

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Norwegian Christian Home and Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 67th Street Brooklyn, NY 11219	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40565</p> <p>Based on record review and staff interviews conducted during the Recertification Survey from 08/12/2024 to 08/16/2024, the facility did not ensure that the resident and their representative were provided with a summary of the baseline care plan. This was evident in 1 (Resident #9) of 2 residents reviewed for Comprehensive Care Plan out of 31 total sampled residents. Specifically, Resident #9 was not provided a written summary of their baseline care plan.</p> <p>The findings are:</p> <p>The facility's policy titled Care Planning - Baseline with a revised date of 04/2022 documented that a baseline care plan for each resident is developed within 48 hours of completion of the resident assessment. The resident/family must be provided a signed copy of the baseline care plan.</p> <p>Resident #9 was admitted to the facility with diagnoses that included Cancer, Coronary Artery Disease (CAD), and Non-Alzheimer's Dementia.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #9 had intact cognition and participated in assessment and goal setting.</p> <p>A Baseline Care Plan form was completed for Resident #9 with signatures of interdisciplinary staff dated 02/09/2024, 02/10/2024 and 02/12/2024. There was no documented evidence that Resident #9 was provided with a written copy of the baseline care plan.</p> <p>On 08/12/2024 at 8:19 AM, Resident #9 was interviewed and stated they had been in the facility for about 2 years and had not been invited to a care plan meeting. Resident #9 stated they had not received a written summary of their baseline care plan since they had been admitted .</p> <p>On 08/15/2024 at 11:09 AM, an interview was conducted with Registered Nurse #2, who was the nurse manager, and stated that different team members complete the initial base line care plan, but they are not sure who gives the copy to the residents.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/15/2024 at 11:46 AM, an interview was conducted with the Director of Social Services. They stated that baseline care plan is completed within 48 hours of residents' admission by the interdisciplinary team members. They stated that a copy of the care plan summary should be printed and provided to the resident/resident's family during their initial care plan meeting. The Director of Social Services further stated that they could not locate the signed copy of Resident #9's base line care plan in the chart. The Director stated that there has been no specific person responsible for giving the summary to the resident.</p> <p>On 08/16/2024 at 12:02 PM, the Director of Nursing was interviewed and stated that the interdisciplinary team members meet within 48 hours of resident's admission to complete and review the resident's baseline care plan prior to meeting with the residents' and their family. The Director of Nursing stated they are not sure when the copy of the summary of baseline care plan is given but they know that social workers are responsible for ensuring that a copy is provided to the residents.</p> <p>10 NYCRR 415.11 (c)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</b></p> <p>Based on observations, record review, and interview conducted during the Recertification Survey from 08/12/2024 to 08/16/2024, 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. This was evident in 2 (Residents #4 and #123) of 2 residents reviewed for Urinary Catheter. Specifically, Resident #4's and #123's urinary drainage bags were observed on the floor in multiple occasions.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Urinary Catheter Care with a revised date of 04/02/2024 documented that the purpose of the policy and procedure is to prevent catheter-associated urinary tract infections. The policy documented to use standard precautions when handling or manipulating the drainage system and to be sure that catheter tubing and drainage bag are kept off the floor.</p> <p>1.) Resident #4 was admitted to the facility with diagnoses that included Renal Insufficiency, Renal Failure, End Stage Renal Disease, Obstructive Uropathy, and Neurogenic Bladder.</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #4 had moderate impairment in cognition. Resident was totally dependent on staff, does none of the effort to complete the activity; and required the assistance of 2 or more helpers to complete all activities of daily living.</p> <p>During an observation on 08/12/2024 at 7:25 AM and on 08/14/2024 at 9:51 AM, Resident #4's urinary drainage bag was observed on the left side of the bed touching the floor.</p> <p>A Comprehensive Care Plan for indwelling catheter related to benign prostatic hyperplasia / urinary retention, and for being at risk for urinary tract infection was initiated for Resident #4 on 10/10/2022 and was last reviewed on 07/15/2024. The facility interventions include monitoring for signs of urinary tract infection and discomfort.</p> <p>A comprehensive care plan for at risk for urinary tract infection was initiated on 06/24/2016 and was last reviewed on 07/15/2024. The facility interventions include to monitor for possible sign of infection and maintain infection control techniques.</p> <p>2.) Resident #123 was admitted to the facility with diagnoses that included Renal Insufficiency, Obstructive Uropathy, and Cerebrovascular Accident.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented Resident #123 had moderate impairment in cognition and was totally dependent on staff for toileting and hygiene and required substantial/maximal assistance for other activities of daily living.</p> <p>During an observation on 08/12/2024 at 7:32 AM and on 08/14/2024 at 9:54 AM, Resident #123's urinary drainage bag was observed touching the floor. On 08/12/2024 at 10:01 AM and on 08/13/2024 at 10:07 AM, Resident #123's urinary drainage bag was observed resting on the floor mat.</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 - Some</p>	<p>A Comprehensive Care Plan for indwelling catheter due to neurogenic bladder was initiated on 12/28/2023 and was last reviewed on 07/12/2024. The facility interventions include monitoring for signs and symptoms of urinary tract infection.</p> <p>On 08/14/2024 at 11:11 AM, an interview was conducted with Certified Nursing Assistant #1, who was assigned to Residents #4 and #123. The Certified Nursing Assistant stated the urinary drainage bag should hang below the bladder and should not be allowed to touch the floor. Certified Nursing Assistant further stated they had not notice that residents' Foley bags were on the floor.</p> <p>On 08/14/2024 at 11:27 AM, Registered Nurse #1 was interviewed and stated that both Residents #4 and #123 were admitted with the Foley catheter. Registered Nurse #1 stated they instructed the Certified Nursing Assistants not to allow the catheter bags to touch the floor to prevent infection. Registered Nurse #1 stated the blue bags were provided yesterday to keep the resident's urinary drainage bag and could not understand why the urinary drainage bags were still kept resting on the floor.</p> <p>On 08/14/2024 at 11:50 AM, Registered Nurse #2, who was the nurse manager, was interviewed and stated they were surprised that residents' urinary drainage bags were allowed to be on the floor by the staff.</p> <p>On 08/16/2024 at 11:55 AM, an interview was conducted with the Director of Nursing who stated that urinary drainage bags must be covered and not placed on the floor. They stated the Registered Nurses are responsible for ensuring that the Certified Nursing Assistants are following this protocol. The Director of Nursing stated they were surprised that staff are not practicing proper infection control after they had been trained.</p> <p>10 NYCRR 415.19(a)(1-3)</p> <p>42101</p>		