STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335502	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Gate Rehabilitation & Health Care Center	191 Bradley Ave Staten Island, NY 10314

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41709 Based on record review and interviews conducted during the Recertification Survey from 05/21/2024 to 05/29/2024, the facility did not ensure the Minimum Data Set assessments accurately reflected the resident's status. This was evident for 2 (Resident #90 and #212) of 38 total sampled residents. Specifically, 1.) Resident #90's Minimum Data Set assessment did not accurately document the resident acquired pressure sores in the facility, and 2.) Resident #212's Minimum Data Assessment assessment documented the resident was discharged to the hospital. The findings are: The facility policy titled Minimum Data Set 3.0 assessment dated ,d+[DATE] documented the assessment must reflect the current status of the resident. 1) Resident #90 had diagnoses of Anemia and Hypertension. The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #90 had 2 wounds that were present upon the resident's admission to the facility. Medical wounds notes Dated 02/20/2024 documented Resident #90's left heel pressure ulcer and right heel pressure ulcer were facility acquired. There was no documented evidence the Minimum Data Set 3.0 dated 4/19/2024 accurately documented Resident #90's pressure ulcers as facility acquired. On 05/24/2024 at 02:40 PM, an interview was conducted with the Minimum Data Set Coordinator who stated they reviewed documentation to determine a resident's skin condition when filling out the Minimum Data Set 3.0 assessment. Resident #90's pressure ulcers were not documented as facility acquired due to a coding error. 45351 2) Resident #212 had diagnoses of Diabetes Mellitus and Bipolar Disorder. The discharge Minimum Data Set assessment dated [DATE] documented Resident #212 was discharged to an acute hospital. (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Medical Doctor Note dated 02/29/2024 documented Resident #212 was discharged against medical advice. On 05/23/2024 at 12:14 PM, the Minimum Data Set Coordinator was interviewed and stated Resident #212 should have been coded as being discharged against medical advice on their Minimum Data Set 3.0 assessment dated [DATE]. 10 NYCRR 415.11(b)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48711 Based on interview and record review conducted during the Recertification and Complaint Survey (NY00333382) from 05/21/2024 to 05/29/2024, the facility did not ensure services provided by the facility met professional standards of quality. This was evident for 1 of 1 resident reviewed for drugs and medication. Specifically, Resident #215 had Bacitracin allergy. Review of Resident's treatment administration record revealed that Bacitracin was administered from 02/24/2024 to 02/29/2024. The findings are: A facility policy titled Review of Medication Profile and Plan of Care dated 10/2013 documented consultant pharmacist will review each resident's physician's orders and pharmaceutical plan of care. The Pharmacist will evaluate the need to discontinue any medication due to allergy, drug interaction or inconsistency of therapy to diagnosis. Resident #215 was admitted to the facility with diagnoses of Heart Failure, Cerebrovascular Accident, and Malignant Neoplasm of the Colon. The Minimum Data Set, dated dated dated [DATE] documented Resident #215 had severe impairment in cognition. A nurse's notes dated 02/23/2024 at 10:25 PM documented Resident #215 was noted with a small cut on the right heel during shower, treatment rendered. A physician's order by Nurse Practitioner #3 dated 02/23/2024 documented apply Bacitracin and Band-Aid to right heel once daily until healed. The physician's order form documented Resident #215 had allergy to Bacitracin. A review of Resident #215's treatment administration record showed documentation that Bacitracin was administered from 02/24/2024 to 02/29/2024. During an interview on 05/28/2024 at 11:45 AM, Nurse Practitioner #3 stated they did not remember prescribing any medication for Resident #215. During an interview on 05/29/2024 at 11:37 AM, Registered Nurse #2 stated it was the responsibility of the licensed nurse, prescribing physician, and pharmacy to check if a resident had allergy to any medication prior to prescribing or administering the medications. During an interview on 05/29/2024 at 12:28 PM, Registered Nurse #17, who was the Staff Educator, stated the electronic medical record gives an alert on resident allergies, these alerts are visible to the licensed nurses. They stated licensed nurses were supposed to check the resident's allergy bracelet, the physician's order, and the allergy section on the electronic medical record prior to administering the medication. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/29/2024 at 10:59 AM, Pharmacy Consultant #3 stated resident allergies to any medication were coded in the electronic medical record and the pharmacist will be able to see the alert and would contact the facility immediately. They stated treatment orders for in-house stock are not sent to the pharmacy, but the facility should have been alerted because allergies were listed in the resident's electronic medical record. During an interview on 05/28/2024 at 11:51 AM, the Assistant Director of Nursing stated the physician, and the pharmacist were supposed to check for resident allergies on each physician's treatment order. 10 NYCRR 415.11 (c)(3)(i)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101 Based on record review and staff interview conducted during the Recertification Survey conducted from 05/21/2024 to 05/29/2024, the facility failed to address an irregularity identified by the pharmacist during Medication Regimen Review. This was evident for 1 (Resident # 67) of 5 residents reviewed for Unnecessary Medications out of a total sample of 38 residents. Specifically, Divalproex (a mood stabilizer) serum level was recommended for Resident #67 by the Consultant Pharmacist during Drug Regimen Review. The recommendation was not addressed. The findings are: The facility's policy titled Drug Regimen Review - Monthly Policy with revision date of 03/2024 documented the consultant pharmacist shall identify, document, and report possible medication irregularities for review and action by the attending physician, where appropriate. The attending physician or licensed designee shall respond to the Drug Regimen Review within 30 days or more promptly whenever possible. Resident #67 had diagnoses of Schizophrenia, Type 2 Diabetes Mellitus, and Parkinsonism. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #67 had moderately impaired cognition. A physician's order for Divalproex 125 milligram tablet, give one tablet by oral route twice daily was renewed on 01/29/2024. Divalproex was initially ordered on 09/23/2022. The Medication Administration Record from 09/2022 through 05/2024 documented that Resident #67 was administered Divalproex as ordered by the physician. A Medication Regimen Review by Pharmacy Consultant #2 dated 02/23/2023 documented Resident #67 was currently receiving Divalproex. Unable to locate recent serum level in chart. Recommended 2 weeks after start then every 6 months thereafter. Please consider ordering. The physician documented agree; will do and signed the review on 02/24/2023. The same recommendation was made by Pharmacy Consultant #2 on 10/25/2022. A review of the physician's order and laboratory reports from 09/23/2022 through 05/24/2024 revealed no documented evidence that Divalproex serum level was ordered and obtained. During an interview on 05/28/2024 at 12:46 PM, Pharmacy Consultant #2 stated they made the recommendation to obtain Divalproex serum level on 02/23/2023. They stated they made the recommendation twice but was not addressed. During an interview on 05/28/2024 at 11:08 AM, Attending Physician #1 stated Resident #67 had been on Divalproex since 09/2022. They stated the consultant pharmacist recommended Divalproex serum level and it should have been ordered. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/28/2024 at 12:09 PM, Nurse Practitioner #1 stated Resident #67 had been on Divalproex since 09/2022. They stated there had been no order to check the Divalproex serum level for Resident #67. Nurse Practitioner #1 stated the Divalproex serum level should be checked at least once a year to monitor for toxicity. During an interview on 05/28/2024 at 12:37 PM, the Assistant Director of Nursing stated the Drug Regimen Review recommendations were given to the medical providers to address. They stated the medical providers put in the orders for laboratory requests. During an interview on 05/28/2024 at 3:41 PM, the Medical Director stated Drug Regimen Reviews were placed in medical providers mailbox for them to review. The Medical Director stated it was pointless to obtain the serum level for Divalproex since the medication was for mood. 10 NYCRR 415.18(c)(2)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, interview, and record review conducted during the Recertification Survey from 05/21/2024 to 05/29/2024 , the facility did not ensure that food was served at an appetizing temperature during meal service. This was evident for 2 of 2 units (Units 4 and 5) observed during dining observation. Specifically, food served during lunch meal service were not maintained at palatable and appetizing temperatures. The findings are: The facility policy titled Serving/Feeding the Resident with revision date of 02/22/2024 documented the objective of the policy was to serve attractive and nutritious meals and ensure the residents consume adequate food and fluids. The Meal Delivery / Tray Pass schedule with revision date of 03/13/2024 documented lunch tray pass for Units 4 and 5 starts at 11:45 AM. 1. Resident #25 was admitted to the facility with diagnosis of Heart Failure, Diabetes Mellitus and Hyperlipidemia. The Minimum Data Set assessment dated [DATE] documented Resident was cognitively intact. During an interview conducted on 05/21/2024 at 10:54 AM, Resident #25 stated their breakfast were always cold and lunch were served lukewarm. 2. Resident #415 was admitted to the facility with diagnosis of Osteoarthritis, Atrial Fibrillation and Gastro-esophageal Reflux Disease. The Minimum Data Set assessment dated [DATE] documented Resident was cognitively intact. During an interview conducted on 05/21/2024 at 11:03 AM, Resident #415 stated hot foods were delivered at lukewarm temperature most of the time and sometimes hot food were cold. 3. Resident #19 was admitted to the facility with diagnosis of Diabetes Mellitus, Hypertension and Hyperlipidemia. The Minimum Data Set assessment dated [DATE] documented Resident had moderately impaired cognition. On 05/21/2024 at 12:11 PM, Resident #19 was observed in their room and stated they were waiting for their lunch. On 05/24/2024 at 11:06 AM, test trays for Units 4 and 5 were requested. The meal carts arrived, and distribution of the tray service continued until 11:29 AM on Unit 5. On 05/24/2024 at 11:29 AM, the food temperatures on the test trays were checked and revealed the following: crusted fish at 112 degrees Fahrenheit, potato-garlic mashed potato at 117.5 degrees Fahrenheit, and fresh cut green beans at 108 degrees Fahrenheit. Puree diet tray tested puree fish at 136.4 degrees Fahrenheit, mashed potato 131.9 degrees Fahrenheit, puree vegetable at 131 degrees Fahrenheit, and milk at 55 degrees Fahrenheit. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/24/2024 at 12:02 PM, a test tray was conducted on Unit 4. Temperatures revealed the following: crusted fish at 122 degrees Fahrenheit, mashed potatoes at 138 degrees Fahrenheit, green beans at 128 degrees Fahrenheit and milk at 54 degrees Fahrenheit. On 05/29/2024 at 10:30 AM, Food Service Director was interviewed and stated the temperatures were not appropriate at the time of service when temperature checks were done on 05/24/2024. They stated ideal temperature for hot foods should be around 150-155 degrees Fahrenheit. The Food Service Director stated the temperature issue was identified in the past. They stated they have been using disposable ware for meal service. Therefore, it had been vital to deliver the meals as quickly as possible. On 05/29/2024 at 12:10 PM, the Administrator stated they recognized the problem and stated they already have a plan to implement a new food service system. The food presentation and temperatures will greatly improve and will dignify resident's dining experience. 10 NYCRR 415.14(d)(1)(2)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42101 Based on observations, record review, and interview conducted during the Recertification Survey from 05/21/2024 to 05/29/2024, the facility did not ensure that infection control practices were maintained. This was evident in 1 of 4 floors (3rd Floor) observed for the Dining Task and Infection Control. Specifically, Transporter #1 did not perform hand hygiene while assisting multiple residents in the dining room. The findings are: The facility policy titled Infection Control Handwashing, Proper Hand Washing Technique with revision date of 01/2024 documented it was the policy of the facility to promote and enforce hand washing as set forth by the Guidelines of the Centers of Disease Control and Prevention. The policy documented personnel should always wash their hands, even when gloves are used. If running water and soap are not available, hand antisepsis may be accomplished with alcohol based hand rubs. It is mandatory to wash hands between handling individual resident; before and after resident contact; before donning and after removing disposable gloves; during performance of normal duties including handling food trays; before, during, and after meal preparation; and after touching garbage. During an observation on 05/21/2024 from 11:58 AM - 12:36 PM, Transporter #1 assisted Residents #99, #32, #96, #52, and #113 with hand hygiene. Transporter #1 changed their gloves between each resident but failed to perform hand hygiene after removing and donning new gloves. Transporter #1 was observed with gloved hands disposed food in a trash bin then proceeded to open the water, fruit cup and juice, and cut meat for Resident #16, their gloved hands touched the Resident's mashed potato on the tray. Transporter #1 entered the pantry, disposed an item in the trash bin, then got water for Resident #147, pick up a piece of plastic on the floor, gave tray to Resident #114 and assisted with opening and placing utensils on the food, opened egg salad container and canned fruit with the same gloves on. On 05/21/2024 at 12:50 PM, the Transporter was interviewed and stated they cleaned residents' hands before meal and distributed meal trays. They stated they did everything right and that they changed their gloves and sanitized their hands once. On 05/29/2024 at 01:22 PM, Licensed Practical Nurse #3 was interviewed and stated they monitor staff for hand hygiene. They stated staff must perform hand hygiene between residents. Licensed Practical Nurse #3 stated staff may sanitize their hands up to 2 times and after that must wash their hands. On 05/29/2024 at 01:38 PM, Registered Nurse #9, who was the Registered Nurse Supervisor, was interviewed and stated staff should practice hand hygiene, and should either wash or sanitize their hands after taking their gloves off so they do not spread germs from the garbage to the residents. On 05/29/2024 at 02:28 PM, the Assistant Director of Nursing was interviewed and stated staff must practice hand hygiene before residents' meals, after contact with residents, after touching the trash. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	415.19 (b)(4)