

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Holliswood Ctr for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  195 44 Woodhull Avenue Hollis, NY 11423	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</b></p> <p>Based on record review and interviews conducted during the Recertification and Abbreviated (NY00331574) survey from 4/17/2024 to 4/24/2024, the facility did not ensure that a resident received quality of care. This was evident for 1 (Resident #266) of 38 total sampled residents. Specifically, Resident #266 did not receive assessment by a qualified Registered Nurse following an injury of unknown origin and a fall.</p> <p>The findings are:</p> <p>The facility's policy titled Injuries of Unknown Etiology dated 11/2023 documented the Licensed Nurse on duty must report incidents and injuries to the on-duty Supervisor.</p> <p>Resident # 266 had diagnoses of Parkinson's disease and dementia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #266 was moderately cognitively impaired and had 2 or more falls since their prior assessment.</p> <p>A Nursing Evaluation dated 4/14/2024 at 12:00 AM documented Licensed Practical Nurse #6 was called to the unit by the charge nurse. Resident #266 had swelling and discoloration to their left-hand 4th and 5th fingers of unknown origin. Licensed Practical Nurse #6 assessed Resident #266 and informed the Nurse Practitioner.</p> <p>A Nursing Evaluation Note dated 1/14/2024 at 4:10 AM documented Licensed Practical Nurse #6 was called to the unit by the charge nurse due to Resident #266 was found lying on the floor in the doorway of their room. Licensed Practical Nurse #6 assessed Resident #266, had them transferred to the wheelchair, and informed the Nurse Practitioner.</p> <p>The New York State Office Professions Registrations for Licensed Practical Nurse #6 documented they were registered until 6/2026.</p> <p>There was no documented evidence Resident #266 received quality of care and was adequately assessed by a Registered Nurse following an injury of unknown origin and fall on 1/14/2024.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/22/2024 at 04:33 PM, Licensed Practical Nurse #4 was interviewed and stated they were the charge nurse on Resident #266's unit when the resident had an injury of unknown origin and fall on 1/14/2024. Licensed Practical Nurse #4 called and reported the incidents to the Supervisor for that shift, Licensed Practical Nurse #6.</p> <p>On 04/23/2024 at 07:27 AM and 03:29 PM, Licensed Practical Nurse #6 was interviewed and stated they were the Supervisor in the building on 1/14/2024 when Resident #266 had discoloration to their left hand and a fall. Licensed Practical Nurse #6 assessed the resident, contacted the Nurse Practitioner, initiated an incident report, and ordered an x-ray. Licensed Practical Nurse #6 stated they failed the Registered Nurse licensing exam and was not approved for a permit to practice as a Registered Nurse in New York State. Licensed Practical Nurse #6 stated they were designated as a Supervisor and practicing the capacity of Registered Nurse on 1/14/2024 when Resident #266 had their incidents.</p> <p>On 04/23/2024 at 12:10 PM, the Director of Nursing was interviewed and stated the nurse on the unit was responsible for assessing residents when incidents occur. Licensed Practical Nurse #6 was the Registered Nurse Supervisor for the building on 1/14/2024 on the 11PM to 7AM shift. The Director of Nursing stated they believed the Licensed Practical Nurse #6 could practice in the capacity as a Registered Nurse because they held degree in Associate's in Nursing meeting the education requirements of a Registered Nurse. The Director of Nursing did not know whether Licensed Practical Nurse #6 had a permit to practice as a Registered Nurse in New York State.</p> <p>10 NYCRR 415.12</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44864</p> <p>Based on record review and interviews conducted during the Recertification and Abbreviated (NY00331574) survey from 4/17/2024 to 4/24/2024, the facility did not ensure licensed nurses had the competencies and skills necessary to care for a resident's needs. This was evident for 1 (Resident #266) of 38 total sampled residents. Specifically, Resident #266 did not receive assessment by a qualified Registered Nurse following an injury of unknown origin and a fall.</p> <p>The findings are:</p> <p>The facility's policy titled Injuries of Unknown Etiology dated 11/2023 documented the Licensed Nurse on duty must report incidents and injuries to the on-duty Supervisor.</p> <p>Resident # 266 had diagnoses of Parkinson's disease and dementia.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #266 was moderately cognitively impaired and had 2 or more falls since their prior assessment.</p> <p>A Nursing Evaluation dated 4/14/2024 at 12:00 AM documented Licensed Practical Nurse #6 was called to the unit by the charge nurse. Resident #266 had swelling and discoloration to their left-hand 4th and 5th fingers of unknown origin. Licensed Practical Nurse #6 assessed Resident #266 and informed the Nurse Practitioner.</p> <p>A Nursing Evaluation Note dated 1/14/2024 at 4:10 AM documented Licensed Practical Nurse #6 was called to the unit by the charge nurse due to Resident #266 was found lying on the floor in the doorway of their room. Licensed Practical Nurse #6 assessed Resident #266, had them transferred to the wheelchair, and informed the Nurse Practitioner.</p> <p>The New York State Office Professions Registrations for Licensed Practical Nurse #6 documented they were registered until 6/2026.</p> <p>There was no documented evidence Resident #266 received an assessment from a qualified and competent Registered Nurse following an injury of unknown origin and fall on 1/14/2024.</p> <p>On 04/22/2024 at 04:33 PM, Licensed Practical Nurse #4 was interviewed and stated they were the charge nurse on Resident #266's unit when the resident had an injury of unknown origin and fall on 1/14/2024. Licensed Practical Nurse #4 called and reported the incidents to the Supervisor for that shift, Licensed Practical Nurse #6.</p> <p>(continued on next page)</p>

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