

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335461                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>New Gouverneur Hospital Snf                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>227 Madison Street<br>New York, NY 10002 |                                                 |
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| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few                      | Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and record review, the facility failed to initiate Cardiopulmonary Resuscitation (CPR) in a timely manner to an unresponsive resident who had full code status. This was evident in one (Resident #3) of three residents sampled for cardiopulmonary resuscitation. Specifically, on [DATE] at approximately 6:40 PM, staff entered Resident #3's room without emergency medical equipment after being alerted by a family member that the resident was unresponsive. Registered Nurses #11 and #12 failed to initiate any emergency response and action. As a result, approximately 15 minutes had passed before cardiopulmonary resuscitation was initiated, and ultimately, Resident #3 expired at 7:22 PM. This deficient practice resulted in actual harm and had the potential for serious harm to the health and safety of all residents in the facility that was determined to be Immediate Jeopardy Past Non-Compliance. The findings include: The facility's policy and procedure titled, Code Blue and Cardiopulmonary Resuscitation, last reviewed [DATE], documented that a Code Blue can be called for any medical emergency for which help is needed. It is the policy of the nursing facility to initiate a Cardiopulmonary Resuscitation procedure when a resident is unconscious/unresponsive with no sign of breathing in the absence of palpable carotid pulse/any pulse, and without a Do Not Resuscitate order. Resident #3 had diagnoses of atrial fibrillation (irregular heart rhythm), liver cirrhosis (advanced scarring of the liver), and osteomyelitis (bone infection) of right ankle and foot. The Minimum Data Set Assessment (a resident assessment tool) dated [DATE] documented that Resident #3 had moderately impaired cognition. The medical orders dated [DATE] documented Resident #3 as full code/cardiopulmonary resuscitation. The Medical Orders for Life-Sustaining Treatment (a medical form that states a person's wishes about life-saving treatments, so doctors and emergency responders know what care to give or avoid) dated [DATE] documented Resident #3's status as cardiopulmonary resuscitation/attempt cardio-pulmonary resuscitation. The Comprehensive Care Plan dated [DATE] documented Resident #3's advanced directive to include full code/cardiopulmonary resuscitation. On [DATE] at 9:54 AM, the facility's surveillance video was reviewed with the Director of Nursing and the Deputy Director of Nursing. The date and time in the camera's live feed was [DATE] from 6:31 PM to 7:30 PM. The following observations were noted: At 6:33:54 PM, a family member came out of Resident #3's room and walked down the hallway and returned two minutes later. At 6:37:16 PM, the call light outside Resident #3's room had been activated. At 6:37:31 PM, the family member exited the room, spoke out into the hallway and returned to the room; no other individual could be seen in the hallway at that time. At 6:38:16 PM, the family member exited the room and ran down the hallway, then returned one minute later. At 6:40:16 PM, Registered Nurse #11 and Patient Care Technician #5 entered Resident #3's room without medical equipment. At 6:40:39 PM, Patient Care Technician #16 entered Resident (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>#3's room without medical equipment. At 6:40:56 PM, Patient Care Technician #15 entered the room with an automated blood pressure machine. At 6:41:05 PM, the call light outside Resident #3's room was deactivated. From 6:41:00 PM to 7:03:12 PM no medical equipment had been observed to have been brought to Resident #3's room by any staff. From 6:42:54 PM to 6:52:27 PM, Registered Nurse #11 left and re-entered Resident #3's room three times, spending approximately 30 seconds in the resident's room and two to three minutes outside of the resident's room each time. At 6:46:52 PM, Registered Nurse #12, who was the Assistant Director of Nursing, entered Resident #3's room without medical equipment. From 6:53:06 PM to 7:06:18 PM, Registered Nurse #12 left and re-entered Resident #3's room four times. At 6:55:46 PM, Registered Nurse #13 ran into Resident #3's room and exited at 7:20:14 PM. From 7:02:24 PM to 7:08:13 PM, three more nurses, including Registered Nurse #14, were seen entering and exiting the resident's room at varying intervals. At 7:03:23 PM, an automated external defibrillator is brought into Resident #3's room by Registered Nurse #16. At 7:05:21 PM Registered Nurse #14 brought an Artificial Manual Breathing Unit (AMBU bag - a handheld medical tool used to push air into the lungs of patients who are not breathing or struggling to breathe) into Resident #3's room. At 7:06:06 PM, the cardiac board (a rigid, flat surface used to stabilize a patient during emergency medical procedures) was brought into Resident #3's room by Registered Nurse #15. At 7:06:13 PM, Registered Nurse #12 pushes the crash cart (a mobile medical station containing medical equipment and supplies intended for medical emergencies) towards Resident #3's room, leaving it outside the room, unopened. Registered Nurse #12 enters Resident #3's room without opening/preparing the crash cart. At 7:08:50 PM, Emergency Medical Services walked up the hallway with equipment on a stretcher and entered Resident #3's room. Emergency Medical Services exited the resident's room at 7:29:00 PM. Review of the Code Blue/CPR/Emergency Response Worksheet dated [DATE] documented that cardiopulmonary resuscitation was initiated for Resident #3 at 7:01 PM. The time Resident #3 was found was left blank. The worksheet documented that at 6:55 PM vital signs were taken, but blood pressure, pulse, respiration, and temperature were all documented N/A. The worksheet also documented that Emergency Medical Services responded at 7:07 PM. The worksheet additionally documented that cardiopulmonary resuscitation was stopped at 7:40 PM. The worksheet was signed by Registered Nurse #12. Review of the 24-Hour Report completed by the Assistant Director of Nursing/Supervisor dated [DATE] documented that Resident #3 was found alert and less responsive to stimuli. At around 7:00 PM, Resident #3's family member called out to say that Resident #3 could not breathe and was unresponsive. Vital signs could not be found. Registered Nurse #12 and the medical staff were notified. Cardiopulmonary resuscitation was started, Code Blue and 911 were called. Emergency Medical Services arrived at 7:15 PM and continued cardiopulmonary resuscitation. Resident #3 expired at 7:22 PM. Review of New York City Health and Hospitals Corporation's Hospital Police Crime and Incident Report, dated [DATE], documented that at 7:00 PM Registered Nurse #12 reported a Code Blue incident to New York City Health and Hospitals' Hospital Police, who are stationed as peace officers that provide security to the facility. Emergency medical services (paramedics) arrived at the facility at 7:07 PM. The New York Fire Department arrived at the facility at 7:18 PM. At 7:31 PM both emergency medical services and the New York Fire Department left the facility. The death certificate dated [DATE] documented time of death at 7:22 PM due to myocardial infarction (blockage of blood flow to part of the heart causing damage/death to heart muscle). During an interview on [DATE] at 11:55 AM, Patient Care Technician #5 stated that at around 6:30 PM on [DATE], while monitoring residents in the dining room, Resident #3's family member came over and said that Resident #3 was having trouble breathing. Patient Care Technician #5 stated they immediately notified Registered Nurse #11. They further stated that they saw (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Registered Nurse #11 get the automated blood pressure machine. Patient Care Technician #5 stated they entered Resident #3's room to see how they were doing, and that Resident #3 was breathing with eyes open. They also stated that because Registered Nurse #11 did not give any instructions, Patient Care Technician #5 left the room to attend to other residents. During an interview on [DATE] at 4:00 PM, Patient Care Technician #15 stated they were trained on how to obtain vital signs, which included, blood pressure, oxygen concentration, pulse, respirations and temperatures. Patient Care Technician #15 stated that while monitoring the residents in the dining room area, they heard Resident #3's daughter yelling that the resident was having trouble breathing. They left the dining room area and grabbed the blood pressure machine. Upon entering the room, Patient Care Technician #15 noticed Registered Nurse #11 and Patient Care Technician #5 were also in the room. Patient Care Technician #15 stated that Resident #3 was breathing slowly, as they observed rise and fall of the chest. They called out the resident's name as the resident's eyes were open. Patient Care Technician #15 further stated they could not obtain a blood pressure reading or a pulse, but oxygen saturation was in the low 90's and dropping. At that point, they noticed that the resident was no longer breathing. Patient Care Technician #15 further stated that they asked Registered Nurse #12 if they were going to begin cardiopulmonary resuscitation, and that Registered Nurse #12 stated the resident had already passed away. Patient Care Technician #15 stated that upon leaving the room, they heard the Code Blue on the overhead speakers. On [DATE] at 4:50 PM, Registered Nurse #14 was interviewed and stated that they responded sometime around 7:00 PM to an overhead Code Blue alert. Registered Nurse #14 further stated that upon entering the resident's room, they observed Registered Nurse #12, standing on the resident's right side, performing cardiopulmonary resuscitation on the resident who was unresponsive. Additionally, they saw Registered Nurse #13 standing on the opposite side of the resident. Registered Nurse #14 stated it was their understanding that Registered Nurse #12 had already called 911. Registered Nurse #14 went to the crash cart, grabbed the Artificial Manual Breathing Unit, and brought it into the room; another nurse grabbed the automated external defibrillator machine. On [DATE] at 8:52 AM, an attempt to interview Registered Nurse #12 was made via telephone but was unsuccessful; a voice message was left asking for a call back. Registered Nurse #12 retired from the facility on [DATE]. On [DATE] at 8:59 AM, an attempt was made to interview Registered Nurse #11. Registered Nurse #11 stated that they preferred to return State Agency's call between 9:00 AM - 11:00 AM. The reason for the call was provided. Registered Nurse #11 stated that before being interviewed they wanted to speak with their attorney. Registered Nurse #11 did not make themselves available for interview and did not return the call. Registered Nurse #11 was terminated from the facility on [DATE]. On [DATE] at 9:39 AM, an attempt to interview Registered Nurse #13 was made via phone call but was unsuccessful. Registered Nurse #13 resigned from the facility. On [DATE] at 9:42 AM, an attempt to interview Registered Nurse #15 was made via phone call but was unsuccessful. During an interview on [DATE] at 11:35 AM, the Director of Nursing stated that the facility investigated the incident on [DATE]. The Director of Nursing stated that the facility's investigation revealed that cardiopulmonary resuscitation was not initiated until Registered Nurse #13 entered Resident #3's room. Registered Nurse #13 initiated cardiopulmonary resuscitation. The Director of Nursing stated that no one did what they were trained to do in an emergency, which was the worst-case scenario. They stated that licensed staff are expected to know how to identify when someone is experiencing a medical emergency and to react timely, including notifying 911 and the hospital police so that an overhead call for Code Blue is activated. A Code Blue can be called for any medical emergency when help is needed. Initiating Code Blue would alert staff from other units to assist. The Assistant Director of Nursing is responsible for calling 911 immediately after being made (continued on next page)</p> |                                                                                       |                                                 |

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| <p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>aware of an unresponsive resident, to serve as Team Leader during the code, and delegate tasks. They also stated that keeping family members, visitors, and other residents away from what is taking place is crucial to avoid delays and traumatizing others. During an interview on [DATE] at 2:56 PM, the Medical Director stated that if an unlicensed staff finds a resident unresponsive and looking like they are having trouble breathing, they need to call out for help immediately. The licensed staff must immediately assess the resident. Cardiopulmonary resuscitation must begin if there is no pulse, no breaths, the resident is unresponsive and is identified as having full code status. Full code status has no colors on their identification band. Immediate emergency action is necessary to keep the blood circulating, including performing [chest] compressions. Oxygen should be provided through the Artificial Manual Breathing Unit, which forces oxygen into the lungs to oxygenate the blood and organs. The Medical Director stated that there was a clear indication that the resident was in distress and had a change in status. During an interview on [DATE] at 11:50 AM, the Quality and Risk Manager stated that the facility's department heads convened on [DATE] to conduct a root-cause analysis and determined the cause of the deficient practice. They further stated that the facility identified a delay in initiating emergency response protocol and a need for cardiopulmonary resuscitation training post-incident. The root-cause analysis determined failure if multiple system factors including a delay in cardiopulmonary resuscitation due to late recognition of cardiac arrest, and failure to designate cardiopulmonary resuscitation team roles, the absence of a designated team leader, failure to immediately obtain a crash cart, and failure to connect to 911 dispatch. The Quality and Risk Manager stated that the training courses and in-services on this topic continue and are ongoing. During an interview on [DATE] at 2:53 PM, the Administrator stated that outcome measures have been closely monitored post-incident. Since this incident, the facility has experienced three more emergencies requiring cardiopulmonary resuscitation. The Administrator also stated that the facility has conducted meetings and discussions about any potential concerns during codes. The Administrator asserted that upon review of the outcome measures, no other concerns have been identified. Additionally, the Administrator stated that the medical director had called the family and offered condolences, and the family was reassured that this would be investigated. The Attorney General's Office had also requested medical records and requested meetings with the staff involved as well. The Immediate Jeopardy was determined to have begun on [DATE]. The Administrator was informed of the Immediate Jeopardy and provided with the Past Noncompliance Immediate Jeopardy template on [DATE] at 4:35 PM. Based on the following corrective actions taken, there was sufficient evidence that the facility corrected the noncompliance and was in substantial compliance for this specific regulatory requirement prior to the start of this survey. As such, a Plan of Correction is not required for this citation. The facility took immediate corrective action and was found to be in substantial compliance on [DATE], prior to surveyor entrance on [DATE]. The facility's investigation, including staff statements dated [DATE] to [DATE], and summary dated [DATE], revealed that on [DATE] at approximately 6:50 PM, the family member of Resident #3 notified staff that Resident #3 was unresponsive. Registered Nurse #11 went to the room and could not obtain a pulse. Registered Nurse #12, who was the Assistant Director of Nursing, was then notified and went to the room. Registered Nurse #12 found Resident #3 gasping for breath and could not obtain detectable blood pressure. Registered Nurse #12 did not initiate an emergency response action. Cardiopulmonary resuscitation was initiated by Registered Nurse #13. The facility investigation concluded Registered Nurse #11 and Registered Nurse #12 did not follow facility protocol resulting in a delay in providing emergency response and treatment. After calling Code Blue, Registered Nurse #12 failed to bring the crash cart, Artificial Manual Breathing Unit and Automated External Defibrillator. On [DATE], the facility initiated (continued on next page)</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335461                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>New Gouverneur Hospital Snf                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>227 Madison Street<br>New York, NY 10002 |                                                 |
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| F 0678<br><br>Level of Harm - Immediate<br>jeopardy to resident health or<br>safety<br><br>Residents Affected - Few                | <p>Basic Life Support Certification Audits for all licensed staff to ensure staff maintain valid and current certifications. Audits are conducted monthly by the Human Resources Department. On [DATE], the Director of Nursing conducted an audit of all residents who are full code as potential residents to be affected by the deficient practice. On [DATE] the facility Quality Assurance and Performance Improvement Committee convened to conduct a root-cause analysis of the incident and deficient practice. The policy and procedure for Cardiopulmonary Resuscitation was reviewed and not updated. In-service titled, Code Blue Management, was provided for unlicensed patient care staff and licensed staff on all tours from [DATE] to [DATE] by Registered Nurse #15, the Nursing Educator. In-service topics included team responsibilities, expectations, timing, equipment, and skills. Code Blue Management training session percentage rate of staff compliance: 90 of 91 (99%) Registered Nurses completed training 19 of 19 (100%) Licensed Practical Nurses completed training 149 of 151 (98%) Patient Care Technicians completed training 10 of 10 (100%) Medical Providers completed training. The facility implemented the practice of Code Blue Drills to monitor staff response times and staff emergency response skills training. Code Blue Drills conducted included: [DATE] - Tour 1 (night shift) [DATE] - Tour 3 (evening shift) [DATE] - Tour 2 (day shift) The facility implemented a Cardiopulmonary Skills Review Competency and Assessment Checklist on [DATE]. All nursing staff are assessed by the Nursing Educator as part of annual training. Competency Assessment of all licensed staff had been audited quarterly. Staff compliance per quarter: [DATE] to [DATE] - 100% [DATE] to [DATE] - 100% [DATE] to [DATE] - 100% [DATE] to [DATE] - 100% The facility implemented corrective actions and was found to be in substantial compliance on [DATE]. 10 NEW [NAME] CODES, RULES, AND REGULATIONS-415.3(f)(1)(i)</p> |                                                                                       |                                                 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility did not ensure that all allegations of abuse, neglect, exploitation, or mistreatment are reported to the New York State Department of Health (NYSDOH). This was evident in one (Resident #3) out of three residents sampled for Abuse. Specifically, the facility failed to report an incident involving a delay to initiate cardiopulmonary resuscitation for Resident # 3 that resulted in death. The facility investigated the incident but did not report it to the New York State Department of Health. The findings include: The facility's policy and procedure title, Abuse Prohibition Protocol, last revised [DATE], documented, that the facility has developed and implemented written policies and procedures that prevent, screen, investigate, and report all allegations of resident abuse, neglect, exploitation, mistreatment, involuntary seclusion, and misappropriation of resident property and finances. The policy further documents that all employees have an obligation to protect residents from abuse and must immediately report an incident of alleged abuse, neglect, mistreatment, or misappropriation or property. Additionally, it is the responsibility of the Administration, and/or designee, department heads and all staff members to ensure compliance with the policy. Resident #3 had diagnoses of atrial fibrillation (irregular heart rhythm), liver cirrhosis (advanced scarring of the liver), and osteomyelitis (bone infection) of right ankle and foot. The Minimum Data Set Assessment (a resident assessment tool) dated [DATE] documented that Resident #3 had moderately impaired cognition. The medical orders dated [DATE] documented Resident #3 as full code/cardiopulmonary resuscitation. The Medical Orders for Life-Sustaining Treatment (a medical form that states a person's wishes about life-saving treatments, so doctors and emergency responders know what care to give or avoid) dated [DATE] documented Resident #3's status as cardiopulmonary resuscitation/attempt cardio-pulmonary resuscitation. The Comprehensive Care Plan dated [DATE] documented Resident #3's advanced directive to include full code/cardiopulmonary resuscitation. On [DATE] at 9:54 AM, the facility's surveillance video was reviewed with the Director of Nursing and the Deputy Director of Nursing. The date and time in the camera's live feed was [DATE] from 6:31 PM to 7:30 PM. The surveillance video revealed that after Registered Nurse #11 was made aware that Resident #3's status had changed, no emergency treatment or response was performed for at least 10 minutes. Registered Nurse #12 entered Resident #3's room approximately five minutes after Registered Nurse #11's initial encounter with Resident #3 at 6:40 PM. Approximately 10 minutes after Registered Nurse #12 entered Resident #3's room, emergency treatment and/or response were initiated. At 7:08 PM, Emergency Medical Services (paramedics) entered Resident #3's room. Review of the 24-Hour Report completed by the Assistant Director of Nursing/Supervisor dated [DATE] documented that Resident #3 was found alert and less responsive to stimuli. At around 7:00 PM, Resident #3's family member called out to say that Resident #3 could not breathe and was unresponsive. Vital signs could not be found. Registered Nurse #12 and the medical staff were notified. Cardiopulmonary resuscitation was started, Code Blue and 911 were called. Emergency Medical Services arrived at 7:15 PM and continued cardiopulmonary resuscitation. Resident #3 expired at 7:22 PM. The facility's investigation summary, dated [DATE], revealed that on [DATE] at approximately 6:50 PM, the family member of Resident #3 notified staff that Resident #3 was unresponsive. Registered Nurse #11 went to the room and could not obtain a pulse. Registered Nurse #12 was then notified and went to the room. Registered Nurse #12 found Resident #3 gasping for breath and could not obtain detectable blood pressure. Registered Nurse #12 did not initiate an (continued on next page)</p> |                                                                                       |                                                 |

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>emergency response action. Cardiopulmonary resuscitation was initiated by Registered Nurse #13. The facility investigation concluded Registered Nurse #11 and Registered Nurse #12 did not follow facility protocol resulting in a delay in providing emergency response and treatment. After calling Code Blue, Registered Nurse #12 failed to bring the crash cart, Artificial Manual Breathing Unit and Automated External Defibrillator. During an interview on [DATE] at 2:53 PM, the Administrator stated that they received a letter of complaint from Resident #3's family, which was then forwarded to the Director of Nursing and the Medical Director, prompting an investigation. They also stated that a couple of days after the incident the facility was contacted by the Attorney General's Office. The Administrator stated that they believed that the Attorney General was a higher level agency and so the facility did not report the incident to the Department of Health. The Administrator stated they assumed the Attorney General's Office would communicate with the Department of Health. During an interview on [DATE] at 11:35 AM, the Director of Nursing stated that the facility investigated the incident on [DATE]. The Director of Nursing stated that the facility's investigation revealed that cardiopulmonary resuscitation was not initiated until Registered Nurse #13 entered Resident #3's room. Registered Nurse #13 initiated cardiopulmonary resuscitation. The Director of Nursing stated that no one did what they were trained to do in an emergency, which was the worst-case scenario. They further stated that the incident and investigation were not reported to the New York State Department of Health because the facility was cooperating with the New York State Attorney General's Office immediately after the incident. They assumed that that the Attorney General's Office was in contact with the Department of Health and therefore the incident did not have to be reported. 10 NEW [NAME] CODES, RULES, AND REGULATIONS-483.12(c)(i)(4)</p> |                                                                                       |                                                 |