

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2024
NAME OF PROVIDER OR SUPPLIER Cold Spring Hills Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 378 Syosset Woodbury Road Woodbury, NY 11797	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48911</p> <p>Based on observation, record review and interview during an abbreviated survey (NY00334107), the facility failed to have a system in place to ensure that each resident received adequate supervision to prevent accidents. Specifically, Resident #1 had a history of unsafe smoking and was found by facility staff smoking unsupervised outside of the designated time on four occasions. The facility staff were aware of the resident's noncompliance with smoking; however, there were no interventions put in place to maintain the resident's safety. Resident #1 utilized supplemental oxygen therapy for the diagnosis of Chronic Obstructive Pulmonary Disease (a disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough). Subsequently, on 2/22/2024, Resident #1 sustained a burn to their face (upper lip and on either side of the nose) while smoking unsupervised with oxygen via a nasal cannula. This resulted in actual harm for Resident #1, that is Immediate Jeopardy.</p> <p>The findings are:</p> <p>The facility's Smoking policy dated 02/18/2021 documented, it is the policy of the facility to allow residents who smoke the right to do so in a safe manner that ensures the health and safety of all residents. The policy further documented that if the resident is non-compliant with the smoking policies and rules, staff will take appropriate action. The policy did not document the smoking rules, supervision, or monitoring of residents to prevent smoking related accidents.</p> <p>Resident #1 was admitted with diagnosis including Chronic Obstructive Pulmonary Disease. The Admission Minimum Data Set (MDS) dated [DATE], documented Resident #1 has a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. Resident #1 used a wheelchair for mobility and independently propelled themselves across the facility. Resident #1 was not identified for tobacco use during this assessment. The MDS further documented Resident #1 uses oxygen.</p> <p>A review of Resident #1's physician order revealed the resident received an order dated 12/14/2023 for 4 liters of Oxygen as needed via nasal cannula.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335555
		If continuation sheet Page 1 of 5

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the facility's Incident Accident Report dated 02/22/2024 revealed at 8:45 PM the Resident sustained a burn to their bilateral cheeks, nose, and mustache. The Root Cause Analysis portion of the report documented that Resident #1 was smoking while using oxygen. Registered Nurse #1 documented the nasal canula worn by the resident was observed to be blackened and there was an oxygen tank attached to the wheelchair. The final determination was the resident was smoking while the oxygen was in use.</p> <p>A review of Resident #1's smoking care plan initiated on 11/22/2021 revealed Resident #1 had a history of smoking and does not have cigarettes at this time. The care plan further documented that Resident #1 finds cigarettes within facility and is non-compliant with the smoking policy and procedures. Resident had a history of noncompliance with smoking on the following dates: 06/17/2022, 04/06/2023, 07/21/2023 and 10/16/2023.</p> <p>There is no documented evidence the facility increased supervision or monitoring of Resident #1 after the incidents of noncompliance.</p> <p>A review of Resident #1's Nurse Practitioner progress note dated 02/22/2024 at 10:47 PM documented under the Head, Eyes, Ears, Nose and Throat portion of the Nurse Practitioner's physical examination of Resident #1 that the resident sustained burns to bilateral nasal labial folds which extended to the resident's cheeks. The physical examination report also documented that Resident #1's nostrils were black, and that Resident #1 complained of blurry vision. The Nurse Practitioner's progress note concluded that Resident #1 was sent to the emergency room for further evaluation.</p> <p>Furthermore, a review of Resident #1's wound consult progress note dated 02/27/2024 at 12:31 PM documented under the History of present illness and significant events portion of the wound consult note that Resident #1 suffered burns to their face while smoking cigarette while on oxygen therapy. The wound consult progress note documented that Resident #1 sustained wound to their face measuring 5.0 x 9.0 centimeters. The wound consult note recommended the necessary course of treatment to Resident #1's wound which were being administered to the resident's facial wound.</p> <p>During an observation conducted on 2/27/2024 at 11:16 AM, Resident #1 was observed with a surgical mask, areas of redness and blisters were noted on both cheeks.</p> <p>During an interview conducted on 02/27/2024 at 2:58 PM, Certified Nursing Assistant #1 stated that Resident #1 wheeled themselves independently around the facility. Certified Nursing Assistant #1 further stated they were aware the resident smoked but did not know how they obtained smoking materials.</p> <p>During an interview with Social Worker #1 on 02/27/2024 at 12:40 PM they stated the resident has a smoking contract on file but does not have cigarettes. Social Worker #1 stated the facility does not know how Resident #1 obtained cigarettes or lighters. Social Worker #1 stated the facility had designated smoking times and designated staff who assist residents with smoking. Residents are to be supervised during smoking sessions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 02/27/2024 at 4:05 PM the Director of Nursing stated that the resident had violated the smoking policy by smoking outside of the designated smoking times on more than one occasion. The Director of Nursing stated that smoking outside of the designated smoking time poses fire safety and burn threats to the entire residents and staff of the facility. The Director of Nursing stated that no resident was supposed to be in possession of any smoking paraphernalia (cigarette and lighter). The Director of Nursing stated that the facility was aware that Resident #1 was on oxygen, however, the facility did not reassess nor educate the resident for safe smoking while oxygen was in use because the resident's previous smoking violations did not involve oxygen. The Director of Nursing stated Resident #1's behavior of smoking without supervision and the facility's inability to account for how the resident got the cigarette and lighter poses safety risks to Resident #1, and all other residents and staff of the facility.</p> <p>During an interview with the Administrator on 02/27/2024 at 5:05 PM they stated the incident with Resident #1 smoking which resulted in injury was an isolated incident. The Administrator reiterated that the facility was aware that Resident #1 was on oxygen, however, the facility did not reassess nor educate the resident for safe smoking while oxygen was in use because the resident's previous smoking violations did not involve oxygen. The Administrator stated, Resident #1 was assessed as having a BIMS (Brief Interview of Mental Status, an assessment to determine level of cognition) score of 15 indicating intact cognition. This should guide Resident #1's decision to smoke safely. The Administrator stated that the facility needed to revise their policy addressing situations such as the safety concern identified with Resident #1. The Administrator stated that a root cause analysis needed to be done to establish the source of the cigarettes and lighter in Resident #1's possession. The Administrator stated the current investigation and Resident #1's revised care plan did not monitor for effectiveness of the care plan.</p> <p>During an interview with the Medical Director on 02/28/2024 at 10:40 AM, they stated they were not Resident #1's attending physician, however, they were aware of the incidents that involved Resident #1's violation of the facility's smoking policy. The Medical Director stated the facility intervention for Resident #1's smoking violations should have been reviewed and amended following the first, second, and third identified violations. The Medical Director stated the incidents of smoking while using oxygen created a safety risk to Resident #1 and other residents throughout the facility.</p> <p>During an interview with Resident #1 on 2/28/2023 at 2:47 PM they stated the cigarette blew up in their face while smoking in the courtyard. The resident would not provide any additional information.</p> <p>10 NYCRR 415.12(h)(1)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>48911</p> <p>Based on staff interview and facility document review, the QAA (Quality Assessment and Assurance)/QAPI (Quality Assurance and Performance Improvement) committee failed to monitor interventions and implement an appropriate plan of action for an identified quality deficiency regarding smoking noncompliance. This failure resulted in non-compliance in regulations related to smoking safety and noncompliance during an abbreviated survey.</p> <p>Findings included:</p> <p>The policy entitled Quality Assurance and Performance Improvement dated 05/03/2023 documented The facility will develop, implement and maintain an effective, comprehensive, data-driven Quality Assurance and Performance Improvement program that focuses on indicators of the outcomes of care and quality of life.</p> <p>On 02/29/2024 at 4:06 PM an Immediate Jeopardy was called regarding smoking noncompliance for one resident (Resident #1). An extended survey was completed on 03/04/2024.</p> <p>The Quality Assurance and Performance Improvement committee notes dated 06/01/2023 and 08/30/2023 documented Random Administrative Supervision at Smoking Sessions have been put in place to ensure compliance in Smoke Monitor duties and responsibilities while supervising smoking sessions. Duties and or responsibilities of Smoke Monitoring while supervising smoking sessions continue to be reviewed to ensure resident safety. Implementation of Administrative presence or courtyard supervision every half hour to ensure resident safety. The notes further documented the Root Cause: resident and resident families found not to follow the smoking policy and no accountability for residents or resident families. The Performance improvement project also documented Monitor new courtyard policy where residents are discouraged from going outside between dusk and dawn. Courtyard doors are locked at 8:00 PM. All current residents/families who smoke were notified by mail of the new policy.</p> <p>The facility did not provide documented evidence that the Quality Assurance and Performance Improvement committee followed through with the performance improvement plan to ensure residents and families were compliant with the smoking policy. It also did not provide documented evidence that they developed monitoring or auditing tools to ensure staff were providing adequate supervision to residents who are identified as noncompliant with smoking policies.</p> <p>During interviews conducted on 03/04/2024 at 5:00 PM with Administrator, Director of Nursing and Registered Nurse Consultant they stated the Quality Assurance and Performance Improvement committee meets quarterly, and the committee includes the Administrator, Director of Nursing, Medical Director, Social Worker, Minimum Data Set Coordinator, and Infection preventionist along with other pertinent staff. They also confirmed the Quality Assurance and Performance Improvement committee related to smoking noncompliance was identified in June 2023, discussed again in August 2023 and had not been mentioned again in any later Quality Assurance and Performance Improvement committee meetings.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview conducted on 03/04/2024 at 5:35 PM Registered Nurse consultant stated smoking noncompliance was addressed on June 1, 2023. They indicated the Quality Assurance and Performance Improvement committee reviewed the number of smokers in the facility, smokers' compliance, smokers' contracts, smoking assessments, and smoking policy.</p> <p>During an interview conducted on 03/04/2024 at 6:16 PM with the Administrator who confirmed smoking is ongoing issue in Quality Assurance and Performance Improvement committee. The Administrator stated expectations for the committee are to monitor activities more frequently, follow up on Quality Assurance and Performance Improvement committee continue to include Interdisciplinary team regarding smoking issues and any other Quality Assurance and Performance Improvement committee issues that are identified.</p> <p>415.27(a-c)</p>		