

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Harlem Ctr for Nursing and Rehabilitation, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 30 West 138th Street New York, NY 10037	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on observation, record review and staff interviews conducted during the Complaint (NY#00347998) and Recertification survey from 2/5/2025 to 2/12/2025, the facility did not ensure a resident with limited range of motion received treatment and services to maintain and/or to prevent further decrease in range of motion. This was evident for 1 (Resident #66) of 2 residents reviewed for Limited Range of Motion out of 37 total sampled residents. Specifically, Resident #66 was not provided with range of motion exercises in accordance with a Physician's Order.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Rehabilitative Nursing Care undated documented rehabilitative nursing care is performed daily for those residents who require such service include assisting residents with their routine range of motion exercises, floor ambulation, standing and transfer.</p> <p>Resident #66 was admitted to the facility with diagnoses that included Multiple Sclerosis, Hemiplegia, and Osteoarthritis.</p> <p>The Minimum Data Set, dated dated dated [DATE] documented Resident #66 is cognitively intact and requires partial/moderate assistance for upper body dressing, personal hygiene and dependent for lower body dressing, putting footwear.</p> <p>The New York State Department of Health Complaint Intake received 7/12/2024 documented that Resident #66 no longer receives physical therapy and was ordered to receive stretches in bed. However, staff are not providing any exercises.</p> <p>On 2/6/2025 9:59 AM, Resident #66 was interviewed who stated they are ordered to receive upper/lower extremity exercises in bed after therapy was discontinued. Initially, the nursing staff were doing the exercises daily for Resident #66. It later stopped completely and has not been getting any exercise for few months already.</p> <p>The Physician Order initiated 11/6/2024 documented Resident #66 to receive Active Range of Motion to both upper extremities and Active/Passive Range of Motion to both lower extremities 3 sets x 10 reps daily as tolerated.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Comprehensive Care Plan for Resident #66 placed on Range of Motion initiated 11/6/2024 and last reviewed 1/23/2025 documented resident will maintain to participate in range of motion during care and will not develop any contracture or limitation in movements during care until next review date. The interventions included active range of motion to both upper extremities and active/passive range of motion to both lower extremities 3 sets x 10 reps in all available planes of motion daily as tolerated.</p> <p>The Certified Nursing Assistant Documentation Record for Resident #66 dated 1/1/2025 to 2/6/2025 documented Resident #66 to receive range of motion to both upper/lower extremities 3 sets x 10 reps once daily for 15 minutes during 7:30AM to 3:30PM shift. The review of the record revealed that the AROM/PROM exercises were being provided/was tolerated.</p> <p>On 2/7/2025 at 10:14 AM, Certified Nursing Assistant #9 stated they are currently regular assigned staff during the day shift for Resident #66. Certified Nursing Assistant #9 stated Resident #66 is cognitively intact, requiring total care for most of ADLs except for eating. Resident #66 is also limited in their mobility/functional level so resident utilizes the call bell when help is needed. Certified Nursing Assistant #9 stated Resident #66 prefers to stay in their room, mostly in bed. Certified Nursing Assistant #9 recalled Resident #66 on range of motion some time last year, but stated resident is not currently on any program. Therefore, Certified Nursing Assistant #9 stated they are not performing any range of motion exercises for Resident #66. Certified Nursing Assistant #9 stated nursing instructions/therapy binder were checked to confirm that Resident #66 was not on any restorative nursing program. Certified Nursing Assistant #9 stated they don't remember completing any documentation related to range of motion in the electronic medical record for Resident #66. Therefore, they could not explain why there is documentation indicating Resident #66 was provided with range of motion exercises.</p> <p>On 2/11/2025 at 11:43 AM, Certified Nursing Assistant #11 stated they are per diem who worked during the day shift on 2/6/2025. Certified Nursing Assistant #11 recalled that Resident #66 was added to their assignment because staff had called out on that day. Certified Nursing Assistant #11 stated they didn't provide any range of motion exercises for any residents including Resident #66 on that day. Certified Nursing Assistant #11 stated they did not know why documentation reflected that resident was provided with range of motion exercises. It was an error and should have not been documented as completion.</p> <p>On 2/11/2025 at 11:22 AM, Physical Therapist stated Resident #66 last received therapy from 10/17/2024 to 11/6/2024 and was placed on maintenance restorative nursing program. Resident #66 is provided with daily range of motion exercises for 15 minutes by nursing staff. Range of motion can be incorporated/performed during ADL care but it requires time to complete 10 reps x 3 sets for both upper/lower extremities.</p> <p>On 2/10/2025 at 8:25 AM, Registered Nurse #3 stated certified nursing assistant during the day shift is responsible to provide range of motion during ADL care daily. Nursing staff is rotated monthly, so they are responsible to check resident's individual plan of care in the electronic medical record. Registered Nurse #3 stated they were not aware that Resident #66 was not getting their range of motion exercises daily.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/12/2025 at 12:05 PM, Director of Nursing Service stated that unit nurse supervisor is responsible to review resident's individualized plan of care with assigned nursing staff and to conduct rounding on the unit to ensure the care is being provided. Director of Nursing Service stated the staff will need more training about performing range of motion and documenting accurately in the electronic medical record.</p> <p>10 NYCRR 415.12(e)(2)</p>		