

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2025
NAME OF PROVIDER OR SUPPLIER  Wayne Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3530 Wayne Avenue Bronx, NY 10467	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43350</p> <p>Based on record review and interviews conducted during a Recertification Survey from 01/13/2025 to 01/21/2025, the facility did not ensure that a comprehensive care plan was developed and implemented to meet each resident's needs. This was evident in 1 (Resident #46) out of 38 sampled residents. Specifically, Resident #46 who had diagnosis of Osteoporosis had no care plan developed and implemented.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Care Plans Comprehensive Person - Centered with the last revised date January 2023, documented that a comprehensive person-centered care plan that include measurable objectives and timetables to meet the resident physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>The facility's policy and procedure entitled Baseline Care Plan, approved 03/2018, states that the care plan will include conditions and risks affecting the resident's health and safety.</p> <p>Resident #46 was admitted to the facility on [DATE] with diagnoses including Dementia with Psychosis, Alzheimer's Disease, Hypertension, Bipolar Disorder, Seizure Disorder, Chronic Obstructive Pulmonary Disease and Osteoporosis. The resident had physician orders in place for each medical condition, including an order dated 12/25/2024 for Alendronate 70 mg once a week for Osteoporosis. The resident had care plans in place for Cognitive Loss, Hypertension, Psychotropic Drug Use, Alteration in Neurological Status and Alteration in Respiratory Status. However, there was no care plan reflecting the resident's diagnosis of Osteoporosis.</p> <p>On 01/16/2025 at 10:58 AM, Registered Nurse Manager #1 was interviewed and stated that the Registered Nurses are responsible for initiating all care plans. The Nurse Manager stated that the Osteoporosis Care Plan had been put in place for Resident #46 in 2020, but the resident had been hospitalized in 2023 and upon their return in November of that year, the Osteoporosis care plan was not reactivated. The Nurse Manager had no explanation for why it had not been done.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/21/2025 at 9:52 AM, the Director of Nursing was interviewed and stated that when a resident is admitted to the hospital, they are discharged from the facility and their care plans are discontinued; when they return, all their care plans are reinstated. The Director stated that there was no specific regulation that every physician order had to have a separate care plan and looked on their screen, noting that the resident's osteoporosis diagnosis was mentioned on their Pain and Discomfort care plan. The surveyor's copy of the plan of care did not mention the diagnosis on the Pain/Discomfort care plan, and the Director stated that it must have been put in when the Nurse Manager was made aware that the Osteoporosis care plan had not been reactivated into the current plan of care.</p> <p>10NYCRR415.11(c)(1)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41709</p> <p>Based on record reviews and interviews conducted during the Recertification Survey between 01/13/2025 and 01/21/2025, the facility did not ensure that resident's Comprehensive Care Plan was reviewed and revised by the interdisciplinary team after each assessment, including quarterly review assessments. 1) Resident #74 Self care Comprehensive Care Plan was last reviewed 8/1/2024, and not updated quarterly, 2) Resident #187 who was maintained on Oxygen Therapy the Alteration in Cardiopulmonary Care Plan was not updated. This was evident for 1 of 5 residents of reviewed for Activities of daily Living (Resident #74), and 1 out of 3 resident review for oxygen (Resident #187) out of an investigative sample of 37 residents.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Care Plans Comprehensive Person-Centered dated reviewed 7/16/2024 documented the Interdisciplinary Team must review and update the care plan at least quarterly, in conjunction with the required quarterly MDS assessment.</p> <p>1. Resident #74 was admitted to the facility with diagnoses that included Persistent vegetative state, Nontraumatic intracerebral hemorrhage, Diabetes and Seizure Disorder.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE] documented that Resident #74 had Short-term Memory and Long-Term Memory Problem, with no memory recall, and is severely impaired-never/rarely made decisions.</p> <p>The Comprehensive care Plan titled Self-Care Deficit dated effective 3/13/2018 and last evaluation note 8/1/2024 with interventions including Dependent of two plus staff, for bed mobility, dressing, locomotion, personal hygiene, toilet use and , transfer with Hoyer lift.</p> <p>The Quarterly Minimum Data Set Assessments were completed on 10/29/2024.</p> <p>There was no documented evidence that the care plans were reviewed and revised after each assessment for Resident #74</p> <p>On 01/21/25 at 01:54 PM, during the Quality Improvement Performance Improvement (QAPI) interview, the Director of Nursing stated, care plans are reviewed quarterly, annually for significant change as needed. The Director of Nursing did not explain why care plans was not completed as least quarterly.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/21/25 at 09:43 AM, The Director of Rehab was interviewed and stated the resident who is total care with Activities of Daily Living. Director of Rehab stated the resident is screened quarterly and as needed, Director of Rehab stated the resident is also on passive range of motion which is done during activities of daily living care. Director of Rehab stated this resident had no functional abilities on own and needs staff assistance for everything, and resident cannot follow commands secondary to medical conditions. Director of Rehab stated Rehab goes to each care planning meeting and is part of the care planning process. Director of Rehab stated if a resident is on therapy the Rehab will create own care plan for physical and occupational therapy with goals and interventions. Director of Rehab stated once the goal has been reached Rehab will discharge the care plan. Director of Rehab stated Rehab is not responsible for creating and or updating the Self Care Deficit care plan and stated Rehab creates their own care plans only if the resident is on therapy, and discharged when goals are reached.</p> <p>On 01/17/25 at 10:08 AM, Registered Nurse #7 and was interviewed and stated the resident is total care with all activities of daily living, takes nothing by mouth and gets feeding via GT. Registered Nurse #7 stated the resident is nonverbal and unable to make all needs known, and staff anticipates all needs. Registered Nurse #7 stated all care plan including self-care deficit care plans are updated quarterly, annually, significant changes and as needed. Registered Nurse #7 looked at the Self Care deficit Care plan and stated the last evaluation note was in 8/1/2024. Registered Nurse #7 stated Rehab and Nursing are responsible for updating the Self Care deficit care plans. Registered Nurse #7 stated nursing is responsible for overseeing that all the care plans are updated to reflect the status of the resident and if the care plans are not updated Nursing will update the care plans. Registered Nurse #7 stated the care plans are reviewed in care planning meetings and not sure why this care plan was not updated. Registered Nurse #7 stated they will update the care plan now.</p> <p>48876</p> <p>2) Resident #187 was admitted with diagnoses that include Hypertension and Peripheral Vascular Disease</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #187 had severely impaired cognition skills for daily decision making.</p> <p>The most recent Annual Minimum Data Set Assessment was completed on 07/05/2024.</p> <p>The most recent Quarterly Minimum Data Set Assessment was completed on 10/04/2024.</p> <p>The Care Plan Activity Report titled Alteration in Cardio/Pulmonary Status dated active and effective 06/30/2024, documented the last quarterly review done 08/26/2024. Goals that documented that Resident #187 will be free of signs and symptoms of cardiac distress and interventions that documented for nursing to observe for signs/symptoms of cardiac distress were active and effective 06/30/2023 with no review or revision dates entered.</p> <p>There was no documented evidence that the care plans including goals and interventions were reviewed and revised after each assessment for Resident #187.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/21/25 at 1:54 PM, during QAPI interview the Director of Nursing stated care plans are reviewed quarterly, annually for significant change as needed. The Director of Nursing did not explain why care plans was not completed as least quarterly.</p> <p>10 NYCRR 415.11(c)(2) (i-iii)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39136</p> <p>Based on observation, record review, and interviews conducted during the recertification Survey from 01/13/2025 to 01/21/2025, the facility did not ensure a resident who needed respiratory care was provided such care, consistent with professional standards of practice. This was evident for 2 (Resident # 19 and #187) out of 6 residents reviewed for respiratory care out of 38 sampled residents. Specifically, 1) Resident # 19 was observed using oxygen via the Nasal Cannula (NC) at 2 liters with no Medical Doctor's Order (MDO), and 2) Resident # 187 was observed using oxygen via undated nasal cannula tubing.</p> <p>The findings are:</p> <p>The facility's undated policy and procedure, Supplemental Oxygen, documented that oxygen therapy is administered to residents with medical conditions in which an enriched oxygen atmosphere will benefit them. Depending on the residents' inspiratory flow demands, oxygen can be administered using low-flow or high-flow oxygen delivery devices. The procedure is to check the resident chart for a physician's order.</p> <p>The facility's undated policy and procedure, Supplemental Oxygen, documented that a nasal cannula will deliver low concentration of oxygen at flow rates of 1-6 liters per minute. Infection Control: disposable equipment should be changed according to the equipment change schedule.</p> <p>The facility's undated policy and procedure titled Supply Change Standards, documented that respiratory supplies must be routinely changed to maintain proper infection control procedure and hygienic standards. Respiratory supplies will be changed according to the schedule listed below to reduce the risk of infection. Nasal Cannula change frequency - Weekly and as needed.</p> <p>1. Resident #19 was admitted to the facility with diagnoses that include Non-Alzheimer's Dementia and Seizure Disorder.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] documented Resident # 19 cognition as moderately impaired with a Brief Interview for Mental Status score of 12.</p> <p>On 01/13/2025 at 11:40 AM, Resident #19 was observed out of bed in a wheelchair in their room, using oxygen at 2 liters via nasal cannula.</p> <p>On 01/14/2025 at 9:43 AM, Resident #19 was observed out of bed in a wheelchair in their room, using oxygen at 2 liters via nasal cannula.</p> <p>The Medical Doctor's Orders dated 12/09/2024 to 01/13/2025 have no documented evidence that Resident #19 was receiving oxygen.</p> <p>The Medical Doctor's Order dated 01/14/2025 documented oxygen inhalation via Nasal Cannula at 2-3 liter/minute for oxygen saturation below 95%.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Nursing Note dated 12/16/2024 at 10:41 PM documented that at around 9:00 PM, Resident #19 complained of chest pain and described pain as heavy and in the middle of their chest. The registered nurse supervisor was notified and assessed the resident. I informed the doctor with an order to give a 0.4 mg of nitroglycerin sublingual tablet in one dose and administer oxygen. The order was carried out and endorsed. Nitroglycerin was given with relief of the chest pain and oxygen via nasal cannula at 2 liters/minute in progress and well tolerated.</p> <p>The Nursing Note dated 12/19/2024 at 6:21 AM documented that oxygen via nasal cannula was in progress, with oxygen saturation at 98%.</p> <p>The Nursing Note dated 12/23/2024 at 10:20 AM documented Resident#19 on the bed, not in distress, on oxygen inhalation via nasal cannula at 2 liters.</p> <p>On 01/17/2025 at 11:53 AM, Licensed Practical Nurse #3 was interviewed and stated that Resident #19 was on oxygen at 2 liters as needed. The resident went to the hospital and returned about three weeks ago with 2 liters of oxygen as needed. The resident did not have oxygen before but has been using it since returning from the hospital. Resident # 19 has an order for 2 liters of oxygen. It was ordered on 01/14/2025.</p> <p>On 01/21/2025 at 12:39 PM, Licensed Practical Nurse #4 was interviewed, and stated that that Resident #19 complained of chest pains on 12/16/2024 after 8:00 PM. I took the vitals and reported them to the doctor. The doctor ordered Nitroglycerine and oxygen. I put the resident on oxygen at 2 liters. I forgot to write the order for the oxygen; it skipped my mind. I did not follow up the next day to see if the order was in place. I should have written the order for the oxygen.</p> <p>On 01/17/2025 at 12:51 PM, Registered Nurse #5, the unit manager, was interviewed and stated that Resident # 19 had been on oxygen since the resident was readmitted on [DATE]. Oxygen 2 liters via nasal cannula was ordered on 01/14/2025. There was no order for the oxygen, so I put an order in on 01/14/2025. The oxygen was started on 12/16/2024 by the evening nurse. I did not check to see if an order was in place for the oxygen. I missed it because it did not occur on my shift.</p> <p>On 01/21/2025 at 12:03 PM, the Director of Nursing was interviewed and stated that an order for oxygen administration must be obtained. Before a resident is placed on oxygen, an assessment should be done and report to the doctor, and an order must be obtained. The oxygen is ordered based on the resident's clinical condition. There is a note that the doctor was notified and gave an order. It should have been ordered. They will reinforce documentation.</p> <p>48876</p> <p>2. Resident #187 was admitted with diagnoses that include Hypertension and Peripheral Vascular Disease.</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #187 had severely impaired cognition skills for daily decision making.</p> <p>On 01/15/25 at 11:16 AM, Resident #187 was observed in bed with an undated nasal cannula tubing inserted that was infusing humidified oxygen at 5 liters per minute.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/15/25 at 02:52 PM, Resident #187 was observed in bed with an undated nasal cannula tubing inserted that was infusing humidified oxygen at 5 liters per minute.</p> <p>On 01/16/25 at 12:18 PM, Resident #187 was observed in bed with an undated nasal cannula tubing inserted that was infusing humidified oxygen at 5 liters per minute.</p> <p>On 01/16/25 at 1:10PM, Resident #187 was observed in bed with an undated nasal cannula tubing inserted that was infusing humidified oxygen at 5 liters per minute, in the presence of Registered Nurse #4, the unit manager.</p> <p>The Physician Order dated 09/24/2024 at 3:58PM, and renewed 12/04/2024 at 11:42 AM, documented for the administration of Oxygen at 2-3 liters per minute as needed per nasal cannula every shift.</p> <p>The Resident Treatment Administration Record dated January 2025, had no nursing documentation entries that Resident #187 was administered Oxygen in the month of January or that oxygen tubing was dated or changed.</p> <p>On 01/16/25 at 1:25PM, Registered Nurse #4, the unit manager, was interviewed and stated that the oxygen tubing connected to the nasal cannula should be dated and changed every 7 days but that they observed that there was no date on the tubing today.</p> <p>On 01/21/25 at 10:30 AM, The Director of Nursing was interviewed and stated that the oxygen/nasal cannula tubing has to be dated and changed every 7 days by the night shift staff and documented on an oxygen therapy list. The Director of Nursing further stated that is the day shift nurse manager who is responsible to observe for compliance during rounds and update the oxygen therapy list weekly.</p> <p>There was no documented evidence that the nasal cannula or oxygen tubing used for administration of Oxygen to resident #187 was dated or changed weekly or as needed.</p> <p>415.12(k)(6)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50894</p> <p>Based on record review and interviews conducted during the Recertification Survey from 01/13/2025 to 01/21/2025, the facility did not ensure sufficient nursing staff were available to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the facility reported short staffing on weekends confirmed by a review of the Daily Staffing and the Payroll Based Journal Staffing Data Report.</p> <p>The findings include:</p> <p>The undated facility policy titled Staffing of Nursing Service Personnel documented; each nursing home reports daily staffing hours to Medicare. Medicare calculates a ratio of staffing hours per resident day, the percent of nurse staff that stop working at the facility, and the number of administrators who have left the facility within a given year. These types of staff are included in the nursing home staffing information: Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides.</p> <p>The Payroll Based Journal Staffing Data Report for the 4th quarter of 2024 (07/01/2024 - 09/30/2024) documented that excessively low weekend staffing was triggered.</p> <p>The undated Facility Assessment Survey documented facility capacity of 243 residents with a weekend staffing plan by shift distributed as follows:</p> <p>Day shift (7 AM to 3 PM) by units:</p> <p>2nd Floor (ventilator unit): 3 Registered Nurses, 1 Licensed Practical Nurse, 6 Certified Nurse Aides</p> <p>3rd Floor: 2 Registered Nurses, 1 Licensed Nurse, 5 Certified Nurse Aides</p> <p>4th Floor: 1 Licensed Practical Nurse, 4 Certified Nurse Aides</p> <p>5th Floor: 1 Licensed Practical Nurse, 4 Certified Nurse Aides</p> <p>6th Floor: 1 Licensed Practical Nurse, 4 Certified Nurse Aides</p> <p>7th Floor: 1 Licensed Practical Nurse, 4 Certified Nurse Aides</p> <p>Evening shift (3 PM to 11 PM) by units:</p> <p>2nd Floor (ventilator unit): 3 Registered Nurses, 1 Licensed Practical Nurse, 5 Certified Nurse Aides</p> <p>3rd Floor: 2 Registered Nurses, 1 Licensed Practical Nurse, 4 Certified Nurse Aides</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/04/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/10/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Registered Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/11/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Registered Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/17/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/18/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/24/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/25/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 08/31/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/01/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Registered Nurse and 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/07/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit). On 09/07/2024 on the 3 PM to 11 PM shift, there was a shortage of 1 Certified Nurse Aide.</p> <p>On 09/08/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/14/2024 on the 3 PM to 11 PM shift, there was a shortage of 1 Certified Nurse Aide on the 2nd Floor (ventilator unit).</p> <p>On 09/15/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/21/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Registered Nurse on the 2nd Floor (ventilator unit). On 09/21/2024 on the 7 AM to 3 PM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/22/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Registered Nurse on the 2nd Floor (ventilator unit).</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Wayne Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3530 Wayne Avenue Bronx, NY 10467	

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/28/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>On 09/29/2024 on the 11 PM to 7 AM shift, there was a shortage of 1 Licensed Practical Nurse on the 2nd Floor (ventilator unit).</p> <p>Review of the actual weekend facility staffing schedule from 07/06/2024 to 09/29/2024 revealed that the facility had an ongoing pattern of shortage of nursing staff.</p> <p>Resident #98 was admitted to the facility on [DATE] with diagnoses including Peripheral Vascular Disease and Renal Insufficiency. The Comprehensive Minimum Data Set assessment dated [DATE] documented that Resident #98 was cognitively intact.</p> <p>On 01/17/2025 at 12:48 PM, Resident #98 was interviewed and stated that they believed the facility was sometimes understaffed at night. They stated that there had been an incident where it took three hours for a Certified Nurse Aide to provide them with a new gown after they notified the Certified Nurse Aide that they had spilled something on the one they were wearing. They stated that on a separate occasion, it took multiple hours for a staff member to assist them to the bathroom on the night shift.</p> <p>Resident #203 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus and Hypertension. The Comprehensive Minimum Data Set assessment dated [DATE] documented Resident #203 had moderate cognitive impairment.</p> <p>On 01/17/2025 at 02:33 PM, Resident #203 was interviewed and stated that the facility is very understaffed. They stated that they notice this on all shifts but that it is worse during the night shift and on weekends. They stated that this affects timeliness of receiving food, being cleaned, and being provided incontinence care.</p> <p>Resident #176 was admitted to the facility on [DATE] with diagnoses including Malignant Neoplasm of the Left Lung and Chronic Obstructive Pulmonary Disease. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #176 was cognitively intact.</p> <p>On 01/17/2025 at 02:44 PM, Resident #176 was interviewed and stated that the facility is understaffed on the weekends. They stated that when they use the call bell to request water or to notify staff that they are feeling unwell, it sometimes takes 30 to 40 minutes for someone to answer the call bell to see what the resident needs assistance with, which the resident finds to be unsettling.</p> <p>Resident #132 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction and Diabetes Mellitus. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #132 was cognitively intact.</p> <p>On 01/17/2025 at 02:50 PM, Resident #132 was interviewed and stated that the facility did not have enough staff members. They stated that the staffing issue was worse on the night shift and impacts the timeliness of being provided incontinence care after having a bowel movement.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #157 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory Failure, Malignant Pleural Effusion, and Dependence on Ventilator. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #157 had severe cognitive impairments.</p> <p>On 01/21/2025 at 12:04 PM, Resident #157's relative was interviewed and stated that they believed the facility could improve their staffing practices. They stated that on multiple occasions when they have come to visit Resident #157, they will find the resident in need of incontinence care. They stated that staff are also not consistently able to transfer Resident #157 out of bed in a timely manner.</p> <p>On 01/21/2025 at 09:50 AM, Certified Nursing Assistant #5 was interviewed and stated that they work on the night shift and are typically assigned twenty residents. They stated that they are typically able to complete most tasks but sometimes struggle to ensure that all residents are clean and dry by the end of the shift and that they cannot always get to every resident.</p> <p>On 01/21/2025 at 10:12 AM, Certified Nursing Assistant #4 was interviewed and stated that the night shift was understaffed. They stated that they worked on the day shift and consistently start their shift to find that residents are soaked in urine because the staff on the night shift were unable to provide care to every resident due to the size of their assignments.</p> <p>On 01/21/2025 at 09:22 AM, the Administrator was interviewed and stated that the facility's Staffing Coordinator was out on medical leave and their Medical Records Employee was now managing the scheduling. However, the Medical Records Employee was on vacation, so the Administrator was assisting with scheduling. The Administrator stated that they did not know why the facility was triggered for low weekend staffing by the Payroll Based Journal. They stated that it is difficult to find nursing staff due to competition with other facilities and hospitals, union restrictions on using agencies, and the increasing cost of staffing. They stated that the facility receives around 30 Certified Nursing Assistant callouts per week. They stated that the facility offers bonuses and financial incentives, uses agencies, and works with Certified Nursing Assistant schools to improve staffing levels but struggles due to competition with other facilities who are facing similar staffing issues.</p> <p>On 01/21/2025 at 10:45 AM, the Director of Nursing was interviewed and stated that they believed that the low weekend staffing was triggered in the Payroll Based Journal report because the facility only schedules one Registered Nurse Supervisor for the building on the weekends, instead of one Registered Nurse Supervisor for each floor, like they do during the week. They stated that the facility is calmer on the weekends, so they do not need a Registered Nurse Supervisor for every floor. They stated that they believe that the facility is staffed safely and that they inflated the necessary staffing ratios in their facility assessment to receive additional money for their staffing budget. The Director of Nursing denied being aware of staff or resident concerns related to care being provided in a timely manner.</p> <p>10 NYCRR 415.13(a)(1)(i-iii)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48876</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from , d+[DATE] /2025 to [DATE], the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety. This was evident during the kitchen and pantry observations. Specifically, 1.) The dairy walk-in refrigerator contained opened and expired loaves of bread and bags of rolls. 2.) 2 of 6 pantry unit refrigerators contained expired milk as well as spilled, spoiled, undated and unlabeled food items.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Dry Storage with revision date of [DATE] documented; that all dry goods must be stored in a safe and secure environment. New stock must be stored behind old stock so oldest items will be used first. Products should be dated to ensure First In-First Out. The Food Items Expiration Date Audit Tool documented that all areas must be inspected at least weekly to ensure that there are no expired food items. Any items that are expired must be immediately discarded.</p> <p>The facility's policy and procedure titled Food Receiving and Storage, undated, documented; Food shall be received and stored in a manner that complies with safe food handling practices. Food services or designated staff will maintain clean food storage areas at all times. When food is delivered to the facility it will be inspected for safe transport and quality before being accepted. All foods stored in the refrigerator or freezer will be covered, labeled and dated with the use by date. Other opened containers must be dated and sealed or covered during storage. Partially eaten food may not be kept in the refrigerator. Food items and snacks kept on the nursing units must be maintained as indicated: Refrigerators must have working thermometers and be monitored for temperature according to state specific guidelines. All foods belonging to residents must be labeled with the resident's name, the item and the use by date. Beverages must be dated when opened and discarded after (72) hours. Other open containers must be dated and sealed or covered.</p> <p>The facility's policy and procedure titled Personal Food Safety/Food entering the Facility, undated, documented that it is the policy of the facility to limit entry of food into the facility. Food storage in the units will be monitored by the nursing staff. Quantities should be limited to a reasonable size to prevent spoilage of leftovers. All prepared food stored in the refrigerator will be discarded after 72 hours. Perishable foods must be stored in resealable containers in the refrigerator. Containers will be labelled with the resident's name, room number, and the date. The nursing staff is responsible for discarding perishable food on or before the sell by date, or any food that shows signs of food borne danger, for example mold growth or foul odor. The nursing department will monitor and document the internal temperature of the refrigeration units daily. Units must maintain safe internal temperatures in accordance with the State and Federal guidelines (41 degrees Fahrenheit or below). The refrigerators will be cleaned and defrosted by the Nursing and housekeeping staff will assist as needed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1) On [DATE] at 9:23AM, an initial kitchen observation was conducted with the Dietary Supervisor. The walk-in dairy refrigerator was found to contain One box of (8) 24 packages of hot dog rolls labeled with the manufacturer's use by date of [DATE], One open/unsealed and undated package of 10 hamburger rolls, originally listed to contain 12 rolls. Two plastic bags torn open/unsealed and undated containing partial loaves of bread.</p> <p>On [DATE] at 9:30AM, the Dietary Supervisor was interviewed and stated, that they inspect all refrigerator and food storage areas weekly for expired food items and would have discarded the expired bread but did not see the items as they were contained in an undated, unlabeled box on the top shelf.</p> <p>On [DATE] at 9:40AM, the Director of Food Service was interviewed and stated that once a week a Dietary Supervisor checks the entire kitchen for the expiration dates of food items, discards expired foods and documents the dates of inspection on an audit tool that they review. The Director of Food Service further stated that the expired bread observed in the walk-in refrigerator was simply missed as the Dietary Supervisor did not notice the box with the expired open items because it was on the top shelf.</p> <p>2) On [DATE] at 9:19 AM, the 7th floor pantry refrigerator was observed with Registered Nurse #4 the unit manager. A malodorous beige tinged liquid was observed on the bottom of the refrigerator unit. The refrigerator unit was also observed to be overpacked, containing 11 separate bags of food containers labeled with room numbers only. No bags or containers were observed to be labelled with names or dates. One large bag of contents included a glass bowl of degraded soup and or vegetables. The additional bags were observed to contain multiple cooked food items.</p> <p>On [DATE] at 9:25 AM, Registered Nurse #4, the unit manager was interviewed and stated, that the certified nursing assistants are responsible to have food dated and labeled when placed in the pantry refrigerator, but essentially it is everyone's responsibility. The unit manager also stated that the refrigerator unit temperatures are checked and logged at night by nursing staff, the housekeeping porter is responsible to clean the refrigerator unit daily and the certified nursing assistant is to throw the food out daily that is not labeled, dated and or has been in the refrigerator unit longer than 2 days. Registered Nurse #4 further stated that overall the pantry unit refrigerator is the responsibility of the unit manager and It was an oversight that they did not look at the refrigerator during daily rounds to ensure compliance.</p> <p>3) On [DATE] at 9:56 AM, the 5th floor pantry unit refrigerator was observed with the Registered Nurse #1, the unit manager. The contents included one half pint of expired milk with manufacturer's expiration date of [DATE]. (1) 24 oz jar of opened mayonnaise undated and unlabeled with manufacturers expiration date of , d+[DATE], (1) 8oz plastic cup of cream cheese unopened with manufacturer's expiration date of [DATE], 4 undated unlabeled bags containing various cooked food items including 1 quart of brown rice, multiple fried shrimp, scoops of collard greens, 2 turkey wings and scoops of yams. The refrigerator shelf was observed with a spilled clear liquid.</p> <p>On [DATE] at 9:45 AM, Registered Nurse #1, the unit manager was interviewed and stated that all contents of the unit refrigerators should be dated and labeled with the resident's name or room number and the items should be discarded within ,d+[DATE] days by a certified nursing assistant who is assigned to check the unit daily and the housekeeping staff should clean the refrigerator daily. The unit manager further stated that it is their responsibility during daily rounds to ensure that the unit is checked but they became tied up with other issues.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 08:29 AM, The Director of Nursing was interviewed and stated that the pantry refrigerator process includes temperature checking and inside cleaning by the night nurses and the certified nursing assistants. While staff is checking the unit temperatures, the Director of Nursing stated that they should also discard all food items that are not labeled and any that are dated outside of ,d+[DATE] hours. The Director of Nursing also stated that any staff member who receives food from the outside should label the items with the resident's name, room number and the date prior to placing the items in the pantry unit refrigerator and that external cleaning of the refrigerator unit is the responsibility of the housekeeping porter. The Director of Nursing further stated that the morning shift nurse manager should round daily and make sure the refrigerator unit is clean, that food is discarded and that the temperatures are checked.</p> <p>On [DATE] at 10:20 AM The facility Administrator was interviewed and stated that they would follow up with the food service director for clarification on the findings.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>48876</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 01/13/2025 to 01/21/2025, the facility did not ensure that the garbage storage areas were maintained in sanitary condition. This was evident during the Kitchen Observation. Specifically, kitchen waste was not disposed of properly and the outside garbage compactor lid was left open and uncovered.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Solid Waste and Pick-up, dated 07/11/2024, documented that the assigned dietary staff removes solid waste from all dietary areas. Solid waste is transported in covered receptacles and disposed of in the compactor. The outdoor compactor side lid must be kept always closed except when emptying trash bins or washing of dumpsters.</p> <p>On 01/15/2025 at 11:26AM During the kitchen observation of lunch preparation with Dietary Supervisor #1, Dietary Aide #1 was observed transporting an uncovered garbage can from the outside trash compactor past the food preparation area while lunch was being prepared.</p> <p>On 01/15/2025 at 11:30AM, an interview was performed with Dietary Aide #1 who stated that anytime they take the garbage out and bring the can back into the kitchen, they are supposed to place the garbage bag inside the can and cover the can with the garbage can lid before they bring the can back into the kitchen from the outside trash compactor. Dietary Aide #1 further stated that they did not put the lid on the garbage can prior to transporting it back into the kitchen from the outside trash compactor because they were in a rush.</p> <p>On 01/15/2025 at 11:49AM, an Interview was performed with Dietary Supervisor #1 who was present during the observation. They stated, that after emptying the trash in the outside trash compactor, the dietary aide is supposed to enter the kitchen from the outside with the garbage can lid covering the garbage can because the garbage can is unsanitary and is passing by the food. Dietary Supervisor #1 further stated that typically, when the dietary staff takes out the trash from the kitchen, they monitor them to ensure a lid is on top of the garbage can before and after disposal.</p> <p>There was no documented evidence of monitoring of trash containment or disposal.</p> <p>01/21/25 at 9:50 AM, the Food Service Director was interviewed, and stated, I have no comments regarding the garbage disposal and compactor observations findings as it just shouldn't have happened.</p> <p>On 01/15/2025 at 11:55AM, An observation of the outside garbage compactor was conducted with Dietary Supervisor #1 and Dietary Aide #1, The compactor lid was observed to be open and uncovered. Dietary Supervisor #1 stated that the compactor lid is supposed to be kept closed when not in use.</p> <p>On 08/14/24 at 11:15AM, An interview was performed with the facility Administrator who stated that they will clarify and discuss the findings with the Food Service Director.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50894</p> <p>Based on interviews and record review conducted during the Recertification Survey from 01/13/2025 to 01/21/2025, the facility did not ensure that the Medical Director participated in the Quality Assurance and Performance Improvement quarterly meetings. This was evident during review of the attendance sheets for the last four quarterly meetings, and the facility provided list of members of the Quality Assurance and Performance Improvement Committee, and through interview with the Medical Director and other members of the Quality Assurance Committee. Specifically, the Medical Director stated that they do not attend the Quality Assurance quarterly meetings, and the Administrator stated that the Medical Director was too busy to attend the Quarterly Assurance quarterly meetings.</p> <p>The findings are:</p> <p>The undated policy titled Quality Assurance and Performance Improvement Program documented; that the Quality Assurance and Performance Improvement Program is designed to provide an ongoing, coordinated systematic and objective approach to monitor, evaluate, and improve [NAME]'s performance. The Quality Assurance and Performance Improvement Committee meets at least quarterly and as needed to coordinate and evaluate activities under the Quality Assurance and Performance program. [NAME] maintains a QAPI Committee consisting at minimum of the: Director of Nursing, Assistant Director of Nursing, Medical Director/Designee, Infection Preventionist, Administrator, Assistant Administrator, Director of Social Work, and at least two other members of the facility's staff.</p> <p>The undated document titled QAPI Committee documented; that the Quality Assurance and Performance Improvement Committee consisted of the: Administrator, Director of Nursing, Assistant Director of Nursing, Director of Admissions, Director of Social Work, Minimum Data Set Coordinator, Director of Recreation, Director of Rehabilitation, and Dietician. The QAPI Committee document did not include the Medical Director as a member of the Quality Assurance and Performance Improvement Committee.</p> <p>Review of the Quality Assurance and Performance Improvement Committee Meeting Sign-In Sheets documented that the Medical Director did not attend the Quality Assurance and Performance Improvement meetings on 02/06/2024, 05/03/2024, 07/25/2024, and 11/01/2024.</p> <p>On 01/17/2025 at 02:20 PM, the Director of Nursing was interviewed and stated that the Medical Director does not attend the quarterly Quality Assurance and Performance Improvement meetings.</p> <p>On 01/21/2025 at 09:33 AM, the Administrator was interviewed and stated that the Medical Director has not attended the last four Quality Assurance and Performance Improvement meetings because the Medical Director is too busy to attend them. The Administrator stated that they send the Medical Director copies of the meeting notes from each Quality Assurance and Performance Improvement meeting after each meeting to inform the Medical Director of what was discussed during each meeting. The Administrator stated that ideally, the Medical Director would attend the quarterly Quality Assurance meetings, but the Medical Director is so busy that it is difficult to schedule a time where they can attend.</p> <p>(continued on next page)</p>

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<p>F 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/21/2025 at 11:58 AM, the Medical Director was interviewed and stated that they do not attend the quarterly Quality Assurance and Performance Improvement meetings. They stated that instead of attending the meetings with the committee, they meet with the Director of Nursing and are briefed on what was discussed in the meetings afterwards.</p> <p>10 NYCRR 415.15(a)</p>		