STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335522	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harlem Ctr for Nursing and Rehabilitation, L L C	30 West 138th Street New York, NY 10037

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** 48876 Based on observations, record reviews, and staff interviews conducted during the Recertification survey from 02/05/2025 to 02/12/2025, the facility did not ensure that care and services were provided according to accepted standards of clinical quality and practice. This was evident for 1 (Resident #389) of 2 residents reviewed for Intravenous medication administration out of a total of 35 sampled residents. Specifically, Intravenous antibiotics for Resident #389 were administered through a Peripherally Inserted Central Catheter by a Licensed Practical Nurse. The findings are: The facility Policy and Procedure titled Administering Medication by Central Line Access, reviewed and or revised 01/02/2025, documented guidelines for safe administration of medications intravenously through a central line access: 1) An LPN may Not Flush any venous central line for patency including a Peripherally Inserted Central Catheter. 2) An LPN may Not administer any intravenous solutions through a central venous line including a Peripherally Inserted Central Catheter. Resident #389 was admitted to the facility with diagnoses that include: Osteomyelitis of the left ankle and foot and Diabetes Mellitus. The Admission Minimum Data Set assessment dated [DATE] documented Resident #389 with severely impaired cognition and they required medication administration intravenously. On 02/06/25 at 9:06AM, during observation of medication administration of Resident #389, Licensed Practical Nurse #2 was observed 1) Administering 5 milliliters of 0.9% Sodium Chloride Flush Solution into the Peripherally Inserted Central Catheter 2) Preparing and Administering the antibiotic solution of Daptomycin Sodium Chloride 350-0.9 milligrams/50mililiters to be administered at a rate of 100ml/hr. into the Peripherally Inserted Central Catheter. A Hospital Surgical Progress Note/discharge summary dated 01/21/2025, documented that Resident #389 is undergoing antibiotic treatment for Osteomyelitis with a Peripherally Inserted Central Catheter in place. A Facility Physician Order dated 01/22/25, documented that Resident #389 had a left arm Central Venous Peripherally Inserted Central Catheter Line to be observed every shift for signs and symptoms of infection. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Facility Physician Order dated 01/22/25, documented the use of Daptomycin Sodium Chloride 350-0.9 milligrams/50mililiters. 360 milligrams to be administered intravenously once daily for 14 days. A Facility Physician Order dated 01/22/25, documented the use of Saline Flush 0.9% 5 milliliters to be administered for Central Venous / Peripherally Inserted Central Catheter Line maintenance before and after antibiotic administration. A Facility Medication Administration Record dated February 2025, documented that Licensed Practical Nurse #2 administered intravenously the antibiotic solutions of Daptomycin Sodium Chloride and Ceftriaxone Sodium Dextrose on 2/4 and 2/5. On 02/06/25 at 9:30AM, Licensed Practical Nurse #2 was Interviewed and stated, that they were not sure if the Intravenous Line for administration of medication for Resident #389 was a Central Catheter. Licensed Practical Nurse #2 was then observed looking in the Electronic Medical Record and stated that they then determined that the Resident's intravenous line is a Peripherally Inserted Central Catheter. Licensed Practical Nurse #2 further stated that they have been employed by the facility for 1 month and has not yet been in-serviced on intravenous administration. On 02/06/25 at 12:34PM, Registered Nurse #1, the unit supervisor, was Interviewed and stated that Licensed Practical Nurses do not give medications through a central line. Medication administration is monitored as new medication orders are reviewed. If an antibiotic is to be given through a Peripherally Inserted Central Catheter, the Licensed Practical Nurses are reminded not to give the medication as the Registered Nurse on duty will. Registered Nurse #1 further stated that it will take some investigation to determine how the Licensed Practical Nurse has been administering medications through the Peripherally Inserted Central Catheter and that they will have to speak with the Assistant Director of Nursing regarding this and additional education for Licensed Practical Nurses. On 02/07/25 at 09:06AM, The Assistant Director of Nursing was interviewed and stated that Licensed Practical Nurse #2 was hired on 12/17/2025 as a new nurse who has been assigned to work the night shift and has passed orientation education on infusion therapy. An agenda and attendance sheet were provided. The Assistant Director of Nursing also stated that the facility admission nurse reviews the medication orders, enters the details into the Medication Administration Record, communicates with the next shift and the Registered Nurse who performs that admission or the additional Registered Nurse who is rounding will administer the medications that are ordered to be infused through a central line. The Assistant Director of Nursing then stated that the Licensed Practical Nurse who is administering the medications should contact the Registered Nurse if the Medication Administration Record documents for medications to be administered through a Peripherally Inserted Central Catheter. The Assistant Director of Nursing further stated that they can also administer the medications as they round daily and communicate with the staff to ensure that the nurses are administering medications correctly but they did not check the medication administration for Resident #389. They don't audit the Medication Admission Records for signatures of nurses who are performing intravenous medication administration but will start. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/07/25 at 09:47 AM, The Director of Nursing was interviewed and stated that when a resident is admitted they are notified by email of residents with indwelling devices, and they advise the staff on postings for Precautions and Personal Protective Equipment to ensure compliance. The Director of Nursing also stated that the Licensed Practical Nurse should look at the Medication Administration Record and notify the Registered Nurse if the resident has a central line for medication administration. The Director of Nursing further stated that the Registered Nurse should be rounding and that's how they would know there is a central line medication administration. Walking Rounds with the Registered Nurses and the Licensed Practical Nurses for accountability has been initiated daily and for every shift and the Assistant Director of Nursing will report on the findings. 415.11(c)(3)(i)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48876 Based on observation, interview and record review conducted during a Recertification survey from 02/5/2025 to 02/12/2025, the facility did not ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote wound healing. This was evident for 1 of 4 residents (Resident #389) reviewed for Pressure Ulcer Injury out of a total of 35 sampled residents. Specifically, Resident #389 did not receive pressure relieving devices and preventative measures to promote wound healing. The findings are: The Facility Policy titled Prevention of Pressure Ulcers reviewed/revised 01/02/025, documented the purpose of this procedure is to provide information regarding identification of pressure ulcer risk factors, interventions for specific risk factors, and preventative measures. General preventive measures include 1) Identify risk factors for pressure ulcer development 2) For a person in bed: Change position at least every two hours or more frequently if needed, determine if resident needs a special mattress, if a special mattress is needed, use one that contains foam, air, gel, or water, as indicated. Use pillows or wedges to keep bony prominences such as knees or ankles from touching each other. When in bed, every attempt should be made to float heels (keep heels off the bed) by placing a pillow from knee to ankle or with other devices as recommended by therapist and prescribed by the physician. Resident #389 was admitted to the facility with diagnoses that include Osteomyelitis of the left ankle and foot and Diabetes Mellitus. The Admission Minimum Data Set assessment dated [DATE], documented Resident # 389 had severely impaired cognition, the presence of 2 venous and arterial ulcers, and skin and ulcer/injury treatments that included pressure reducing devices for the chair, the bed, and a turning and positioning program. Resident #389 was dependent for all bed mobility and transfers. On 02/06/25 at 8:47 AM, Resident #389 was observed out of bed sitting. No heel booties were applied to cover the left foot surgical site and there was no pressure reducing device present in the wheelchair. On 02/06/2024 at 9:06 AM, During medication administration observation, Resident #389 was observed in bed. There was no heel booties applied, no offloading of the heels and there was no pressure reducing mattress present. On 02/07/25 at 11:47 AM, During wound observation, Resident #389 was observed in bed. There was no heel booties applied, no offloading of the heels and there was no pressure reducing mattress present. A Readmission nursing assessment dated [DATE], documented that the readmitting diagnosis for Resident #389 was aftercare following a surgical amputation with wounds to the left foot and pressure ulcers to the left and right trochanters/hips. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Braden Scale for Predicting Pressure Sore Risk dated 01/03/2025 and 01/22/2025, documented that Resident #389 was at a moderate risk of developing pressure ulcers. A Physician Order dated 01/22/2025, documented a treatment order of Xeroform gauze application to bilateral trochanters topically two times a day for pressure ulcers. A Physician Order dated 01/22/2025, documented a treatment order of Calcium alginate to left lateral foot topically two times a day for arterial ulcer. A Wound Assessment Progress Note dated 01/28/2025, documented that Resident #389 has significant contributors for increased risk of wound incidence and/or impede healing including impaired mobility. Education was provided regarding pressure relief, general offloading and frequent repositioning with offloading orders to avoid direct pressure to wound sites. A Wound Assessment Progress Note dated 01/30/2025, documented recommendations for nursing to continue to monitor skin integrity/wound progression and provide preventative measures. The Certified Nursing Assistant Accountability Record for January 2025 documented the intervention/task to turn and reposition Resident #389. There was no intervention/task for turning and repositioning on the Certified Nursing Assistant Accountability Record for February 2025. There was no documented evidence that measures were implemented to promote wound healing and prevent additional skin breakdown. On 02/12/25 at 9:24 AM, An Observation was performed with Registered Nurse #1 that Resident #389 did not have any pressure ulcer preventative measures in place including an air mattress, a seat cushion, heel booties, nor were his heels/surgical site off loaded. Registered Nurse #1 was interviewed and stated that the Protocol for residents prone to pressure ulcers and or who currently have a wound is that a Braden scale risk assessment is performed at admission and the admission nurse should report the at-risk residents findings to the Assistant Director of Nursing and or the Director of Nursing and they will arrange with maintenance for the resident to get an air mattress. Registered Nurse #1 also stated that a care plan should be entered for turning and positioning every 2 hours and entered in the CNA Accountability. Registered Nurse #1 further stated that foam dressings and heel booties are also used for prevention of skin breakdown and for the promotion of wound healing and all these measures should have been entered in orders. The Electronic Medical Record was reviewed by Registered Nurse #1 who stated that there were no orders entered for pressure relieving measures or devices. On 02/12/25 at 12:56 PM, the Director of Nursing was interviewed and stated that Corporate wants new forms implemented so the turning and positioning has been performed but not documented in the record. the Director of Nursing also stated that the unit manager who rounds daily should have picked up on the fact that there was no preventative measures or equipment in place for pressure ulcers prevention and wound healing and the admission nurse should have also documented to have these measures put in place. 10 NYCRR 415.12(c)(1-2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 39136 Based on observations, record reviews, and interviews conducted during the Recertification Survey from 02/05/2025 to 02/12/2025, the facility did not ensure the daily nurse staffing was posted. Specifically, there was no indication of the daily nurse staffing information with the total number of staff and total number of hours posted. This was evident during the review of the Staffing task. The findings include: The facility policy and procedure titled Posting Daily Nurse Staffing Information, last revised 01/02/2025, documented that the facility's policy is to ensure that nurse staffing information is always readily available in a readable format to residents and visitors. The facility will post daily nurse staffing information in a prominent place in each unit and in common areas that are readily accessible to residents and visitors. During multiple observations conducted on 02/05/2025 through 02/11/2025, there was no indication of the daily nurse staffing information being posted in the lobby or the nursing unit. The daily schedule was posted in the lobby inside a bulletin board. On 02/11/2025 at 9:39 AM, the Staffing Coordinator was interviewed and stated that the daily staffing schedule with the staff names and units assigned is posted on the bulletin board in the lobby. The daily nurse staffing with the total number of staff and total number of hours is not posted; it is attached to the schedule at the end of the day. On 02/11/2025 at 9:55 AM, the Director of Nursing was interviewed and stated that the staffing schedule is posted daily in the lobby. It contains where the staff are assigned to work. The daily staffing with the total number of staff and hours is supposed to be posted. I am not aware that it is not being posted. I do not check to see if it is posted; the director of nursing is responsible for ensuring that daily staffing is posted. On 02/11/2025 at 10:17 AM, the Administrator was interviewed and stated that staffing is posted in the lobby on the bulletin board. The schedule and the daily staffing are supposed to be posted. I usually check every morning but have not looked at it since the survey. I did not know that the daily staffing with the total number of staff and hours was not posted. 10 NYCRR 415.13

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on the observations and staff interviews conducted during the Recertification survey from 2/5/2025 to 2/12/2025, the facility did not ensure garbage and refuse were disposed properly. This was evident during kitchen observation. Specifically, the facility garbage bins did not have a lid or cover to prevent the harborage and potential feeding of pests. The findings: The facility's policy and procedure titled Disposal of Garbage and Refuse revised 1/2025 documented all garbage and refuse will be disposed of in a safe and efficient manner throughout the day. The exterior dumpster area shall be maintained and free of rubbish and other debris. All waste shell be kept in lined containers that are covered with lids, leak-proof and non-absorbent prior to disposal. On 2/10/2025 at 1:02PM, an observation was made of the garbage disposal room. The garbage bins all containing garbage were observed without a lid or cover. On 2/10/2025 at 1:13 PM and 2/11/2025 at 3:40PM, the garbage bin located in the garbage pickup area was observed without lid or cover, exposing garbage piled high in the bin. On 2/11/2025 at 12:04PM, Director of Food Service stated garbage bins are not equipped with a lid so they are not able to keep waste covered at this time. On 2/11/2025 at 3:27PM, Housekeeping Director stated they have been working in the facility for [AGE] years and the waste company has never provided garbage bins equipped with lids. Therefore, the garbage taken out to the pick-up area are always left exposed in the bin. On 2/12/2025 at 11:31 AM, Administrator was interviewed and stated they contacted the vendor to address the issue. 10 NYCRR 415.14(h)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 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 that the resident records were accurately documented in accordance with professional standards of practice. 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, but documentation reflected that resident was provided with Range of Motion exercises. The findings are: The facility's policy and procedure titled Charting and Documentation undated documented all services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record. Resident #66 was admitted to the facility with diagnoses that included Multiple Sclerosis, Hemiplegia, and Osteoarthritis. 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. 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. On 2/6/2025 9:59AM, 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. 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. 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. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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. 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 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. 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. 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. 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. 10 NYCRR 415.22(a)(1-4)

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 39136 Based on record review and interview conducted during the Recertification Survey from 02/05/2025 to 02/12/2025, the facility did not ensure that the Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) committee consisted at a minimum of the Medical Director, or their designee attended quarterly meetings. Specifically, the Medical Director has not participated in Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) meetings for 4 out of the four meetings as required. The findings are: The facility Quality Assurance and Performance Improvement (QAPI) policy, last revised on August 31, 2022, documented that the Quality Assessment and Assurance Committee consists of, at minimum, the director of nursing services, the medical director or designee, and at least one other member of the facility staff. One of them must be the administrator, the owner, a board member, or another individual in a leadership role. Meetings will be held quarterly. The facility policy and procedure titled Medical Director, with the last revised date of January 2025, documented that the Medical Director will be responsible for improving the performance of medical services as an integral part of performance improvement activities. A review of the Quarterly Meeting Attendance Sheets entitled Quality Assurance and Performance Improvement revealed that the Medical Director did not sign the attendance sheets for the following meetings: 01/31/2024, 04/08/2024, 08/29/2024, and 12/19/2024. There is no documented evidence that the Medical Director attended the Quality Assurance & Performance Improvement meeting via Microsoft Teams or in person for 4 of the four quarterly meetings. On 02/12/2025 at 1:59 PM, the Director of Nursing was interviewed and stated that the Quality Assessment and Assurance Committee comprises the director of nursing, the administrator, the medical director, and all the department heads. They meet quarterly, but we have been meeting every week since November on different topics. The Medical Director only comes to the quarterly meetings. The department heads attend the weekly meeting. On 02/12/2025 at 2:53 PM, the Medical Director was interviewed and stated that the protocol of the Quality Assurance and Performance Improvement meeting is to discuss different topics requiring improvement. The Administrator shares the meeting, and it covers everything that is a potential risk. I attend some of the meetings. The Administrator informs me on the phone that they are having a meeting. I do attend the meeting, and my name might be in the minutes. I do not sign the attendance record. On 02/12/2025 at 3:00 PM, the Administrator was interviewed and stated that they meet every quarter. All the department heads and corporate representatives attend the meeting. We hold a medical board meeting for the physicians. The Medical Director does not physically attend the quality assurance meeting. After the meeting, I would have a one-on-one meeting with the Medical Director to explain what we discussed and any new performance improvement plan. (continued on next page)

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10 NYCRR 415.15(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48876 Based on observation, record review, and interviews conducted during the Recertification Survey from 02/05/2025 - 02/12/2025, the facility did not ensure that infection control practices and procedures were maintained. This was evident for 2 Residents (Resident # 389 and Resident #63) of 12 residents observed for medication administration and 1 Resident (Resident #389) observed for Pressure Ulcer Injury out of a total of 35 sampled residents. Specifically, 1.) Licensed Practical Nurse #2 failed to follow Enhanced Barrier Precautions by not donning a gown while administering intravenous medications for a Resident with a Peripherally Inserted Central Catheter. 2.) Licensed Practical Nurse #3 failed to follow Enhanced Barrier Precautions by not donning a gown while administering medications for a Resident with a Gastrostomy tube. 3.) Licensed Practical Nurse #1 did not establish a clean field for the placement of wound supplies while performing a dressing change and did not perform hand hygiene after removing the soiled dressings. The findings are: The facility policy titled Enhanced Barrier Precautions reviewed/revised 02/2025, documented that Enhanced Barrier Precautions are implemented for residents who are at high risk of both acquisition of and colonization with multi-drug-resistant organisms. Enhanced Barrier Precautions expands the risk of personal protective equipment and refers to the use of gowns and gloves during high contact resident care activities. Enhanced Barrier Precautions should be applied to the residents with wounds, indwelling medical devices and infection or colonization with a multi-drug-resistant organisms. The facility policy titled Wound Care reviewed/revised 02/2025, documented steps in the wound care procedure: Establishment of a clean field on the resident's over the bed table for the placement of the clean items used while performing the dressing change. Hands should be washed and dried thoroughly after tape is loosened and the dressing is removed. 1) On 02/06/25 at 9:06AM, during observation of medication administration for Resident #389, Licensed Practical Nurse # 2 was observed a) Administering 5 milliliters of 0.9% Sodium Chloride Flush Solution into the Peripherally Inserted Central Catheter b) Preparing and Administering the antibiotic solution of Daptomycin Sodium Chloride 350-0.9 milligrams/50mililiters to be administered at a rate of 100ml/hr. into the Peripherally Inserted Central Catheter without wearing a gown. On 02/06/25 at 9:30AM, Licensed Practical Nurse #2 was Interviewed and stated that they were not sure if the Intravenous Line for administration of medication for Resident #389 was a Central Catheter. Licensed Practical Nurse #2 was then observed looking in the Electronic Medical Record and stated that they then determined that the Resident's intravenous line is a Peripherally Inserted Central Catheter. Licensed Practical Nurse #2 further stated that they did not wear a gown because the resident is not on contact precautions. After reading the signage that was posted for Enhanced Barrier Precautions, Licensed Practical Nurse #2 stated that they were not knowledgeable on the topic because they have not received any education on Enhanced Barrier Precautions. 2.) On 02/10/25 at 9:33AM, during observation of medication administration for Resident #63, Licensed Practical Nurse # 3 was observed administering medications into the Gastrostomy tube without wearing a gown. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335522	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #63 was admitted to the facility with diagnoses that include Cerebral Vascular Accident and Malnutrition The Quarterly Minimum Data Set assessment dated [DATE], documented that Resident #63 had severely impaired cognition and required 51% or more of the total caloric intake to be administered through a feeding tube On 02/10/25 at 9:45AM, Licensed Practical Nurse #3 was interviewed and stated that they did not wear a gown during medication administration because the Resident is not on contact precautions. Enhanced Barrier Precautions signage was posted on the resident's door. Licensed Practical Nurse #3 was observed reading the signage and afterwards stated they did not wear a gown for medication administration through the Gastrostomy tube because they did not see the signage. The signage was also posted on the personal protective equipment cart. 3.) On 02/07/25 at 11:47AM during wound care observation for Resident #389, Licensed Practical Nurse # 1 was performing wound treatments to the left foot and bilateral hips and was observed placing wound care supplies and gauze dressings on an over the bed table that was not cleaned nor covered with a barrier to establish a clean field. After removal of the soiled dressings from the 3 wounds, it was observed that Licensed Practical Nurse # 1 did not perform hand washing or change gloves. Resident #389 was admitted to the facility with diagnoses that include Osteomyelitis of the left ankle and foot and Diabetes Mellitus. The Admission Minimum Data Set assessment dated [DATE], documented Resident # 389 had severely impaired cognition, the presence of 2 venous and arterial ulcers, skin and ulcer/injuries and required medication administration intravenously A Readmission nursing assessment dated [DATE], documented that the readmitting diagnosis for Resident #389 was aftercare following a surgical amputation with wounds to the left foot and pressure ulcers to the left and right Trochanter/hips. A Physician Order dated 01/22/2025, documented a treatment order of Xeroform gauze application to bilateral Trochanter topically two times a day for pressure ulcers. A Physician Order dated 01/22/2025, documented a treatment order of Calcium alginate to left lateral foot topically two times a day for arterial ulcer. On 02/07/25 at 12:20, Licensed Practical Nurse #1 was Interviewed on the wound procedure related to infection control measures. Licensed Practical Nurse #1 stated that they were nervous during the wound observation and that is why they omitted critical steps including establishing a clean field for placement of the wound supplies and hand washing and change of gloves after removal of the soiled dressings. On 02/07/25 at 12:30, Registered Nurse #1 was interviewed and stated that Licensed Practical Nurse #1 should not have omitted any infection control steps or processes while performing the wound treatment as they were educated, and they will be reeducated on the procedures. (continued on next page)

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	335522	A. Building B. Wing	02/12/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/07/25 at 9:06 AM, The Assistant Director of Nursing/ Infection Control Preventionist, was interviewed and stated that all the nurses have been oriented on Enhanced Barrier Precautions and infection control procedures, medication administration and treatments. Inservice agendas and attendance sheets were received. The Assistant Director of Nursing/ Infection Control Preventionist also stated that they round daily, to ensure that the correct infection control signage is posted, and that the staff is administering medications correctly and following infection control and enhanced barrier precautions. On 02/07/25 at 09:47 AM The Director of Nursing was interviewed and stated that when a resident is admitted they are notified by email of those with indwelling devices, and they advise the staff on postings for Precautions and PPE to ensure compliance. The Director of Nursing further stated that walking Rounds with the Registered Nurses and the Licensed Practical Nurses for accountability has been initiated daily and for every shift and the Assistant Director of Nursing will report on the findings. 10 NYCRR 415.19 (a) (1-3)