

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/12/2024
NAME OF PROVIDER OR SUPPLIER  Concord Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Madison Street Brooklyn, NY 11216	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43285</b></p> <p>Based on record review and interviews conducted during an abbreviated survey (NY00347659), the facility did not ensure care plans were reviewed and revised by the interdisciplinary team. This was evident for 1 out of 4 residents (Resident #1) sampled. Specifically, Resident #1's toes, on their left lower extremity, was observed with discolorations on 06/21/2024. The Medical Doctor was notified and ordered an Arterial Doppler Study on 06/21/2024. Review of Resident #1's Comprehensive Care Plans, revealed that the risk for Impaired Skin Integrity care plan was not updated to reflect on the discolorations to Resident #1's left toes.</p> <p>The findings are:</p> <p>The facility Policy and Procedure titled, Care Plans- Comprehensive, revised on 10/2023 documented that a comprehensive person-centered care plan that includes measurable objectives, timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The policy also states that assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.</p> <p>Resident #1 has diagnosis including Dementia, Atherosclerotic Heart Disease, and Chronic Atrial Fibrillation.</p> <p>The Minimum Data Set assessment dated [DATE], documented that Resident #1 has a Brief Interview for Mental Status, used to determine attention, orientation, and ability to recall information score of 01 out of 15, associated with severely impaired cognition.</p> <p>A Care Plan dated 11/30/2022 titled Alteration in Comfort - Peripheral Vascular Disease, left foot, and toes. The interventions documented administer medications as ordered and evaluate the effectiveness of pain as needed. The care plan was last revised on 06/09/2024.</p> <p>The facility updated the Alteration in Comfort care plan, on 07/10/2024 while surveyor was onsite.</p> <p>A Care Plan - at risk for Impaired Skin Integrity related to fragile skin/blood thinner dated 08/10/2020 was last reviewed on 03/17/2024.</p> <p>The care plan was not updated with interventions to reflect that on the skin impairments to Resident #1's toes.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician's Order dated 06/21/2024 documented - Arterial Doppler to bilateral lower extremities to rule of peripheral artery disease.</p> <p>A Physician's Progress Note dated 06/22/2024 at 6:27 pm documented seen and examined for discoloration on the left toes. Arterial Doppler ordered. No palpable pulses to the left lower extremity with dark area on the toes.</p> <p>A Nursing progress note dated 06/24/2024 at 3:48 pm documented staff observed Resident #1 with discoloration on left foot and a closed blister. The physician assistant examined Resident #1 and an order was given to transfer Resident #1 to the hospital to rule out Arterial Ischemia.</p> <p>During a telephone interview on 07/12/2024 at 3:44 pm, the Regional Registered Nurse stated that they are responsible for updating the care plans. The Regional Registered Nurse went on to say that they were not aware of the discolorations on Resident #1's left toes, therefore, the care plan was not updated to reflect on the discolorations. The Regional Registered Nurse stated that while they were going through Resident #1's medical record on 07/10/2024, they came across a Physician's Order for a doppler study and they updated the care plan to reflect on the order. The Regional Registered Nurse stated that they were not aware of the surveyor's presence in the facility on 07/10/2024 when they were updating the care plan.</p> <p>10 NYCRR 415.11(c)(2) (i-iii)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43285</p> <p>Based on observation, record review, and interviews conducted during an abbreviated survey (NY00347659), the facility did not ensure that a resident medical record accurately reflected on the resident current condition. This was evident in 1 out of 4 residents (Resident #1) sampled. Specifically, Resident #1's representative reported on 06/22/2024 at 5:00 pm that Resident #1's toes on the left lower extremity had discolorations. According to an interview with Primary Medical Doctor #1 on 07/10/2024 at 12:10 pm, they were in the facility and was notified of the discolorations on 06/21/2024. Primary Medical Doctor #1 stated that they assessed Resident #1 but did not document their assessment in Resident #1's medical record on 06/21/2024.</p> <p>The findings are:</p> <p>A Policy and Procedure titled Charting and Documentation last reviewed on 06/2023 states that all services provided to the resident, or any changes in the resident's medical or mental condition, should be documented in the resident's medical record.</p> <p>Resident #1 has diagnosis including Dementia, Atherosclerotic Heart Disease, and Chronic Atrial Fibrillation.</p> <p>The Minimum Data Set assessment dated [DATE], documented that Resident #1 has a Brief Interview for Mental Status, used to determine attention, orientation, and ability to recall information score of 01 associated with severely impaired cognition.</p> <p>A Physician's Order dated 06/21/2024 documented - Arterial Doppler to bilateral lower extremities to rule of peripheral artery disease.</p> <p>There was no documentation of an assessment done on 06/21/2024 of Resident #1's lower extremities.</p> <p>During an interview on 07/10/2024 at 12:10 pm, Primary Medical Doctor #1 stated that Licensed Practical Nurse #1 informed them that Resident #1 has a very small discoloration on one of their toes (on the left foot) on 06/21/2024 (does not recall the time). Primary Medical Doctor #1 went on to say that they were in the facility on 06/21/2024 and assessed Resident #1's toes. Primary Medical Doctor #1 stated on assessment, Resident #1 had a very small area with discoloration on their toe (does not recall how many toes were affected). Primary Medical Doctor #1 stated that Resident #1 did not have a blister and the toe was not gangrene at the time of the assessment. Primary Medical Doctor #1 also stated that they instructed Licensed Practical Nurse #1 to monitor Resident #1's foot and to order an Arterial Doppler Study to rule out arterial issues and embolus. Primary Medical Doctor #1 stated that they did not document their assessment in Resident #1's medical record on 06/21/2024 and that they should have.</p> <p>Licensed Practical Nurse was not available for an interview.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/10/2024 at 12:25 pm, the Director of Nursing stated that the staff who informed Primary Medical Doctor #1 on 06/21/2024 and received the order for the Arterial Doppler Study, should have written a note in Resident #1's medical record.</p> <p>10 NYCRR 415.22(a)(1-4)</p>		