

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Glen Island Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 490 Pelham Road New Rochelle, NY 10805	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43478</p> <p>Based on interview and record review conducted during the recertification and abbreviated surveys (NY00330768) from 6/10/24 to 6/14/24, the facility did not ensure that each resident received treatment and care in accordance with professional standards of practice for 1 of 6 residents (Resident #340) reviewed for skin impairments. Specifically, the Treatment Administration Record for Resident #340 revealed the treatments ordered by the physician were not administered as per order.</p> <p>The findings are:</p> <p>The undated facility policy, 'Skin Integrity' documented that the resident with pressure ulcers/injuries receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers/injuries from developing.</p> <p>Resident #340 was admitted with diagnoses which included Diabetes Mellitus, COVID-19, and Pneumonia. On 10/20/23, a new diagnosis of orthopedic aftercare following surgical amputation was documented.</p> <p>The admission Minimum Data Set (resident assessment tool) dated 8/29/23 documented intact cognition. Resident required 1-person extensive assistance with bed mobility and toilet use and personal hygiene and bathing, 2-person extensive assist with transfers and dressing, dependent with locomotion, limited assistance with eating.</p> <p>The 5-day Minimum Data Set (resident assessment tool) dated 10/23/23 documented intact cognition. Resident required supervision with eating, partial/moderate assistance with oral hygiene and upper body dressing and bed mobility, substantial/maximal assistance with toileting hygiene and lower body dressing and transfers. Surgical wound present on admission, and surgical wound care was documented.</p> <p>The 'Actual Impairment to Skin Integrity care' care plan dated 9/5/23 documented Diabetic right toes. The interventions included to apply treatments to site as ordered.</p> <p>The physician's orders documented:</p> <p>10/21/23 'Cleanse right foot Trans Metatarsal Amputation with normal saline solution, pat dry, wrap with Kerlix/gauze, then tape every day shift, for wound care', discontinued 12/7/23.</p> <p>11/19/23 'Monitor surgical site right foot Trans Metatarsal Amputation for bleeding, drainage, signs and symptoms of infection. Notify RN/MD' discontinued 12/7/23.</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: 335611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Glen Island Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 490 Pelham Road New Rochelle, NY 10805	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/09/23 'Cleanse with normal saline solution, pat dry then wrap with Kerlix, every day shift, for wound care' start date, discontinued 12/27/23.</p> <p>12/07/23 'Monitor surgical site right foot Trans Metatarsal Amputation for bleeding, drainage, sign and symptoms of infection. Notify RN/MD' discontinued 2/1/24.</p> <p>12/28/23 'Cleanse right foot Trans Metatarsal Amputation with normal saline solution, pat dry then wrap with Kerlix, every day shift, for wound care' discontinued 2/1/24.</p> <p>The Nursing Skin/Wound Care Notes dated 10/21/23 documented follow-up from readmission, skin assessment done. Noted surgical site on right foot status post Trans Metatarsal Amputation, measurement 13.5 cm with 15 sutures, clean, dry and intact. Cleanse surgical site with normal saline solution, pat dry, then apply dry protection dressing.</p> <p>The Nursing Skin/Wound Care Notes dated 10/24/23 documented resident was not seen by wound specialist during wound rounds, transfer of care to Vascular as per wound specialist.</p> <p>The November 2023 Treatment Administration Record documented 'Cleanse right foot Trans Metatarsal Amputation with normal saline solution, pat dry, wrap with Kerlix/gauze, then tape, every day shift, for wound care' start date 10/21/23, discontinued 12/7/23. The treatment was not signed as administered on 11/22/23.</p> <p>The December 2023 Treatment Administration Record documented 'Cleanse right foot Trans Metatarsal Amputation with normal saline solution, pat dry then wrap with Kerlix, every day shift, for wound care' start date 10/21/23, discontinued 12/7/23. The treatment was not signed as administered on 12/2, 12/3, 12/4, or 12/6/23.</p> <p>The December 2023 Treatment Administration Record documented 'Cleanse with normal saline solution, pat dry then wrap with Kerlix, every day shift, for wound care' start date 12/09/23, discontinued 12/27/23. The treatment was not signed as administered on 12/14, 12/16, 12/17, or 12/18/23.</p> <p>The December 2023 Treatment Administration Record documented 'Monitor surgical site right foot Trans Metatarsal Amputation for bleeding, drainage, signs and symptoms of infection. Notify RN/MD' start date 11/19/23, discontinued 12/7/23. The treatment was not signed as administered on 12/2, 12/3, or 12/6/23.</p> <p>The January 2024 Treatment Administration Record documented 'Cleanse right foot Trans Metatarsal Amputation with normal saline solution pat dry then wrap with Kerlix, every day shift, for wound care' start date 12/28/23. The treatment was not signed as administered on 1/1/24, 1/3/24, 1/7/24, 1/13/24, 1/14/24, 1/22/24, 1/24/24, 1/25/24, or 1/28/24.</p> <p>The January 2024 Treatment Administration Record documented 'Monitor surgical site right foot Trans Metatarsal Amputation for bleeding, drainage, signs and symptoms of infection. Notify RN/MD' start date 12/07/23. The treatment was not signed as administered on 1/1/24, 1/3/24, 1/7/24, 1/13/24, 1/14/24, 1/22/24, 1/24/24, 1/25/24, or 1/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Glen Island Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 490 Pelham Road New Rochelle, NY 10805	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/11/24 at 1:25 PM during an interview, the Director of Nursing stated the nurse on duty who performed the treatment was responsible for documenting in the Treatment Administration Record, and if the treatment was not administered, the nurse was responsible to document the reason why the treatment was not administered. The Director of Nursing stated the Registered Nurse Unit Manager was responsible to assure that the treatments were administered as ordered for the nurses on their shift. The Director of Nursing stated that during the week, the treatment nurse was responsible for administering the treatments, and in the event that a treatment nurse was not available, it was the responsibility of the Unit Manager during the week and the Supervisor on the weekends to administer the treatments. The Director of Nursing checked the resident's electronic health record and stated there were no documented Nurse's Note dated in November, December, or January documenting the reasons for not administering treatments on the dates not documented as administered in the November, December, and January Treatment Administration Records.</p> <p>On 6/11/24 at 2:26 PM during an interview, Registered Nurse #2 stated they were assigned to administer medications on 12/2 and 12/3/23. They stated Resident #340 was alert and usually asked staff to apply the treatments if the treatments had not been administered yet. Registered Nurse #2 stated they administered the treatments but they forgot to sign the Treatment Administration Record. They stated they knew that treatments should have been documented in the Treatment Administration Record.</p> <p>On 6/11/24 at 2:38 PM during an interview, Registered Nurse #3 stated they were assigned to administer medications on 12/4/23. They stated they were not responsible to administer treatments on 12/4/23 because the Registered Nurse Unit Manager was responsible to administer treatments during the week. Registered Nurse #3 stated Resident #340 was alert and usually asked staff to have their treatment applied if the treatments had not been administered yet. Registered Nurse #3 stated that on 1/13 and 1/14/24 they were assigned to administer medications and there was no treatment nurse that weekend. They stated it was their responsibility to apply the treatments and document in the Treatment Administration Record. They stated they did not remember whether or not they administered Resident #340 treatments on 1/13 and 1/14/24.</p> <p>On 6/11/24 at 2:58 PM during an interview, Registered Nurse Supervisor #4 stated they were the Registered Nurse Supervisor on 1/3 and 1/28/24. They stated they were responsible to administer treatments on those days because the medication nurse asked for their assistance because the medication nurse did not have time to administer treatments. Registered Nurse Supervisor #4 stated Resident #340 was alert and usually asked staff to have their treatment applied if the treatments had not been administered yet. Registered Nurse Supervisor #4 stated that on 1/3 and 1/28/24 they administered the treatments to Resident #340 and they were responsible to document in the Treatment Administration Record but they forgot.</p> <p>On 6/11/24 at 3:06 PM during an interview, Registered Nurse Unit 1 [NAME] Manger #5 stated that on 1/7/24 they were supervising and they were responsible for administering treatments to major wounds if the unit medication nurse asked them for assistance with administering treatments. Registered Nurse Unit 1 [NAME] Manger #5 stated that on 1/24 and 1/25/24 they were performing their routine responsibilities as a unit manager and they had limited time and they were only responsible to administer treatments to major wounds if there was no treatment nurse that day and if the medication nurse asked them for assistance. Registered Nurse Unit 1 [NAME] Manger #5 stated that Resident #340's wound was considered a major wound and they thought they administered the treatments on the days mentioned above, but they could not be sure. They stated that they were responsible to document the treatments in the Treatment Administration Record if they had administered them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Glen Island Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 490 Pelham Road New Rochelle, NY 10805	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/11/24 at 3:24 PM during an interview, Registered Nurse/Treatment Nurse #6 stated that on 12/14/23 they were not working as the treatment nurse because they were assigned to administer medications and they were not responsible to administer treatments on that day because it was a weekday, and the Registered Nurse Unit Manager was responsible for administering the treatments on weekdays. Registered Nurse #6 stated that on 12/16 and 12/17/23 they were not working as the treatment nurse because they were assigned to administer medications, and they were therefore not responsible for administering treatments on that day. Registered Nurse #6 stated that the Registered Nurse Supervisor was responsible for administering the treatments on 12/16/23 and 12/17/23. Registered Nurse #6 stated they notified the Registered Nurse Supervisor that they did not have time to administer Resident #340 treatments.</p> <p>10NYCRR 415.12</p>		