

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/23/2024
NAME OF PROVIDER OR SUPPLIER  The Phoenix Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  140 St Edwards Street Brooklyn, NY 11201	

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 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** 40565</b></p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 09/16/2024 and 09/23/2024, the facility did not ensure that a resident who needs respiratory care including tracheostomy care, was provided such care consistent with professional standards of practice. This was evident in 1 resident (Resident #193) reviewed for tracheostomy care out of 38 total sampled residents. Specifically, Resident #193's family member was observed performing tracheostomy care to the resident without training and staff supervision.</p> <p>The findings are:</p> <p>The facility policy titled Tracheostomy with a revision date of 10/2023 documented that the purpose of the policy was to guide tracheostomy care and cleaning of reusable tracheostomy cannulas. The policy documented that aseptic technique must be used during tracheostomy dressing changes and enhanced barrier precautions must be followed. The procedure guidelines documented that resident's skin must be assessed and resident must be assessed for respiratory distress during tracheostomy dressing change. The policy documented that in cleaning the removable inner cannula, the supplies must be set-up in a sterile field.</p> <p>On 09/18/2024 at 09:49 AM, Resident #193's family member was observed performing tracheostomy care to the resident in the room without supervision or observation by any licensed staff. The family member used regular gloves to remove Resident #193's dirty tracheostomy collar, dirty dressing, tracheostomy mask, and inner cannula. The family member washed the dirty tracheostomy items in the sink inside Resident #193's room and placed them back on the resident's tracheostomy site without changing their gloves. Using the same gloves, the family member applied a new gauze on the tracheostomy site, replaced the inner cannula and the tracheostomy collar and mask.</p> <p>Resident #193 was admitted to the facility with diagnoses that included Coronary Artery Disease, Non-Alzheimer's Dementia, and Tracheostomy Status.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE] documented the resident had severe impairment in cognition, is on suctioning, on oxygen therapy, on tracheostomy care, and was totally dependent on staff for all activities of daily living.</p> <p>A comprehensive care plan for tracheostomy related to impaired breathing mechanics was initiated on 02/01/2022. The facility interventions included tracheostomy / stoma care every shift and as needed and suction as necessary.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order dated 06/07/2023 documented to apply gauze pads to neck topically every shift for tracheostomy care, to cleanse skin under trach collar with soap and water and apply gauze pads, and to change inner cannula every shift and as needed.</p> <p>A review of the Treatment Administration Record from 09/01/2024 - 09/17/2024 revealed that the physician's order on tracheostomy care was transcribed and were signed off by the licensed nurses.</p> <p>During an interview on 09/18/2024 at 09:50 AM, Resident #193's family member stated that they perform Resident #193's tracheostomy care every day because the staff were not doing it. The family member refused to answer when they were asked by the Surveyor if they had been trained by the licensed nurse in the facility on how to perform tracheostomy care.</p> <p>During an interview on 09/18/2024 at 02:24 PM, Certified Nursing Assistant #1 stated they had been assigned to Resident #193. They stated that Resident 193's family visits daily and that the family member performs the tracheostomy care for the Resident.</p> <p>During an interview on 09/18/2024 at 10:04 AM, Licensed Practical Nurse #1 stated that Resident #193's family member has been doing the Resident's tracheostomy care every day. They stated they do not know if the family member has been trained to perform tracheostomy care.</p> <p>During an interview on 09/18/2024 at 1:20 PM, Registered Nurse #1 stated that the unit nurse is responsible in performing tracheostomy care for Resident #193. They stated they had been seeing the family member visit daily but was not aware that they had been doing the tracheostomy care for the Resident.</p> <p>During an interview on 09/20/2024 at 09:26 AM, the Director of Nursing stated that the unit nurse is responsible in performing tracheostomy care. They stated they were not aware that Resident #193's family member had been doing the Resident's tracheostomy care. The Director of Nursing stated that if the family is interested in performing tracheostomy care, they need to be educated by the nurse on the proper way of doing it.</p> <p>10 NYCRR 415.12(k)(5)(4)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 42101</b></p> <p>Based on observations, record review, and interviews conducted during the Recertification Survey from [DATE] to [DATE], the facility did not ensure that food was stored in accordance with professional standards for food service safety. Specifically, there were multiple expired enteral feeding observed in the kitchen dry storage room. This was evident during the Kitchen Task.</p> <p>The findings are:</p> <p>The facility policy titled Food Storage with a revision date of [DATE] documented that all stock must be rotated with each new order received. Old stock is always used first, first in - first out method. Routine checks on the storeroom will be conducted by the Food Service Director or designee to ensure that stock is rotating properly.</p> <p>An initial tour of the kitchen and emergency food storage area was conducted on [DATE] from 09:48 AM to 10:42 AM with the Food Service Director and Dietary Aide. During the observation, 3 boxes of 1 liter bottle enteral feedings, a total of 24 bottles, were found with a past due use by date. Two boxes of enteral feeding had a use by date of [DATE] and 1 box had a use by date of [DATE].</p> <p>During an interview on [DATE] at 10:43 AM, the Dietary Aide stated they rotate the food items and that they put old food items in the front and new items behind the old items.</p> <p>During an interview on [DATE] at 01:25 PM, the Food Service Director stated they look for expired food products during daily rounds. They stated they noticed the expired enteral feedings and instructed the dietary aide to remove them, but it slipped the dietary aide's mind.</p> <p>10 NYCRR 415.14(h)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42101</p> <p>Based on observation, record review, and interview conducted during the Recertification Survey from 09/16/2024 to 09/23/2024, the facility did not ensure infection prevention and control practices and procedures were maintained to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections. Specifically, 1.) Certified Nursing Assistant #5 did not perform hand hygiene in between residents while assisting residents with hand hygiene prior to lunch being served. 2.) The facility did not have acceptable pathogen levels identified in the Water Management Plan for Legionella.</p> <p>1.) The undated facility policy titled Dining documented the facility adheres to strict hand hygiene protocols to prevent the transmission of infections among residents, staff, visitors and other stakeholders. Hand hygiene procedure that reduces the risk of transmission of infection in the nursing home facility ensuring the safety and health of all residents and staff members. Hand hygiene must be performed before and after touching a resident, and before handling food and feeding a resident.</p> <p>During dining observation on the 7th floor on 09/19/2024 from 12:55 PM to 1:08 PM, Certified Nursing Assistant #5 was observed assisting residents in the dining room with hand hygiene prior to meals. Certified Nursing Assistant #5 assisted Resident #223 with hand hygiene and then assisted Resident #244 without performing hand hygiene and changing gloves.</p> <p>During an interview on 09/18/2024 at 02:29 PM, Certified Nursing Assistant # 5 stated they realized they did not clean their hands and changed their gloves in between residents. They stated they were supposed to perform hand hygiene after each helping each resident in cleaning their hands.</p> <p>During an interview on 09/18/2024 at 02:38PM, Licensed Practical Nurse #3 stated there is no reason for the staff not to perform hand hygiene the right way since they had received in-service and hand sanitizers are available.</p> <p>During an interview on 09/23/2024 at 12:37PM, the Infection Preventionist stated Certified Nursing Assistants must assist residents in cleaning their hands before meals using hand wipes. They stated that staff must perform hand hygiene as a safety precaution, so they do not transfer anything from one resident to another.</p> <p>During an interview on 09/23/2024 at 12:49 PM, the Director of Nursing stated that for infection control purposes, the staff should not use the same gloves and must wash their hands before they proceed to helping the next resident with hand hygiene.</p> <p>415.19 (b)(4)</p> <p>45344</p> <p>2.) A review of the facility's Legionella Water Management Plan with a revision date of 04/10/2024 documented that the facility would maintain and monitor the water system for Legionella.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Water Management Program revealed that it was missing the range specifying acceptable pathogen levels.</p> <p>During an interview on 09/23/2024 at 01:30 PM, the Assistant Administrator stated they would ensure that the Water Management Plan includes the range of acceptable pathogen levels.</p> <p>415.19(a)(1-3)</p>		