

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 05/16/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49247</p> <p>Based on observations, interviews, and record reviews conducted during a complaint investigation survey NY00337265, the facility did not ensure each resident was free from misappropriation of the resident's property and exploitation. This was identified for one (Resident #1) of three residents reviewed. Specifically, Resident #1's bank card was used by Licensed Practical Nurse #1 to withdraw money totaling 1,000 dollars without the resident's authorization.</p> <p>The findings are:</p> <p>The Facility Policy and Procedure titled Abuse Prohibition and Prevention: Misappropriation of Resident Property, dated 9/1/2016 and last revised on 10/24/2022, defined misappropriation of resident property as the theft, unauthorized use or removal, embezzlement, or intentional destruction of the Resident's personal property, including but not limited to money, clothing, and other possessions belong to the resident, without regard to monetary value.</p> <p>The Facility's Non-Fraternization Policy documented that fraternizing among the employees and resident population on Cold Spring Hills' premises or after hours cannot and will not be tolerated and will subject the employee to discipline up to and including termination.</p> <p>Resident #1 was admitted to the facility with diagnoses including Polyneuropathy, Major Depressive Disorder, and Chronic Pain. The Minimum Data Set, dated dated dated [DATE] documented the resident had a Brief Interview of Mental Status score of 13, indicating the resident had intact cognition.</p> <p>The Facility grievance form dated 3/27/2024 documented that Resident #1 reported to the Director of Nursing services owing 800 dollars to a staff member. The resident gave their bank card to withdraw 800 dollars, but the following day, the resident learned that Licensed Practical Nurse #1 had withdrawn an additional 200 dollars from their account.</p> <p>The Comprehensive Care Plan dated 2/10/2021 documented that the resident is at risk for abuse/neglect/victimization. Interventions included always maintaining a safe environment.</p> <p>The Social Worker's Progress Note dated 3/27/2024 documented that Resident #1 reported to the Director of Nursing Service and the Director of Social Work on 3/25/2024 that they gave their bank card to the Licensed Practical Nurse #1 asking to withdraw money from their account. The resident alleged that additional funds were withdrawn. The facility called the [NAME] County Police Department, but the resident did not wish to file a formal police report.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Social Worker on 4/9/2024 at 12:06 PM, the resident reported owing 800 dollars to Licensed Practical Nurse #1. They stated the debt was incurred when Licensed Practical Nurse #1 bought Chinese food for the resident during the past year. The Social Worker stated they attempted to verify the withdrawal amount by asking Resident #1 to show the bank statements or to call the bank together to confirm the withdrawal. However, Resident #1 refused, citing privacy concerns. The resident expressed significant concerns for Licensed Practical Nurse #1 and did not want any harm to come to the nurse. The Social Worker further stated, when police officers arrived, the resident refused to press charges against Licensed Practical Nurse #1.</p> <p>During an interview with Resident #1 on 4/9/2024 at 1:13 PM, Resident #1 stated they had been in the facility for four years; the resident had known Licensed Practical Nurse #1 for the whole time and stated, We are good friends. The resident #1 stated Licensed Practical Nurse #1 was going to buy Chinese food, so the resident they gave the bank card and the personal identification number to Licensed Practical Nurse #1 to buy them some Chinese food. Resident #1 stated Licensed Practical Nurse #1 gave back the bank card to them later that day. Resident #1 stated they will not press charges, and stated, I don't want anything to happen to [Licensed Practical Nurse #1]; they have a family, and they have been looking out for me.</p> <p>During an interview with the Director of Nursing Services on 4/9/2024 at 2:16 PM, the Director of Nursing Services stated on 3/26/2024, Resident #1 approached the Director of Nursing Services and said they owed money to staff. The resident was hesitant to report further. On 3/27/2024, the Director of Nursing Service interviewed Resident #1 with the social worker. Resident #1 stated they owed Licensed Practical Nurse #1 800 dollars for ordering Chinese food for them during the past year. The resident stated they gave Licensed Practical Nurse #1 their bank card to withdraw 800 dollars. Later, the resident realized that the extra 200 dollars was withdrawn. When asked if the money was given to the resident, the resident refused to answer and refused to show a bank statement.</p> <p>During an interview with, Licensed Practical Nurse #1 on 4/10/2024 at 10:30 AM, Licensed Practical Nurse #1 stated Resident #1 asked them to withdraw 1000 dollars from the bank. However, they were only able to withdraw 200 dollars as the machine did not allow them to withdraw 1000 dollars initially. In response, Resident #1 reached out to the bank to address the issue. Eventually, Licensed Practical Nurse #1 was able to withdraw the additional 800 dollars for the resident. Licensed Practical Nurse #1 stated they used a portion of the withdrawn amount to purchase snacks for Resident #1 and returned approximately 982 dollars to Resident #1.</p> <p>During an interview with the Administrator on 4/9/2024 at 2:53 and a subsequent interview on 5/16/2024 at 4 PM, the Administrator stated they met with Resident #1 on 3/26/2024 to discuss the incident; however, the resident did not want to reveal any information to the administrator. Subsequently, the facility terminated Licensed Practical Nurse #1 based on Resident#1's report that they owed 800 dollars to the nurse, with an additional unauthorized withdrawal of 200 dollars.</p> <p>10NYCRR 415.4(b)</p>		