

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Grandell Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 645 W Broadway Long Beach, NY 11561	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews conducted during a Recertification Survey initiated on 08/21/2025 and completed on 08/27/2025, the facility did not ensure that all alleged violations were thoroughly investigated in response to allegations of abuse, neglect, and mistreatment. This was identified for one (1) (Resident #256) of eight (8) residents reviewed for Accidents. Specifically, Resident #256 with impaired cognition was found on the floor on 06/24/2025. The incident was reported to the facility staff by the resident's roommate. The facility did not thoroughly investigate the incident and did not include a statement from the resident's roommate to identify the root cause of the incident. The finding is: The facility's policy titled Accident Incident Reporting, last revised 12/04/2023, documented that an accident/incident report should be completed if a resident had experienced a fall or a resident was discovered with an abrasion, bruise, or skin tear. The Nursing Supervisor and Licensed Nurses should complete the report. Any witness will write a statement as part of the investigation when the incident/accident occurred. All statements should be reviewed for completeness and accuracy before the change of shift. All incident/accident reports are reviewed by the Assistant Director of Nursing Services, Administrator, and the Medical Director/designee. Resident #256 was admitted with diagnoses including Parkinson's Disease, Alzheimer's Disease, and Anxiety Disorder. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 99, as the resident was unable to complete the interview. The Minimum Data Set assessment documented the resident was usually able to understand others. A Comprehensive Care Plan for Falls dated 10/11/2024, last revised on 08/22/2025, documented that the resident was at risk for falls related to diagnoses of Parkinsonism, Cerebral Infarction, Alzheimer's Disease, and Muscle Wasting and Atrophy. Interventions included but were not limited to ensure the resident had an appropriate call bell within reach, monitor the environment of the room for safety, well-lit and clutter-free and establishing a customary routine of out of bed/bed to the bathroom. The care plan interventions were updated on 06/24/2025 to include toileting every two (2) hours. An Accident and Incident Report dated 06/24/2025 at 3:04 PM, initiated by Registered Nurse #1, documented that Resident #256 fell in their room. Resident #256's fall was unwitnessed, and the resident was unable to state what happened. The Accident and Incident Report indicated the incident was reported by Resident #256's roommate but did not identify who the roommate was. A staff statement dated 06/24/2025, written by Licensed Practical Nurse #3, documented that Resident #256's roommate saw the resident on the floor and reported to the nurse. Licensed Practical Nurse #3 notified the Registered Nurse Supervisor and triggered the Fall code (Mr. Trip). A nursing progress note dated 06/24/2025, written by Registered Nurse #1, documented that at 3:04 PM, Registered Nurse #1 was notified of Resident #256's fall by Fall code (Mr. Trip). Upon assessment, the resident was lying on their right side in front of their bed. Resident #256 denied hitting their head but complained of pain to their right hip, where a blue/purple ecchymotic (bruised) area was noted. Resident #256 was unable to state what happened, but their brief was soiled. Resident #256 appeared to have been trying to self-transfer to the bathroom. The Physician Assistant was notified and ordered x-rays of the right femur (thigh), bilateral hip, and pelvis. The summary of the investigation (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dated 06/24/2025 documented that on 06/24/2025, Resident #256 was observed lying on their right side on the floor adjacent to their bed in their room. Resident #256 was unable to recall the event secondary to cognitive impairment. The floor was dry and uncluttered. The investigation concluded that the root cause of the incident was related to the resident's lack of safety awareness and attempting to toilet themselves independently. There was no cause to believe abuse, mistreatment, or neglect occurred. The facility investigation did not include a written statement from Resident #256's roommate, who had initially reported the incident. During an interview on 08/26/2025 at 2:52 PM, Licensed Practical Nurse #3 stated they were at the nursing station at the time of the incident on 06/24/2025. Licensed Practical Nurse #3 stated that Resident #16, who was Resident #256's roommate, notified staff that Resident #256 was on the floor. Licensed Practical Nurse #3 stated they entered Resident #256's room and found the resident on the floor next to the bed. Licensed Practical Nurse #3 stated they did not witness how the fall occurred and did not interview Resident #16 to obtain their statement. During an interview on 8/27/2025 at 10:07 AM, Registered Nurse #1 stated they functioned as Charge Nurse on the 1st floor but were also the Registered Nurse Supervisor for the whole building as needed. Registered Nurse #1 stated they were responsible for initiating an accident/incident report, assessing the resident, notifying the medical provider and family, and ensuring that immediate interventions were put in place. Registered Nurse #1 stated they were also responsible for conducting interviews with staff and residents as appropriate and obtaining statements. Registered Nurse #1 stated they did not recall if they interviewed and obtained a statement from Resident #256's roommate. During an interview on 08/27/2025 at 10:55 AM, the Director of Nursing Services stated the nursing supervisor should have interviewed all available witnesses, including residents and staff at the time of the incident, and obtained statements. The Director of Nursing Services stated the accident/incident report should be submitted to them, as the facility did not have a Risk Manager. The Director of Nursing Services stated they were responsible for conducting further interviews and collecting statements as necessary to summarize the investigation and determine the root cause of the incident and whether the incident was reportable to the New York State Department of Health. The Director of Nursing Services stated that all Accident and Incident reports should be reviewed and investigated thoroughly. The Director of Nursing Services was unable to identify Resident #256's roommate or locate a statement from Resident #256's roommate. The Director of Nursing Services stated there were unanswered questions in the investigation, and the accident/incident report should have included a statement from the resident's roommate. During an interview on 08/27/2025 at 1:02 PM, the Administrator stated they trusted the Director of Nursing Services to review all accident/incidents report to ensure they were completed and thoroughly investigated before a conclusion is drawn. 10 NYCRR 415.4 (b)(3)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews during the Recertification Survey initiated on 08/21/2025 and completed on 08/27/2025, the facility did not ensure that the resident maintained, to the extent possible, acceptable parameters of nutritional and hydration status. This was identified for one (1) (Resident #7) of six (6) residents reviewed for Nutrition. Specifically, Dietitian #1 recommended Resident #7 receive a liquid nutritional supplement of Glucerna Shake 240 milliliters twice daily for additional calories and protein; however, the supplement was never ordered. The finding is: The facility's policy titled, Nutritional Status and Recommendations, last reviewed/revised in December 2024, documented the Registered Dietitian will document in a progress note and communicate nutritional recommendations to the Primary Medical Doctor (PMD). The Primary Medical Doctor will review and order nutrition and hydration recommendations. Resident #7 had diagnoses that included Osteomyelitis (bone infection) and Left Above Knee Amputation. The significant change Minimum Data Set (MDS) assessment dated [DATE] documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognitive skills for daily decision making. Section K - Swallowing/Nutritional Status documented the resident's height was 65 inches, and the resident's weight was 119 pounds. The Minimum Data Set did not indicate significant weight loss in one month or six months. The Dietary re-admission Progress Note dated 06/09/2025, written by Dietitian #1, who was no longer employed by the facility, documented: recommend Glucerna Shake 240 milliliters twice daily, which provided 180 kilocalories and 10 grams of protein per 8 fluid ounces (240 milliliters). The resident was at risk for Malnutrition due to a mechanically altered diet, help needed with feeding, incontinence, above-knee amputation with infection, impaired skin integrity, on pain medication, history of Lasix (a diuretic medication that reduces fluid retention and treats high blood pressure) use, poor intake, Diabetes Mellitus, and other comorbidities. A review of the resident's current Physician Orders revealed no documented evidence that the resident was receiving Glucerna Shakes. A review of the resident's Medication Administration Records (MARs) dated June 2025, July 2025, and August 2025 revealed no documented evidence that the resident was ever provided with Glucerna Shakes. Dietitian #1 was not available for an interview as they no longer worked at the facility. During an interview on 08/26/2025 at 11:00 AM, Registered Dietitian #1 stated that Dietitian #1 (former) was responsible for entering a Physician's Order into the resident's Electronic Medical Record for the Glucerna Shakes they were recommending for the resident's Physician to sign. During a second interview on 08/26/2025 at 12:45 PM, Registered Dietitian #1 stated they would ensure the resident's Physician ordered the Glucerna Shakes today, to prevent the resident from weight loss and help with wound healing. 10 NYCRR 415.12(i)(1)		

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the Recertification Survey initiated on 08/21/2025 and completed on 08/27/2025, the facility did not ensure the Facility Assessment was updated to reflect the actual staffing levels. Specifically, the Facility assessment dated [DATE] inaccurately reflected the number of Registered Nurse Supervisors needed during the 11:00 PM-7:00 AM shifts and the number of Registered Nurses needed on the first floor during the 7:00 AM-3:00 PM shifts. The finding is: The facility policy, titled Facility Assessment, dated 01/15/2024, documented the interdisciplinary team members will conduct a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. The interdisciplinary team will review and update the assessment as necessary and at least annually. The interdisciplinary team will also review and update the assessment whenever there are, or the facility plans for, any changes that would require a substantial modification to any part of the assessment. The Facility assessment dated [DATE] documented under the heading: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies two Registered Nurse supervisors on the 11:00 PM-7:00 AM shift and one Registered Nurse for the 7:00 AM- 3:00 PM shift on the first-floor nursing unit. Review of the projected staffing sheet for 08/22/2025 revealed three (3) Licensed Practical Nurses were scheduled for the first floor during the 7:00 AM-3:00 PM shift, and one Registered Nurse supervisor was scheduled for the 11:00 PM-7:00 AM shift. During an interview on 08/27/2025 at 9:34 AM, Staffing Coordinator #1 stated there are six nursing units at the facility, and each unit is staffed per shift based on the number of nursing staff listed on the par level (the minimum number of staff needed) sheet. Staffing Coordinator #1 stated staffing is not a problem as the facility utilizes a staffing agency to fill nursing staffing needs. Staffing Coordinator #1 stated there is only one Registered Nurse Supervisor required during the 11:00 PM-7:00 AM shift, according to the par level sheet. Staffing Coordinator #1 stated the first floor no longer had a Registered Nurse during the 7:00 AM-3:00 PM shift because the Registered Nurse position was replaced by a Licensed Practical Nurse. A review of the par level sheet revealed three Licensed Practical Nurses were required on the first-floor nursing unit during the 7:00 AM-3:00 PM shift and one Registered Nurse Supervisor for the 11:00 PM-7:00 AM shift. During an interview on 08/27/2025 at 10:50 AM, the Director of Nursing Services stated the Administrator entered the staffing numbers in the Facility Assessment. On the 11:00 PM-7:00 AM shift, the facility usually has one Registered Nurse supervisor assigned, but sometimes an extra Registered Nurse is scheduled to work, because there are a lot of admissions at night. The Facility Assessment documented the need for two Registered Nurse Supervisors during the 11:00 PM-7:00 AM shift and used the staffing on 03/06/2025 and 03/08/2025 as a guide; however, the staffing listed in the facility assessment related to Registered Nurse Supervisor and the Registered Nurse on the first floor is not constant. During an interview on 08/27/2025 at 11:17 AM, the Administrator stated they reviewed the staffing for 03/06/2025 and 03/08/2025 to document the staffing needs in Facility Assessment, but the numbers indicated in the Facility Assessment did not reflect daily staffing needs. The Registered Nurse requirement documented in the Facility Assessment for the first floor during the 7:00 AM-3:00 PM shift was no longer valid because the Licensed Practical Nurse replaced the Registered Nurse position. The change occurred about a month ago. The par levels have changed since the Facility Assessment was updated in March 2025, and the facility only needs one Registered Nurse Supervisor during the 11:00 PM-7:00 AM shift. 10 NYCRR 415.26		

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the Recertification Survey initiated on 08/21/2025 and completed on 08/27/2025, the facility did not ensure the Minimum Data Set assessment was completed to accurately reflect each resident's status. This was identified for one (1) (Resident #142) of three (3) residents reviewed for Transmission Based Precautions and for one (1) (Resident #7) of six (6) residents reviewed for Nutrition. Specifically, 1) Resident #142's Interim Payment Assessment (IPA), dated 07/25/2025, did not correctly reflect Resident #142's Isolation or Quarantine status for an active infectious disease. 2) Resident #7 had a significant weight loss, which was not identified in the significant change Minimum Data Set assessment dated [DATE]. The findings are: The facility's policy titled Comprehensive Assessment and Comprehensive Care Planning Process, last revised on 12/2024, documented that the Registered Professional Nurse, in collaboration with other disciplines, resident, and designated representative, shall be responsible for developing a comprehensive assessment (Minimum Data Set 3.0) for each resident within 14 days following admission. The Minimum Data Set (MDS) coordinator is responsible for coordinating the assessment and care planning process in order to ensure the timely and accurate completion of the Minimum Data Set (MDS) and care plan. The breakdown of completion included Section K for Nutritional Services and Section O for Special Treatment, Procedures, and Programs to be completed by Nursing and the Minimum Data Set coordinator. All disciplines completing the section in the assessment are required to sign for their section. The Minimum Data Set coordinator, who is a Registered Nurse, is mandated to sign the Minimum Data Set to verify accuracy and completion. 1) Resident #142 was admitted with diagnoses including Candidiasis (a fungal infection caused by an overgrowth of the yeast Candida), Type 2 Diabetes, and Chronic Kidney Disease. The Interim Payment Minimum Data Set assessment, dated 07/25/2025, documented a Brief Interview for Mental Status score of 15, which indicated that Resident #142 had intact cognition. The Interim Payment Minimum Data Set assessment Section I (Active Diagnoses) documented that Resident #142 had a Multidrug Resistant Organism (microorganisms that have developed resistance to multiple classes of antimicrobial drugs, making infections difficult to treat). The Interim Payment Minimum Data Set assessment, Section O (Special Treatments, Procedures, and Programs), did not document that Resident #142 was on Isolation or Quarantine for an active infectious disease. A Physician's Order dated 04/16/2025 documented Contact Precautions for positive Candida Auris (a multidrug-resistant fungus that can cause severe, invasive infections). A Comprehensive Care Plan (CCP) dated 04/15/2025 titled, Candida Auris documented interventions including contact isolation protocol as ordered, observe for signs and symptoms of infection, and provide staff and resident education. During an observation on 08/21/2025 at 11:28 AM, Resident #142 was in bed. A sign was posted outside Resident #142's room documenting that Resident #142 was on Contact Precautions. The instructions on the sign included wearing a gown and gloves before entering the room, and performing hand hygiene before and after entering Resident #142's room. During an interview on 08/26/2025 at 1:39 PM, the Minimum Data Set Director stated that Section O (continued on next page)		

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	of the Minimum Data Set (MDS) assessment should have documented that Resident #142 was on Isolation for an active infectious disease. The Minimum Data Set Director stated that the missing information was an omission on their part, and they should have checked the Minimum Data Set assessment for accuracy. During an interview on 08/27/2025 at 8:43 AM, the Director of Nursing Services stated all Minimum Data Set assessments should be accurate and reflect the resident's condition. 2) Resident #7 had diagnoses that include Osteomyelitis (bone infection) and Left Above Knee Amputation. The significant change Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognitive skills for daily decision making. Section K - Swallowing/Nutritional Status documented the resident's height was 65 inches, and the resident's weight was 119 pounds. The Minimum Data Set documented that the resident had no weight gain or loss of 5% or more in the last one (1) month or 10% or more in the last six (6) months. Section K was completed by Dietitian #1 on 06/18/2025. The resident's weight history documented the resident weighed 132.8 pounds on 04/16/2025 and 119 pounds on 05/13/2025, which reflected a 10.39% weight loss in one (1) month. The resident weighed 142 pounds on 11/13/2024 and 119 pounds on 05/13/2025, which reflected a 16.20% weight loss in six (6) months. Dietician #1 was not available for an interview as they no longer worked at the facility. During an interview on 08/26/2025 at 11:00 AM, Registered Dietitian #1 stated Dietitian #1 (former) should have documented in the resident's significant change Minimum Data Set (MDS) assessment dated [DATE] the resident's weight of 119 pounds reflected a weight loss of 5% or more in the last one (1) month and a weight loss of 10% or more in the last six (6) months. During an interview on 08/27/2025 at 9:55 AM, the Minimum Data Set Director stated each discipline was responsible for the accuracy of their own section when completing a resident's Minimum Data Set assessment. The Minimum Data Set Director stated they did not review every section of the Minimum Data Set assessment for accuracy and that their signature on any Minimum Data Set assessment was only attesting to the fact that the Minimum Data Set assessment was complete. During an interview on 08/27/2025 at 1:10 PM, the Director of Nursing Services stated the Minimum Data Set Director was responsible for the completion and ensuring accuracy of all sections of the Minimum Data Set, not just the sections that pertain to nursing. 10 NYCRR 415.11(b)		