

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Ditmas Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Ditmas Avenue Brooklyn, NY 11226	

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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101</p> <p>Based on observation, record review, and interview conducted during the Recertification Survey from [DATE] to [DATE], the facility did not ensure that food was stored, prepared, and distributed in accordance with professional standards for food service safety. Specifically, 1.) Staff was observed handling resident's food with bare hands. This was evident in 1 (6th Floor) of 6 units during dining observation. 2.) The kitchen walk-in refrigerator contained expired and undated food items.</p> <p>The findings are:</p> <p>1.) The facility policy titled Resident Dining with a revision date of [DATE] documented that employees may not use bare hand contact with any foods, ready to eat or otherwise. Staff must utilize disposable, single use gloves, when directly touching ready to eat food items and should discard gloves after each use.</p> <p>During dining observation conducted on [DATE] from 12:30 PM to 12:45 PM, Certified Nursing Assistant #2 was observed assisting Resident #503 with meals. Certified Nursing Assistant #2 opened the sliced bread from the plastic wrapper, opened the margarine, held the bread with their bare hands, buttered the bread with a knife and placed it on the Resident's lunch tray.</p> <p>During an interview on [DATE] at 12:45 PM, Certified Nursing Assistant #2 stated they were aware that they held the bread with their bare hands. They stated they received an in-service that they should not be touching residents' food with bare hands.</p> <p>During an interview on [DATE] at 2:55 PM, the Licensed Practical Nurse #1 stated staff must wear gloves when handling residents' food.</p> <p>During an interview on [DATE] at 2:56 PM, Registered Nurse #3 stated their policy states staff should never touch residents' food with their bare hands.</p> <p>During an interview on [DATE] at 4:34 PM, the Infection Preventionist stated staff must wash their hands or perform hand hygiene before assisting residents with their meals. The Infection Preventionist stated if staff are sure that their hands were clean, then they can touch the resident's food and hold the bread with their bare hands.</p> <p>48876</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: 335648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Ditmas Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Ditmas Avenue Brooklyn, NY 11226	
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 - Few</p>	<p>2.) The facility policy titled Food Storage and Labeling with a revised date of [DATE] documented all food stored in the refrigerator will be checked to ascertain that they are stored in a manner that assures that they are appropriate for use and free from potential cross contamination. All items not in the original container must be labeled. Ready-to-Eat food must be marked if held for longer than 24 hours. All food in the refrigerator and freezer should be covered, labeled, and dated. Ready-to-Eat temperature controlled for safety food can be stored for up to 5 days if held at internal temperature of 41 degrees Fahrenheit or lower. Casseroles or chicken salad should not be kept for longer than 48 hours. Any food that appears expired or unsafe will be discarded even if the expiration date has not passed.</p> <p>On [DATE] at 9:20 AM, the kitchen walk-in refrigerator was observed with the Food Service Director. The walk-in refrigerator contained: (3) 8 ounce cups of tuna dated [DATE], (7) 8 ounce tuna cups dated [DATE], 1 aluminum pan containing cream of rice puree dated [DATE], 1 aluminum pan containing 4 potato knishes dated [DATE], (2) 6 ounce fruit cups dated [DATE], 1 undated plastic bowl of egg salad, and 1 undated plastic bowl of tuna salad.</p> <p>On [DATE] at 9:30 AM, an interview was conducted with the Food Service Director who stated that the cups of tuna should have been discarded on [DATE] since 3 days had passed from the preparation date. The cream of rice puree should have been discarded on [DATE] and the potato knishes should have been discarded 3 days from the labeled date.</p> <p>On [DATE] at 3:28 PM, a subsequent interview with the Food Service Director was conducted. They stated that the tuna and fruit cups must have been mislabeled by the dietary aide who prepared the food. The potato knishes were missed since the tray was all the way in the back of the refrigerator. The Food Service Director stated that the bowls of tuna and egg salad should have been dated. The Food Service Director stated that the food service aides, the Supervisor, and the Director checks the refrigerator daily for expired food to be discarded, but these items were missed.</p> <p>10 NYCRR 415.14(h)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Ditmas Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Ditmas Avenue Brooklyn, NY 11226	
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 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** 48876</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 08/21/2024 to 08/28/2024, the facility did not ensure that infection control prevention 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 in 1 (Resident #90) of 2 residents reviewed for Pressure Ulcer / Injury. Specifically, Enhanced Barrier Precautions were not maintained during wound care.</p> <p>The findings are:</p> <p>The Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group memorandum titled Enhanced Barrier Precautions in Nursing Homes, Ref: QSO-24-08-NH dated 03/20/2024 documented that effective 04/01/2024, Centers for Medicare and Medicaid Services is issuing a new guidance for long term care facilities on the use of enhanced barrier precautions to align with nationally accepted standards. Enhanced Barrier Precautions recommendations now include use of enhanced barrier precautions for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. The new guidance related to enhanced barrier precautions is being incorporated into F880 Infection prevention and Control.</p> <p>The facility policy and procedure titled Infection Control - Enhanced Barrier Precautions dated 04/02/2024 documented that the Facility will implement enhanced barrier precautions to include any resident with chronic wounds regardless of Multi Drug Resistant Organism colonization or infection status. The facility will use an orange sticker identifier to alert staff when Enhanced Barrier Precaution use is necessary. Staff will perform hand hygiene and before entering a resident's room, don gown and gloves when providing high contact care activities.</p> <p>Resident #90 was admitted to the facility with diagnoses that include Cerebral Palsy and Metabolic Encephalopathy.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #90 had moderately impaired cognitive skills for daily decision making and had unhealed Stage 4 sacral pressure ulcer.</p> <p>A physician's order dated 05/02/2024 documented enhanced barrier precautions secondary to wounds.</p> <p>A Physician Treatment Order dated 07/25/2024 documented to apply Calcium Alginate Silver Pad to right hip topically in the morning for wound care after cleansing with normal saline and to cover with silicone foam dressing.</p> <p>During wound treatment observation on 08/23/2024 at 10:44 AM, Licensed Practical Nurse #2 was observed performing wound care for Resident #90 with gloves but without wearing a gown. There was no signage posted that Resident #90 was to be maintained on Enhanced Barrier Precautions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Ditmas Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2107 Ditmas Avenue Brooklyn, NY 11226	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/23/2024 at 11:00AM, Licensed Practical Nurse #2 was interviewed and stated that at the time of the dressing change they did not know that Enhanced Barrier Precautions were needed as the signage was removed from the door by the Assistant Director of Nursing/Educator.</p> <p>On 08/23/2024 at 12:29 PM, The Assistant Director of Nursing/Educator was interviewed and stated that Licensed Practical Nurse #2 should have followed Enhanced Barrier Precautions because Resident #90 had a wound and all residents with wounds require staff to wear a gown for all contact. The Assistant Director of Nursing/Educator stated they removed the Enhanced Barrier Precaution signage on Resident #90's door because they thought the wound was healed.</p> <p>On 08/26/2024 at 12:24 PM, the Infection Control Preventionist was interviewed and stated staff is required to wear isolation gowns and gloves for all residents with wounds or indwelling devices.</p> <p>On 08/26/2024 at 4:37 PM, The Director of Nursing was interviewed and stated staff is to wear gowns and gloves for all direct care contact with residents who have wounds and indwelling medical devices.</p> <p>10 NYCRR 415.19 (a)(1-3)</p>		