

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Brooklyn United Methodist Church Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1485 Dumont Avenue Brooklyn, NY 11208	

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>40652</p> <p>Based on observations and interviews conducted during the Recertification survey from 01/02/2025 to 01/10/2025, the facility did not ensure that survey result reports for the 3 preceding years were readily available to residents and visitors upon request. Specifically, upon review of the survey binder, only survey results for the year 2023 were included in the survey binder. In addition, notice of the availability of the survey results reports was not posted in areas of the facility that are prominent and accessible to the public.</p> <p>The findings are:</p> <p>On 01/06/2025 at 10:05 AM, during the Resident Council meeting nine of nine residents verbalized that they did not know where the Department of Survey results were posted in the facility.</p> <p>Six of nine residents had a Brief Interview for Mental Status (BIMS) score as follows:</p> <p>The BIMS test presents a scoring scale that guides the interpretation: 0 to 7 points indicates severe cognitive impairment, 8 to 12 points indicates moderate cognitive impairment, 13 to 15 points indicates cognitive intactness.</p> <p>Resident 44 with BIMS score of 15/15</p> <p>Resident 117 with BIMS score of 15/15</p> <p>Resident 36 with BIMS score of 13/15</p> <p>Resident 61 with BIMS score of 12/15</p> <p>Resident 45 with BMS score of 12/15</p> <p>Resident 32 with BMS score of 14/15</p> <p>On 01/08/2025 at 09:20 AM, the survey binder was observed by the reception area and contained Recertification survey results for 09/18/2023 only.</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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During multiple observations during the survey, notice of the availability of the survey results was not observed on Units 2, 3 and 4.</p> <p>On 01/08/25 at 10:41 AM, the Director of Activities was interviewed and stated that residents are reminded about the availability of survey results and are told where to find the survey binder by the security desk during Resident Council meetings every month. The Director of Activities also stated that they did not currently have postings about the availability of survey results on all of the units.</p> <p>On 01/08/25 at 03:15 PM, the Administrator was interviewed and stated that historically the survey binder has been maintained by the Security desk and there is a sign posted there. The Administrator also stated that they were not aware that notice of the availability of the survey results were supposed to be posted in prominent areas throughout the building. The facility Administrator further stated that they were not aware that the three preceding years surveys and complaint investigation results should be made available to the residents and public.</p> <p>10 NYCRR 415.3(d)(1)(v)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>51390</p> <p>Based on record review and interviews conducted during a Recertification Survey from 01/02/2025 to 01/10/2025, the facility did not ensure a resident, or their designated representative was provided appropriate notification at the termination of Medicare Part A benefits. This was evident for 3 (Residents #47, #51, and #99) of 3 residents reviewed for Beneficiary Notification. Specifically, the facility did not provide appropriate notification at least two calendar days before Medicare covered services ended as required and did not provide the designated form for notification in the nursing home setting.</p> <p>The findings are:</p> <p>The facility policy titled Advanced Beneficiary Notice of Non-Coverage revised 07/2024, documented that it is the facility policy to provide advance notice to Medicare beneficiaries of expected non coverage of services(denial) under Medicare Part B. Effective January 1,2012. CMS form R-131 will be utilized to provide timely advance notification to residents/ designated representatives.</p> <p>1. Resident #47 was discharged from Medicare Part A services on 11/01/2024 with 1 day remaining and remained in the facility. The Notice of Medicare Non-coverage Form (CMS Form 10123) was signed by Resident #47 and dated 11/01/2024, the same date of discharge from skilled services. In addition, Resident #47 was provided with the Advance Beneficiary Notice of Non-coverage (CMS-R-131) instead of the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 which was also signed and dated 11/01/2024.</p> <p>2. Resident #51 was discharged from Medicare Part A services on 06/21/2024 with 1 day remaining and remained in the facility. The Notice of Medicare Non-coverage Form (CMS Form 10123) was signed by Resident #51 and dated 06/21/2024, the same date of discharge from skilled services. In addition, Resident #47 was provided with the Advance Beneficiary Notice of Non-coverage (CMS-R-131) instead of the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 which was also signed and dated 06/21/2024.</p> <p>3. Resident #99 was discharged from Medicare Part A services on 07/12/2024 with 4 days remaining and remained in the facility. The Notice of Medicare Non-coverage Form (CMS Form 10123) was signed by the spouse of Resident #99 and dated 07/12/2024, the same date of discharge from skilled services. In addition, Resident #47 was provided with the Advance Beneficiary Notice of Non-coverage (CMS-R-131) instead of the Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 which was also signed by the spouse of Resident #99 and dated 07/12/2024. Additional information on the Notice of Medicare Non-coverage Form (CMS Form 10123) documented that notification was provided to Resident #99's spouse but did not document when the notification was made.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/08/25 at 03:21 PM, an interview was conducted with the Director of Social Services who stated that they had been providing notices for the past year and the Rehabilitation department provides a schedule of who is coming off therapy and their last day of services. The Director of Social Services also stated that notices are reviewed with resident who will sign it, and if the resident is not able to sign it then it is mailed to the family with a request that they return signed copies. The Director of Social Services further stated that notices are given as soon they receive the information from the Rehabilitation department. The Director of Social Services stated that they were not sure of and could not remember the timeframe in which the notices should be given, whether the notices needed to be given three days or 1 week in advance and could not explain why the notices were not given within this timeframe if they thought this to be the correct timeframe. The Director of Social Services also stated that for Resident #99 the spouse was notified on 07/11/2024 and came in to sign the form on 07/12/2024. The Director of Social Services also stated that the Finance department provided them with the form, and they were not aware that an incorrect form was being used.</p> <p>On 01/08/25 at 04:40 PM, an interview was conducted with the Administrator who stated that they did not have much involvement with the Beneficiary notice process, The Administrator also stated that the process of providing notification involves several departments so the facility tries to give themselves extra time so they thought that their policy references that notices should be provided three days before discharge from skilled services and not two as required. The Administrator further stated they were not aware that notices were not being provided in a timely manner and the incorrect form was being used.</p> <p>10 NYCRR 415.3(g)(2)(i)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observations and staff interviews during the Recertification survey from 01/02/2025 to 01/10/2025, the facility did not ensure that the residents' environment was maintained in a safe, sanitary, and comfortable manner. Specifically multiple observations were made of ceiling tiles and resident equipment and found to be unsanitary and in disrepair. This was evident for 1 of 3 resident units (Unit 3).</p> <p>The findings are:</p> <p>The facility policy titled Homelike Environment dated 10/02/24 state that residents are provided with a safe clean and comfortable and homelike environment.</p> <p>During multiple observations on the 3rd floor unit from 01/02/2025 to 01/10/2025 the following was observed:</p> <ol style="list-style-type: none"> 1. ceiling tiles along the unit corridors were noted in disrepair, not firmly affixed to the ceiling, cracked and stained. 2. Corridor borders were noted to not be firmly attached and layered with dirt and dust. 3. room [ROOM NUMBER] B had brownish water-stained ceiling tiles. 4. room [ROOM NUMBER] B had a broken wall bumper behind the head of the bed, the wall tile behind the room sink was layered with dirt and stains, and the sink was chipped. 5. room [ROOM NUMBER] A had a high back wheelchair which was heavily stained with dried encrusted food particles. 6. room [ROOM NUMBER] had a wheelchair with a dusty seat cushion and torn left arm rest. 7. room [ROOM NUMBER] had a high back wheel chair which was layered and encrusted with dirt and dried food particles. 8. In the Dining Room there was a dusty worn piano, stains on the walls, and bent, dusty window blinds. <p>On 01/10/25 at 09:08 AM, Housekeeper #2 was interviewed and stated that they start their shift by first cleaning the dining room area before breakfast. Cleaning includes but not limited to dining room tables, chairs, floors and walls if needed. Housekeeper #2 also stated that rooms are also cleaned and disinfected, and they wipe down the walls if they are dirty. Housekeeper #2 further stated that heavy duty cleaning of rooms is also done which consists of cleaning the walls, bed frame, mattress, floors, from top to bottom.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/10/25 at 10:08 AM, the Director of Environmental Services was interviewed and stated that their role is to ensure the safety and wellness of all residents, staff and visitors by maintaining a clean and safe and homelike environment. The Director of Environmental Services also stated that they oversee the performance of their staff and make spot checks to ensure the work is carried out, and when they come across an issue they address the issue at that moment with the staff. The Director of Environmental Services further stated that the wheelchairs are challenging to get washed, however they notify the Director of Nursing of the wheelchairs that are to be power washed, and the night shift nurse will remove the wheelchair and place it outside the room door. Sometimes residents will refuse to have their wheelchairs removed from their room. The Director of Environmental Services stated that they do have an issue with the roof which does leak when it rains, which is way the ceiling tiles are stained, and they do try to replace them.</p> <p>On 01/10/25 at 11:06 AM, the Administrator was interviewed and stated that the cleanliness of the environment is important for the prevention of infection control issues and for the overall well-being of the resident and staff morale. The Administrator also stated that they expect to receive a large grant that is going to enable them to replace all the room furniture, the windows, the roof which leaks when it rains, the air conditioners, ceiling tiles and more. The Administrator further stated that they ordered furniture, but the wrong items were sent and they are in the process of correcting this with the company.</p> <p>10 NYCRR 415.5(h)(2)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>40652</p> <p>Based on observations and interviews during the Recertification survey from 01/02/2025 to 01/10/25, the facility did not ensure that total number of nursing staff and actual nursing staffing hours are posted in a prominent place readily accessible to the residents and visitors.</p> <p>The findings are:</p> <p>The facility's policy titled Staffing Policy dated 03/02/2020 last reviewed 07/2024 stated that the facility will post daily for each shift number of personnel responsible for providing direct care for residents. The policy also stated that within two hours of the beginning of the shift, the number of licenses Nurses such as Licensed Practical Nurses, Registered Nurses and Certified Nursing Assistants directly responsible for resident care will be posted in a prominent location accessible to residents and visitors and a clear readable format.</p> <p>During the Recertification survey from 01/02/25 to 01/08/2025, staffing postings for nursing staff documenting projected hours for day, evening and night shifts were observed on a bulletin board on the left side of the hallway which was not accessible to all residents and visitors.</p> <p>The Staffing postings dated 09/01/2024 to 01/08/2025 documented projected hours for the day, evening and night shift for each day.</p> <p>On 01/08/25 at 11:05 AM, the Staffing Coordinator was interviewed and stated that in order to develop the staffing postings, they look at how many licensed and unlicensed nursing staff are needed per shift as per the Staffing Par level. The Staffing Coordinator also stated that staffing is posted every day at 7 AM for all three shifts. The Staffing Coordinator further stated they have been posting the staffing for all shifts every day at 7 AM for twenty years.</p> <p>On 01/08/25 at 11:27 AM, the Director of Nursing Services was interviewed and stated that the facility policy is to post staffing for all three shifts every morning on the bulletin board, which is located next to the time clock on the first floor. The Director of Nursing that they were not aware that the posting needed to reflect actual staffing and be visible to residents and visitors.</p> <p>On 01/08/25 at 03:24 PM, the Administrator was interviewed and stated that they were not aware that actual nursing staffing hours and actual number of nursing staff needed to be posted before every shift. The Administrator also stated that most of the time the projected staffing posted is accurate, and their policy is to post at the beginning of the day.</p> <p>10 NYCRR 415.13</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51390</p> <p>Based on observation, and interviews conducted during the Recertification survey from 01/02/2025 to 01/10/2025, the facility did not ensure infection 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. This was evident for 1 (Resident #76) of 1 resident reviewed for Pressure Ulcer out of a sample of 27 residents. Specifically, Licensed Practical Nurse #2 failed to practice appropriate infection control and placing the barrier on a visibly soiled overbed table and did practice appropriate hand hygiene and glove changes during wound care.</p> <p>The findings are:</p> <p>The facility policy titled Wound Care effective date 07/2024 and last reviewed 08/08/2024 stated that the purpose is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors as well as to provide guidelines for the care of wounds to promote healing. The policy also stated under the heading Steps in the Procedure: 1. Use disposable cloth (paper cloth is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange supplies so they can be easily reached.</p> <p>Resident #76 was admitted with diagnoses that included Pressure Ulcer Left Hip, unstageable and Pressure Ulcer Sacral Region, Stage 4.</p> <p>The Annual Minimum Data Set assessment dated [DATE] documented that Resident #76 had short and long-term memory problems, severely impaired cognitive skills for decision-making. The Annual Minimum Data Set assessment also documented that Resident #76 required dependent assistance for transfers, was always incontinent of bowel and bladder, and had two stage 4 pressure ulcers that were present upon admission.</p> <p>The Physician Orders dated 12/20/2024 documented cleanse Left Hip wound with Dakin's solution (1/4 strength) to left hip topically and pat dry. Apply Calcium Alginate, cover with Opti foam dressing two times a day for Stage 4 pressure ulcer of left hip, and cleanse sacral wound with Dakin's (1/4/ strength) solution and pat dry. Apply calcium alginate and cover with Opti foam dressing two times a day for Stage 4 pressure ulcer of sacral area.</p> <p>The Advantage Surgical and Wound Care Progress Note dated 12/30/2024 documented Stage 4 measuring 7cm x 7cm x1cm with undermining at 6:00 ends at 9:00 distance 1.5cm Moderate sero-sanguineous drainage, no odor, 90% granulation 10% slough. Periwound skin does not exhibit signs of infection. The progress note also documented a Left Hip Stage 4 wound measuring 3.5 x 2 x 1 with undermining noted at 9:00 and ends at 12:00 maximum distance.</p> <p>On 01/07/25 at 10:36 AM, a wound care observation for Resident #76 was conducted with Licensed Practical Nurse #2 who was assisted by Certified Nurse Assistant #2.</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 - Few</p>	<p>Licensed Practical Nurse #2 washed hands, donned a gown, mask, and gloves, then placed a sterile drape on a visibly soiled overbed table. Licensed Practical Nurse #2 did not clean the overbed table before placing a sterile drape on the visibly soiled overbed table. A white Styrofoam tray was then placed on top of the barrier, solutions were placed at side of barrier, an unwrapped scissor was used to open the Opti foam and Calcium alginate packaging and then used to cut the Calcium alginate film which was then placed on the tray along with a bulk pack of gauze pads. Licensed Practical Nurse #2 washed their hands, donned gloves and removed the soiled dressing from Resident #76's left hip. Licensed Practical Nurse #2 removed the soiled gloves and donned a clean pair of gloves without performing hand hygiene and then placed several gauze pads onto the Styrofoam tray and proceeded to moisten gauze with Dakins solution. Licensed Practical Nurse #2 then used a dabbing motion to clean wound before cleaning in a circular motion. Licensed Practical Nurse #2 patted the wound dry with gauze picked up from the tray, changed gloves without performing hand hygiene, applied the Calcium Alginate and bordered gauze, and then removed a pen from their pocket which they used to date the dressing, returned the pen to their pocket, removed gloves and washed hands. Licensed Practical Nurse #2 performed the exact same procedure when cleaning the wound to the sacrum, with the same breaches in infection control and hand hygiene observed.</p> <p>On 01/08/25 at 11:13 AM, an interview was conducted with Licensed Practical Nurse #2 who stated they were a little bit under the weather and not as organized as they usually are. Licensed Practical Nurse #2 then described the procedure of wound care as follows: wash my hands, gather supplies, cover table with a clean towel drape, then place supplies on a clean surface, then wash hands. Put on Personal Protective Equipment, remove old dressing, wash my hands, then put on clean gloves, clean area with Dakin's, cover with Calcium alginate, then apply bordered gauze. Licensed Practical Nurse #2 further stated that they perform hand hygiene before they start the procedure, after removing the old dressing and after they have applied the new dressing. Licensed Practical Nurse #2 stated that when gloves are removed, hands should be washed then and also when the wound is cleaned and before the dressing is put on, but they did not always do this today while doing the wound care. Licensed Practical Nurse #2 also stated that they had instructed the Home Health Aide to clean the overbed table before the dressing change and assumed it had been done. Licensed Practical Nurse #2 stated that they were informed that the tray was provided for them to do wound care today, but usually they just use the drape sheet and place supplies directly on to it. Licensed Practical Nurse #2 stated they received training on wound care some time ago and that a refresher training from time to time would be good.</p> <p>On 01/10/25 at 11:12 AM, an interview with Registered Nurse Supervisor #1 who stated that if nurses observe complications or a change in the wound, they assess the wound and notify the doctor. Registered Nurse Supervisor #1 also stated that they do not do the actual wound care and does not make observations of what the Licensed nurses are doing during wound care as they are the only supervisor in the building.</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 - Few</p>	<p>On 01/10/25 at 11:30 AM, an interview was conducted with the Assistant Director of Nursing, who is also the Infection Preventionist, stated that they are the wound care nurse and assess residents on admission who are at risk for developing wounds. The Infection Preventionist described the process for wound care as follows: set up side table which should be cleaned first, place sterile drape, then supplies and treatments are placed on drape. Gauze is separated for normal saline and for treatments, scissors are taken from the treatment cart in a sealed package, wash hands, don gloves and remove dressing have bag close for garbage, wash hands put new gloves on and do treatment, cleanse wound with normal saline from cleanest to dirty, apply treatment and cover. The Infection Preventionist also stated that hand hygiene is done before contact, and when gloves come in contact with contaminated areas. The Infection Preventionist further stated that periodically observations of wound care are done, but it is not something that is done routinely or documented. The Infection Preventionist stated that they do competencies on wound care. The Infection Preventionist stated that use of Styrofoam trays during wound care is not encouraged, and hand hygiene is to be performed whenever gloves are removed.</p> <p>On 01/10/25 at 11:49 AM, an interview was conducted with the Director of Nursing Services who stated that the Infection Preventionist is in charge of wound care and wound care competencies are done by the Assistant Director of Nursing or themselves or a Registered Nurse will do observations in between. The Director of Nursing Services also stated they were not if the observations were documented anywhere.</p> <p>10 NYCRR 415.19(b)(4)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>19546</p> <p>Based on observations and interviews conducted during the Recertification survey from 01/02/2025 to 01/10/2025 the facility did not ensure a safe functional environment for residents, staff, and public. This was evident for the staff bathroom and nursing station on 1 (Unit 3) of 3 Units.</p> <p>The finding is:</p> <p>The facility policy titled Homelike Environment dated 10/02/24 stated that residents are provided with a safe, sanitary and orderly environment.</p> <p>During multiple observations on the 3rd floor unit from 01/02/2025 to 01/10/2025 the following was observed:</p> <ol style="list-style-type: none"> 1. The Staff bathroom adjacent to the Tub Room had a loose and wobbly toilet seat. 2. in the Nurse's Station: <ol style="list-style-type: none"> a. the Plexi glass was covered with dust, dirt and streaks. b. two swivel chairs were layered with dirt and dust. c. the call bell console was layered with dust and dirt d. there was an accumulation of dirt and dust on the floors underneath the desk e. the computer screen monitors and phones were layered with dust. <p>On 01/10/25 at 09:40 AM, Housekeeper #2 was interviewed and stated that only the floors in the Nurse's station are cleaned and not the station itself. Housekeeper #2 also stated that they do not want to move anything and that the nurse is usually sitting at the nurse station, and they believe that they wipe down their own equipment. Housekeeper #2 further stated that they mostly wipe down the outer counter top of the nurse station.</p> <p>On 01/10/25 at 10:08 AM, the Director of Environmental Services stated that they make rounds to ensure that staff are performing their duties. The Director of Environmental Services also stated that housekeeping staff is supposed to clean the nurse's station, and they can speak with the unit nurse about the areas that they could clean. The Director of Environmental Services further stated that the nurses also wipe their station to keep it free from dust.</p> <p>10 NYCRR 415.29</p>