order documented Nothing by Mouth. No new interventions were documented in the 'Pain Management' Care Plan on 8/9/24 when Resident #1 was placed on comfort care. No new interventions were documented in the 'Pain Management' Care Plan on 8/10/24 when Resident's family reported that Resident complained of pain by squeezing daughter's hand when asked to squeeze their hand if they were experiencing pain. The August 2024 Medication Administration Record documented; Resident#1 had a pain level of 0 on 8/9/24 on all shifts. On 8/10/24 there were signatures for pain assessment with no numeric pain scale documented by the facility staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Nursing Note written by Registered Nurse Supervisor #1, dated 8/10/24 at 4:09 PM documented Resident #1's family requested morphine IM for pain for Resident #1. The Primary physician was notified and a verbal order for Lidocaine patch topical was received. Resident #1's family representative was informed and refused the lidocaine patch. The primary physician was notified of the refusal and that Resident #1's family requested to speak with them. The progress note did not include a pain assessment by Registered Nurse Supervisor #1. Further review of the resident's medical record revealed no documented evidence of how pain was assessed on 8/10/24 when the resident was receiving comfort care. There was no documented pain assessments or interventions when the resident's designated representative requested pain medication. Facility Nursing note dated 8/10/24 at 7:40 PM documented the resident was found unresponsive, no blood pressure, no breath sounds, pupils dilated. The resident assessed and pronounced dead at 7:23pm During an interview on 8/19/24 at 10:30 AM, Resident #1's designated representative stated the family met with the primary physician on Friday 8/9/24 at the resident's bedside and discussed pain management. The family representative stated that the primary physician stated they would order intramuscular morphine. The designated representative stated that on Saturday 8/10/24, they inquired about the intramuscular morphine for pain and the nurse stated it was not in stock and there was no order for the morphine. The designated representative stated the nurse attempted to reach the primary physician but was unsuccessful. During an interview on 8/19/24 at 2:43 PM, Registered Nurse #2 who provided care to Resident #1 on Friday 8/9/24 during the evening shift, they stated they were made aware that Resident #1 was placed on Comfort Care. Registered Nurse #2 stated they overheard Registered Nurse Supervisor #13 state that the family wanted Morphine. Registered Nurse #2 stated they were not aware of any new medication orders on their shift. During an interview on 8/19/24 at 3:10 PM Registered Nurse Supervisor #1 stated they called the primary physician to request morphine pain medication per the family request. They stated the family member explained the resident was able to let them know they were in pain by squeezing their hand when asked about pain. Registered Nurse Supervisor #1 stated the physician offered to order lidocaine patches, but Resident #1's family representative refused the lidocaine patches and requested to speak with the physician. Registered Nurse Supervisor #1 stated they called the physician again and asked the physician to call Resident #1's family representative and sent a text message to the physician with the daughter's phone number. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335459	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westchester Center for Rehabilitation & Nursing	10 Claremont Ave Mount Vernon, NY 10550

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/19/24 at 4:40 PM with the primary physician, they stated that on Friday 8/9/24 they saw Resident #1 and the family at the bedside, they did not discuss using morphine for pain management, they suctioned the resident, but they did not document the visit. The primary physician stated that Resident #1 was placed on Comfort Care on 8/9/24 at approximately 4:30 PM, and that on Saturday 8/10/24 the Registered Nurse Supervisor #1 called to report Resident #1's family was requesting pain medication. They suggested administering 2 Lidocaine patches for pain relief. The primary physician stated the Registered Nurse Supervisor called them again stating family wanted morphine. The primary physician stated Resident #1 had diagnoses of hypotension (low blood pressure) and heart failure (weak heart) and morphine would repress the resident's respirations and resident could die within minutes if given morphine. They stated they did not call the Resident #1's designated representative back because they were driving, and they were very busy being on call at 6 facilities. During an interview on 8/20/24 at 5:44 PM, the Director of Nursing, stated that on Friday 8/9/24 they were aware that Resident #1 had been placed on Comfort Care. They stated they did not know that Resident #1's designated representative had requested for morphine on Saturday 8/10/24 or that the designated representative wanted to speak to the physician. It was the responsibility of the Registered Nurse Supervisor to elevate the request to the physician or the Director of Nursing. During an interview on 8/21/24 at 9:09 AM, the Administrator stated they expect pain management would be addressed for residents on Comfort Care. 10 NYCRR 415.15