

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Beach Drive West Islip, NY 11795	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41051</b></p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 4/7/2024 and completed on 4/12/2024 the facility did not ensure that each resident was treated with respect and dignity and cared for in a manner that promoted maintenance or enhancement of their quality of life. This was identified for one (Resident #77) of two residents reviewed for dignity. Specifically, during a lunch meal observation on 4/7/2024 Certified Nursing Assistant #1 was observed standing over Resident #77 while they assisted Resident #77 with their lunch meal.</p> <p>The finding is:</p> <p>The facility's policy titled, Feeding a Resident, documented to ensure that all residents receive the assistance required to complete a meal in a comfortable, pleasant, and supportive environment to enhance the experience as well as the resident's overall intake. Residents may require different levels of assistance, from set-up to encouragement, to full feeding. The procedure outlined nursing staff should have a chair available to ensure staff are sitting at eye level and staff should not stand while feeding a resident.</p> <p>Resident #77 was admitted with diagnoses that included Parkinson's Disease, Type 2 Diabetes, and Chronic Obstructive Pulmonary Disease. The Quarterly Minimum Data Set assessment dated [DATE] documented the Brief Interview for Mental Status score was 3, which indicated severe cognitive impairment. The resident required substantial/maximal assistance for meals.</p> <p>During a tour of the Assisi Unit during the lunch meal on 4/7/2024 at 12:52 PM, Certified Nursing Assistant #1 was observed assisting Resident #77 with their meal while standing next to the resident's bed.</p> <p>Resident #77's Comprehensive Care Plan for Nutritional Status initiated on 4/4/2023 and last reviewed on 2/20/2024 documented that as of 4/4/2023 Resident #77 was fed by staff.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Certified Nursing Assistant #1 was interviewed on 4/7/2024 at 1:15 PM and stated Resident #77 was not able to grip utensils and needed total assistance with meals. Certified Nursing Assistant #1 stated they regularly assisted Resident #77 with their lunch meal, and they normally stood by Resident #77's bed while they assisted the resident with lunch because they (Certified Nursing Assistant #1) do not like to sit. Certified Nursing Assistant #1 stated they were aware they should sit next to a resident while they assisted with meals because if they stood over a resident, it does not ensure the resident's dignity.</p> <p>Licensed Practical Nurse #1, the unit's Charge Nurse, was interviewed on 4/7/2024 at 2:20 PM and stated when a staff member assisted a resident with eating the staff member should not be towering over the resident and should be seated next to the resident. Licensed Practical Nurse #1 stated the staff member should be at eye level with the resident and should be interacting with the resident during meal assistance. Licensed Practical Nurse #1 stated being seated next to the resident preserves the resident's dignity.</p> <p>Resident #77 was interviewed on 4/10/2024 at 1:42 PM and stated they would like to feed themselves, but they were not able to hold utensils. Resident #77 stated they did not like when a staff person stood over them while providing meal assistance.</p> <p>The [NAME] President of Clinical Service (Director of Nursing Services) was interviewed on 4/12/2024 at 9:06 AM and stated if a staff member assisted a resident with feeding, the staff member should be seated next to the resident so they could make eye contact, interact with the resident, and preserve the resident's dignity.</p> <p>10 NYCRR 415.3(d)(1)(i)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48827</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 4/07/2024 and completed on 4/12/2024 the facility did not ensure that a resident who is fed by enteral means receives the appropriate treatment, care, and services to prevent complications of enteral feeding. This was identified for one (Resident #199) of one resident reviewed for Tube Feeding. Specifically, on 4/07/2024 at 10:40 AM and again on 4/07/2024 at 12:40 PM Resident # 199's tube feeding, and hydration bottles were not labeled including the resident's name, flow rate, date, and time the feeding was initiated.</p> <p>The finding is:</p> <p>The facility's policy titled, Gastrostomy Tube Feeding via Enteral Feeding Pump dated 4/2023 documented the feeding product container is labeled with the date, time, rate of flow, and the nurse's initials.</p> <p>Resident #199 was admitted with diagnoses of Epilepsy, Diabetes Mellitus, and Hypertension. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #199 had a Brief Interview for Mental Status score of 99, indicating the resident had severely impaired cognition. Resident #199 has a feeding tube and receives more than 51 percent of their total calories and 501 cubic centimeters or more fluid through tube feeding per day.</p> <p>The physician's orders dated 2/29/2024 documented to administer Jevity 1.5 (tube feeding formula) at 60 milliliters per hour over 17 hours via the feeding tube with a water flush of 40 milliliters every hour during feeding. The amount of fluid to be administered in 24 hours (formula and the water flush) is 1680 milliliters.</p> <p>The Comprehensive Care Plan titled, Tube Feeding dated 11/27/2023 documented that Resident #199 was at risk for altered nutritional status because the resident was not able to eat or drink by mouth (nothing by mouth-NPO) and required tube feeding. Resident #199 required tube feeding as the primary and only source of nourishment and hydration. Interventions included monitoring for mechanical complications related to tube feeding and providing adequate nutrients and fluids via a feeding tube to meet assessed needs.</p> <p>During an observation on 4/07/2024 at 10:40 AM Resident #199 was observed in bed. The tube feeding and hydration bottles were observed hanging on a feeding pole and the tube feeding was being administered to the resident via a feeding pump. The feeding and hydration bottles did not have a label, including the resident's name, flow rate, time, and date.</p> <p>During an observation on 4/07/2024 at 12:10 PM, Resident #199 was observed in bed. The tube feeding and hydration bottles were observed hanging on a feeding pole and the tube feeding pump was turned off. The feeding and hydration bottles did not have a label, including the resident's name, flow rate, time, and date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse Manager #1 was interviewed on 4/10/2024 at 11:01 AM and stated the tube feeding bottle should have been labeled with the resident's name, the time the tube feeding bottle was hung, the date, and the flow rate. The label should have been initialed by the nurse who hung the tube feeding bottle.</p> <p>Registered Nurse #2 was interviewed on 4/12/2024 at 8:58 AM and stated they were the float nurse and were assigned to Resident #199's unit on Saturday 4/06/2023 and were familiar with the resident. Registered Nurse #2 stated they were training a new nurse who was not familiar with this facility. While showing the new nurse how to hang the feeding bottle for Resident #199, they forgot to label the tube feeding and the hydration bottles. Registered Nurse #2 stated they should have labeled the bottles with the resident's name, room number, date and time the bottle was hung, and the rate.</p> <p>The [NAME] President of Clinical Services (Director of Nursing Services) was interviewed on 4/12/2024 at 11:05 AM and stated the nursing staff should have labeled the tube feeding bottle. The nursing staff should verify the feeding bottle with the physician's orders, then label the bottle with the resident's name, flow rate, time, date hung, and the nurse's initials. When a tube feeding is already in progress the staff should verify that the bottle label matches the physician's order to ensure accuracy.</p> <p>10 NYCRR 415.12(g)(1-7)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48827</b></p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 4/07/2024 and completed on 4/12/2024 the facility did not ensure that a resident who needs respiratory care is provided such care, consistent with professional standards of practice for one (Resident #608) of three residents reviewed for Respiratory Care. Specifically, Resident #608 had a physician's order to administer 3 liters of oxygen via a nasal cannula as needed (PRN); however, on 4/07/2024 at 10:13 AM, the resident was observed receiving 4 liters of oxygen instead of the prescribed 3 liters. Additionally, there was no documented evidence in the medical record that the resident was being administered oxygen therapy as ordered by the physician.</p> <p>The findings are:</p> <p>The facility policy titled, Oxygen Therapy dated 12/2023 documented to check the physician's orders for oxygen therapy and the liter flow rate; Check that the liters ordered are accurate on the oxygen supply source gauge; Sign the Medication Administration Record that oxygen was applied.</p> <p>Resident #608 was admitted with diagnoses including Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, and Chronic Kidney Disease. The Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 14, indicating the resident had intact cognition.</p> <p>The Comprehensive Care Plan for Chronic Obstructive Pulmonary Disease dated 2/16/2024 documented interventions that included to administer oxygen therapy as ordered.</p> <p>A physician's order dated 2/14/2024 documented to administer 3 liters of oxygen per minute via a nasal cannula as needed for shortness of breath.</p> <p>During an observation on 4/7/2024 at 10:13 AM Resident #608 was observed sitting in their bed and was receiving 4 liters of oxygen per minute via a nasal cannula.</p> <p>Resident #608 was interviewed on 4/7/2024 at 10:13 AM and stated they had been at the facility for approximately one and a half months and frequently use oxygen to help them breathe better.</p> <p>During a second observation on 4/9/2024 at 12:39 PM Resident #608 was observed sleeping in their bed. The resident was receiving 3 liters of oxygen per minute via a nasal cannula.</p> <p>During a subsequent observation on 4/10/2024 at 1:50 PM Resident #608 was observed sitting in their bed. The resident was receiving 3 liters of oxygen per minute via a nasal cannula.</p> <p>Resident #608 was re-interviewed on 4/10/2024 at 1:50 PM and stated they always use supplemental oxygen because it helps them breathe better.</p> <p>The Medication Administration Record from 4/1/2024 to 4/10/2024 lacked documented evidence that Resident #608 was receiving oxygen therapy.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Treatment Administration Record for April 2024 was reviewed and revealed no documentation for oxygen therapy administration for Resident #608.</p> <p>Registered Nurse #4 was interviewed on 4/10/2024 at 1:58 PM and stated they were not sure where they were supposed to document that the resident was receiving supplemental oxygen therapy. They believed the oxygen administration should be documented in the electronic medical record progress notes, the Medication Administration Record, or the Treatment Administration Record.</p> <p>Registered Nurse #1, the Nurse Manager, was interviewed on 4/10/2024 at 2:04 PM and stated Resident #608 has a physician's order for oxygen use as needed. The resident utilizes supplemental oxygen therapy every day. The nursing staff should be signing for the oxygen administration on the resident's Medication Administration Record including the amount being administered. Registered Nurse #1 stated there is no documentation in Resident # 608's medical record that the resident was receiving oxygen therapy. Registered Nurse #1 stated when a resident uses oxygen, the nurses must document the oxygen administration in the resident's medical record.</p> <p>The [NAME] President of Clinical Services (DNS) was interviewed on 4/12/2024 at 11:03 AM and stated the nursing staff should document oxygen administration including the amount administered in the resident's medical record.</p> <p>10 NYCRR 415.12(k)(6)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44963</p> <p>Based on observations, record review, and interviews conducted during a Recertification Survey initiated on 4/7/2024 and completed on 4/12/2024, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. This was identified during the Kitchen observation conducted on 4/7/2024. Specifically, the walk-in refrigerator for dairy was observed with multiple trays including eight trays of coconut custard pie and two trays of diet vanilla pudding, the items were not labeled and dated. The walk-in refrigerator adjacent to the freezer was observed with one carton of liquid eggs that was opened and dated 4/18/2024. There was no indication when the egg carton was first opened. The walk-in freezer was observed with one pan of frozen leftover entree, cornflake chicken, labeled and dated 1/23/2024. The facility staff did not know when to discard leftover perishable foods.</p> <p>The finding is:</p> <p>The facility's policy titled, Food Services: Storage Guidelines dated 2/2024 documented the executive chef and chefs are responsible for proper storage of meat and frozen foods, groceries, rotation, and sanitation of milk, produce, and dairy products. The policy did not address the storage of food after preparation or storage of leftovers.</p> <p>The facility's policy titled, Food Services Product Labeling and Dating dated 2/2024 documented all products shall be labeled, dated, and discarded in accordance with the Product Labeling, Dating, and Discard Chart. All opened/altered items shall be labeled with description, prep date, and discard date. The policy documented discard date of ready-to-eat items was three days from the prepared date. The policy documented discard date of liquid eggs was three days from the opening date if opened. The policy did not address labeling, dating, or tracking of leftover perishable foods.</p> <p>A tour of the kitchen was conducted on 4/7/2024. A walk-in refrigerator that was designated for dairy products was inspected at 9:52 AM with the Director of Culinary Services present. A sheet pan rack was observed holding eight trays of coconut custard pies and two trays of diet vanilla pudding. The diet vanilla puddings were stored in clear plastic cups. There were approximately 30 pies and 40 cups of diet vanilla pudding on the rack. Both items were unlabeled and undated.</p> <p>The Director of Culinary Services was interviewed immediately after the observation on 4/7/2024 and stated the items were prepared this morning and would find out which staff was assigned the task.</p> <p>The Culinary Ambassador was interviewed on 4/7/2024 at 10:00 AM. The Culinary Ambassador stated they prepared the desserts in the morning but forgot to date and label them before storing the rack away. The Culinary Ambassador stated they should have labeled and dated the food items after preparation. The Culinary Ambassador stated the desserts were prepared for tomorrow's (4/8/2024) lunch.</p> <p>The Director of Culinary Services was re-interviewed on 4/7/2024 at 10:03 AM and stated that the Culinary Ambassador should have dated and labeled the desserts after they (Culinary Ambassador) prepared them. The label should indicate when the food was prepared and what meal they are prepared for.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The walk-in refrigerator adjacent to the freezer was inspected at 10:06 AM. One carton of liquid eggs was observed opened, plastic-wrapped, and dated 4/18/2024. The kitchen supervisor was immediately interviewed who was unable to indicate when the carton was first opened and what the 4/18/2024 date referred to. The kitchen supervisor stated that the carton should be labeled and dated when it is opened and they would discard the carton that was dated 4/18/2024.</p> <p>The walk-in freezer was inspected on 4/7/2024 at 10:11 AM with the Kitchen Supervisor and the Director of Culinary Services. One pan of food labeled cornflake chicken dated 1/23/2024 was observed. The kitchen supervisor stated that the date indicated when the leftover cornflake chicken was frozen. The kitchen supervisor stated the leftover foods could be reused when the residents' menu cycled and the item was repeated after three weeks. The kitchen supervisor was unable to explain why the observed entree (cornflake chicken) had been kept in the freezer for more than two months. The kitchen supervisor stated they did not know when to discard the item if it remained unused.</p> <p>The Director of Culinary Services was interviewed again on 4/7/2024 at 10:16 AM and stated they were new at the facility and were not familiar with the facility's policy regarding tracking the leftover foods and when to discard the leftovers. The Director of Culinary Services further stated when labeling the food items the facility staff should clearly document if the date was for the day the food was prepared or for the day the food should be discarded.</p> <p>10 NYCRR 415.14(h)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	

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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>44963</p> <p>Based on record review and interviews conducted during a Recertification Survey initiated on 4/7/2024 and completed on 4/12/2024, the facility did not ensure that their policy regarding the use and storage of foods brought to residents by family and other visitors included to ensure facility staff assists the resident in accessing and consuming the food if the resident is not able to do so on their own. Specifically, the facility did not provide accommodations for heating and storage of food brought to residents from outside the facility. Additionally, the facility Administrator and the Director of Culinary Services stated that residents who were unable to eat on their own would be provided feeding assistance by facility staff only when facility prepared food was consumed.</p> <p>The finding is:</p> <p>The facility provided an additional policy titled Resident who Order Food from an Outside Venue dated 8/21/2022 which documented that residents may order food from an outside venue. When the food is delivered it will be immediately delivered to the resident and the staff will assist the resident as needed to complete the meal. The policy did not include how food would be stored safely and in a way that is separate or easily distinguishable from the facility food.</p> <p>The facility's policy titled Food Safety Requirements - Use and Storage of Food and Beverages Brought in for Residents by Family, Visitors dated January 2024 and last revised in April 2024 documented that although the facility does not discourage resident representatives, family or other visitors from bringing in food or beverages for the resident, the facility does not reheat or store food items that are not prepared by the facility. Guidelines regarding food brought in from outside the facility include but are not limited to hot food/beverages that may be brought in from the outside already heated to a temperature of 165 degrees Fahrenheit and transported in a thermal container to maintain the temperature and safety of the food. It should be immediately provided to the resident to ensure temperature safety. The designated representative or family member takes full responsibility for the food brought in from outside. The facility does not take any responsibility for food brought in from the outside due to potential risk.</p> <p>The facility policy did not include how the facility would ensure that a resident was assisted in accessing and consuming food brought in by family and other visitors if the resident was not able to do so on his or her own.</p> <p>The Director of Culinary Services was interviewed on 4/11/2024 at 12:00 PM and stated the facility will not store any food brought to the residents from any outside sources. The Director of Culinary Services stated that nursing staff will offer feeding assistance to residents who cannot consume food on their own only when the residents are eating facility-issued food and meals.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Consolation Nursing and Rehab Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  111 Beach Drive West Islip, NY 11795	
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Administrator was interviewed on 4/11/2024 at 1:17 PM and stated that they were aware of the federal regulation that the facility must provide handling, storing, and assisting with food brought to residents from outside the facility. The Administrator stated they were involved in the revision of the policy and agreed that the facility would not handle, store, or provide assistance to residents with the food that is brought in from outside the facility. The Administrator stated that persons or family members who bring the food from outside should take full responsibility because the facility does not know how the food was prepared and/or where the food came from. The Administrator stated that residents who were unable to eat on their own would be provided feeding assistance by facility staff only when facility prepared food was consumed.</p> <p>10 NYCRR 415.14(h)</p>		