

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 07/26/2024
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>48711</p> <p>Based on observation, interview, and record review conducted during the Recertification Survey from 07/21/2024 to 07/26/2024, the facility did not ensure that notice of the availability of the survey results was posted in areas of the facility that are prominent and accessible to the public. Specifically, the notice in the lobby of where to locate the survey results was posted in an area that was not accessible to the public; and there were no posted notices in resident units advising the residents, family members, or legal representatives of the survey results location.</p> <p>The findings are:</p> <p>The facility's policy titled Survey Results with a revised date of 12/2023 documented that survey results must be readily accessible for viewing. Resident, visitors, etc. should not be required to ask to see the results.</p> <p>During multiple observations on 07/21/2024, at 9:00 AM, the notice of survey result availability was posted in the lobby entrance of the main building that was not in view of residents or visitors. The notice was located next to the security desk, behind a standing sign. Observations on Units 2, 3, and 4 revealed no posted notices directing the residents, family members, or legal representatives where to find the survey results.</p> <p>On 07/22/2024 at 10:56 AM, during the Resident Council Meeting, Residents # 57, 101, 85, 40, 100, 64, 72, 44, 97, 122, 48, 51, and 101 stated they did not know where to find the survey results in the facility and they have not seen any notice telling them where to find such report.</p> <p>On 07/23/2024 at 9:26 AM, the Director of Nursing was interviewed and stated there were no notices posted in resident units on where to find the survey results. They stated the notice was posted in the lobby by the security desk.</p> <p>On 07/23/2024 at 12:38 PM, the Administrator was interviewed and stated they were not aware that resident units did not have notice posted regarding the location of the facility's survey results. They stated that it is discussed in every Resident Council meeting on how the residents can obtain the survey results.</p> <p>415.3(d)(1)(v)</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>44843</p> <p>Based on observations, record review, and interview conducted during the Recertification Survey from 07/21/2024 to 07/26/2024, the facility did not ensure that residents remained free from physical restraint. This was evident in 1 (Resident #106) of 1 resident reviewed for Restraints out of 29 total sampled residents. Specifically, Resident #106 was observed with a mitten on the right hand. There was no documented evidence of appropriate assessment and care planning prior to the application of right hand mitten. Additionally, there was no documented monitoring provided while the right hand mitten was applied.</p> <p>The findings are:</p> <p>The facility's policy titled Restraint Use with a last revised date of 12/2023 documented that the facility will promote a restraint-free environment in accordance with State and Federal regulations. When the use of restraints is indicated, the least restrictive alternative for the least amount of time will be used and ongoing evaluation for the need of restraint will be documented.</p> <p>Resident #106 had diagnoses of Other Specified Disorders of Brain, Vascular Dementia, and Non-traumatic Intracerebral Hemorrhage.</p> <p>The Admission Minimum Data Set 3.0 dated 05/12/2024 documented Resident #106 had severely impaired cognition and had no behavioral symptoms. The Minimum Data Set also documented Resident #106 had no restraint.</p> <p>During multiple observations between 07/21/2024 at 12:23 PM and 07/23/2024 at 9:27 AM, Resident #106 was observed lying in bed or in geriatric recliner chair with a mitten on their right hand.</p> <p>The Interdisciplinary Team Meetings and Evaluation form with an effective date of 05/08/2024 at 11:37 AM documented that an initial restraint review was conducted on 05/08/2024. The form documented in the summary that mittens to hands will be applied to prevent scratching and pulling at equipment. The type of equipment was not documented. The form documented that the device does prevent normal movement and is a restraint.</p> <p>Review of Resident #106's progress notes revealed no documentation regarding the use of right hand mitten and there was no documentation that Resident #106 had behaviors related to scratching or pulling equipment.</p> <p>Further review of Resident #106's medical record revealed no documented restraint assessment, there was no care plan related to the use of right hand mitten, there was no physician's order, and no documented monitoring while right hand mitten was in use.</p> <p>The Certified Nursing Assistant Accountability for July 2024 did not include instructions to apply mitten on Resident #106's right hand.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/23/2024 at 9:35 AM, Certified Nursing Assistant #6 was interviewed and stated they applied mitten to Resident #106's right hand to prevent Resident #106 from scratching their body. Certified Nursing Assistant #6 stated that Resident #106 had the mitten on their right hand since their admission to the facility in May 2024. They also stated they were instructed by the unit charge nurse to apply the mitten at the beginning of the shift. Certified Nursing Assistant #6 further stated they did not have instructions in the Certified Nursing Assistant task to apply mitten for Resident #1.</p> <p>On 07/23/2024 at 9:51 AM, Registered Nurse #3, who was the unit supervisor, was interviewed and stated they were aware that Resident #106 had mitten applied on their right hand to prevent the Resident from scratching their body. Registered Nurse #3 stated they thought Resident #106 had the restraint assessment and physician's order to apply the right hand mitten.</p> <p>On 07/23/2024 at 10:07 AM, the Director of Rehabilitation was interviewed and stated Resident #106 was unable to follow instruction and they did not recommend further rehabilitative service for Resident #106. They stated Resident #106 was not able to remove the mitten from the right hand by themselves.</p> <p>On 07/23/2024 at 10:13 AM, Nurse Practitioner #1 was interviewed and stated they observed Resident #106 with hand mitten being worn occasionally on the right hand. They stated they did not order to apply the right hand mitten.</p> <p>On 07/23/2024 at 10:24 AM, the Director of Nursing was interviewed and stated they were not aware that Resident #106 had mitten applied to their right hand. The Director of Nursing stated it is considered a physical restraint if Resident #106 was unable to remove the mitten and it limits Resident #106's right hand movement.</p> <p>10 NYCRR 415.4(a)(2-7)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50820</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 07/21/2024 to 07/26/2024, the facility did not ensure all drugs and biologicals were stored in accordance with currently accepted professional principles. This was evident in 1 (4th floor) of 3 units. Specifically, on 07/24/2024 at 10:57 AM, Resident #14's medication were left unattended on top of the medication cart.</p> <p>The findings are:</p> <p>The facility's policy titled Medication Storage with a revised date of 09/2023 documented that the facility will store medications in a manner that maintains the integrity of the product, ensures the safety of the residents, and in accordance with Department of Health guidelines. With the exception of Emergency Drug Kits, all medications will be stored in a locked cabinet, cart, or medication room that is accessible only to authorized personnel, as defined by facility policy.</p> <p>Resident #14 had diagnoses of Essential Hypertension, Epilepsy, Gastroesophageal Reflux Disease and Cardiomyopathy.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #14 had severely impaired cognition.</p> <p>The July 2024 electronic Medication Administration Record and the physician's orders dated 07/24/2024 included the following medication orders for Resident #14: Spironolactone 25 milligram, 1 tablet once daily by mouth for diuretic; Levetiracetam 750 milligram tablet, 1 tablet twice daily by mouth for seizure disorder; Famotidine 20 milligram tablet, 1 tablet once daily by mouth; and Losartan Potassium 100 milligram tablet, 1 tablet once daily by mouth for hypertension.</p> <p>On 07/24/2024 at 10:57 AM, medication blister packs labeled with Resident #14's name were observed on top of an unattended medication cart. The medications were as follows: 2 tablets of Losartan 100 milligram, 1 tablet of Spironolactone 25 milligram, 1 tablet of Famotidine 20 milligram, and 1 tablet of Levetiracetam 750 milligram. Licensed Practical Nurse #2 was observed entering Resident #76's room. These medications were left continually unsecured on top of the medication cart for more than 15 minutes. The medications were secured after the State Surveyor brought it to the Licensed Practical Nurse's attention.</p> <p>On 07/24/2024 at 11:17AM, Licensed Practical Nurse #2 was interviewed and stated that the medications on top of the medication cart were Resident #14's. These were older medication blister packs that were pulled from the drawer for return to the pharmacy. They stated that since they were near the medication cart, they can see if anyone tries to take the blister packs. Licensed Practical Nurse #2 stated that the medications should have been secured under lock and key inside the medication cart instead of being left on top of the cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/24/2024 at 3:08 PM, Registered Nurse Supervisor #1 was interviewed and stated that medications are supposed to be secured properly and must not be left unsecured on top of the cart.</p> <p>On 07/25/2024 at 10:43 AM, the Director of Nursing Services was interviewed and stated that medications should not be left on top of the cart and all medications should be locked. They stated it is not a safe practice to leave medications out in the open and unattended.</p> <p>10 NYCRR 415.18(e)(1-4)</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</p> <p>Based on observation, record review, and interview conducted during the Recertification Survey from 07/21/2024 to 07/26/2024, 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.) A resident's urinary drainage bag was observed on the floor on multiple occasions. This was evident for 1 (Resident #27) of 2 residents reviewed for Urinary Catheter out of 29 sampled residents. 2.) Registered Nurse #2 did not perform hand hygiene between glove changes during gastrostomy dressing change. This was evident for 1 (Resident #80) of 4 residents observed for the nutrition investigation. 3.) The facility did not have a facility-specific water management plan for Legionella with mandatory components including but not limited to identifying acceptable pathogen levels. This was evident during the Water Management Plan review for Legionella.</p> <p>The findings are:</p> <p>1.) The facility's policy titled Catheter Care with a last revised date of 05/2023 documented that the purpose of the policy is to prevent catheter-associated urinary tract infections and provide required care of residents who have an indwelling catheter.</p> <p>Resident #27 had diagnoses that included Cancer, Atrial Fibrillation, and Benign Prostatic Hyperplasia.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #27 had intact cognition.</p> <p>A Comprehensive Care Plan for Catheter dated 06/18/2024 documented Resident #27 had an indwelling suprapubic catheter related to neurogenic bladder, urinary retention, and urinary stricture or blockage. The facility interventions include catheter / perineal care and to monitor for signs of urinary tract infection.</p> <p>A Comprehensive Care Plan for Urinary Tract Infection dated 07/17/2024 documented that Resident #27 had a suspected/actual infection related to urinary tract infection. The facility interventions include to monitor for increased symptoms and to administer antimicrobials as ordered.</p> <p>A physician's order dated 06/26/2024 documented indwelling catheter to down drain, French 18, 30 milliliter balloon, change as needed, suprapubic care every shift.</p> <p>During multiple observations from 07/21/2024 to 07/24/2024, Resident #27's urinary drainage bag had been observed on the floor.</p> <p>On 07/21/2024, Resident #27's urinary drainage bag was observed on the floor on the right side of their bed on 3 occasions. At 9:57 AM while Resident was in bed; at 12:26 PM, while Resident #27 was in bed having lunch; and at 1:02 PM, while in bed being rendered care by the Certified Nursing Assistant.</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>On 07/23/2024 at 10:39 AM, Resident #27 was observed in bed with their urinary drainage bag placed on the right side of their bed touching the floor.</p> <p>On 7/24/2024 at 10:26 AM, during an observation conducted with Certified Nursing Assistant #2 and Registered Nurse Supervisor #1, Resident #27 was observed in bed with their urinary drainage bag hanging on the right side of the bed touching the floor. Certified Nursing Assistant #2 stated they had been in Resident #27's room earlier but did not check to see that the urinary drainage bag was on the floor.</p> <p>On 07/24/2024 at 10:17 AM, an interview was conducted with Certified Nursing Assistant #2. The Certified Nursing Assistant stated they had been educated on urinary catheter and that the urine bag should be placed without kink below the resident's bladder and above the floor.</p> <p>On 07/24/2024 at 2:31 PM, Registered Nurse Supervisor #1 was interviewed and stated that staff were educated not to place the urinary drainage bag on the floor. They stated they had an urgent situation this morning and was not able to make rounds and did not notice that Resident #27's urinary drainage bag was on the floor.</p> <p>On 07/25/2024 at 9:10 AM, Licensed Practical Nurse #2 was interviewed and stated they did not check if Resident #27's urinary drainage bag was on the floor.</p> <p>On 07/25/2024 at 10:18 AM, an interview was conducted with the Director of Nursing. The Director of Nursing stated that the staff were educated that urinary drainage bags should not be placed on the floor to prevent infection.</p> <p>42101</p> <p>2.) The facility policy titled Hand Hygiene with a revised date of 05/18/2023 documented that the facility adheres to recommendation by the Centers for Disease Control and Prevention for the practice of hand hygiene in accordance with standard and transmission- based precautions. Hand hygiene is performed as a minimum before performing an aseptic task and after removing personal protective equipment (e.g. gloves, gown, face mask, eye protection).</p> <p>The facility policy titled Enhanced Barrier Precautions with a revised date of 05/30/2024 documented that enhanced barrier precautions is applicable for residents with indwelling medical devices regardless of multidrug-resistant organism colonization status. Enhanced barrier precautions require wearing disposable gloves and an isolation gown prior to high contact activity. Hand hygiene should be performed before and after each resident contact and after removing personal protective equipment.</p> <p>Resident #80 had diagnoses of Gastrostomy, Multidrug Resistant Organism, Dependence on Respiratory (ventilator) Status, and Dysphagia.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident #80 was dependent for eating, enteral feeding provided 50% or more of calories.</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>During an observation on 07/22/2024 from 5:03 PM to 5:25 PM, Registered Nurse #2 was observed performing enteral feeding for Resident #80. After assembling the enteral feed, Registered Nurse #2 performed dressing change on Resident #80's gastrostomy site. Registered Nurse #2 disposed the old dressing, removed the old gloves, and donned new gloves without performing hand hygiene. Registered Nurse #2 placed a new dressing on the gastrostomy site and continued to attach the tube feeding to Resident #80's gastrostomy tube.</p> <p>On 07/22/2024 at 5:27PM and on 07/23/2024 at 5:24 PM, Registered Nurse #2 was interviewed and stated they were supposed to wash their hands between glove changes.</p> <p>On 07/24/2024 at 3:55PM, the Infection Preventionist was interviewed and stated hand washing is the most important procedure to minimize cross infection.</p> <p>On 07/24/2024 at 2:39 PM, the Director of Nursing was interviewed and stated that hand hygiene must be performed when taking off gloves and before donning new gloves. They stated that the same principle of infection control must be applied during glove changes. The hands must be washed, and gloves changed as often.</p> <p>3.) The facility's policy titled Legionella Water Management Program with a revised date of 07/31/2023 documented that the facility would maintain and monitor the water system for Legionella.</p> <p>The water management program was missing a component specifying the range of acceptable pathogen levels.</p> <p>During an interview on 07/23/2024 at 1:50 PM, the Administrator stated they would ensure that the water management plan includes all the required components.</p> <p>415.19(a)(1-3)</p> <p>415.19 (b)(4)</p>		