

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2024
NAME OF PROVIDER OR SUPPLIER  Fordham Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2678 Kingsbridge Terrace Bronx, NY 10463	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49081</p> <p>Based on record review and interview conducted during the Recertification and Abbreviated Survey (NY00354048) from 10/21/2024 to 10/28/2024, the facility did not ensure that it promoted and facilitated resident self-determination through the support of residents choice for 1 (Resident #190) of 2 residents reviewed for Choices out of 38 sampled residents. Specifically, the preferred number of showers per week were not obtained and not provided in accordance with Resident #190's wishes.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Showers and Bed Bath reviewed 08/2020 documented, It is the policy of the facility that each resident is to have a minimum of two baths/showers each week and all residents shall receive a bath between scheduled showers or tub/whirlpool bath unless otherwise requested by resident.</p> <p>Resident #190 was admitted with diagnoses of Hypertension, Depression and Cervical Disc Disorder with Myelopathy (is a serious condition that occurs when the spinal cord in the neck is compressed, often due to a herniated disc).</p> <p>The Minimum Data Set, dated dated [DATE] documented Resident #190 was cognitively intact. Resident #190 required dependent assistance with shower/bathing self. MDS documented that Resident #190 was interviewed for daily preferences and stated that it was very important for them to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>The New York State Department of Health Complaint Intake (NY00354048) received 09/11/2024 documented that Resident #190's shower was not given as scheduled.</p> <p>On 10/21/2024 at 10:27 AM, an interview conducted with Resident #190 who stated they get showers every couple of days, before, they gave them maybe 3 or 4 times and then no more. Resident #190 stated that staff only washed them in bed and does not remember their shower days.</p> <p>On 10/22/2024 at 10:50 AM, Complainant at Resident #1's bedside (complainant was a Spanish speaking, Resident #190 translated the concern) stated that Resident #190 was not given showers as scheduled.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Comprehensive Care Plan Titled Activities of Daily Living Self- Care Performance Deficit dated 02/10/2024 documented that Resident #190 was dependent with shower/bathing self.</p> <p>The Comprehensive Care Plan Title Resident Preferences dated 02/17/2024 did not document Resident #190's specific preferences for showers/bathing.</p> <p>The Certified Nursing Assistant Documentation Report dated 08/01/2024 to 08/30/2024 documented Resident #190 was showered 4 (08/07/2024, 08/14/2024, 08/21/2024 and 08/24/2024) out of 9 days in August 2024. There was 1 refusal documented and dated 08/03/24. There were 4 occasions that bed bath was provided.</p> <p>The Certified Nursing Assistant Documentation Report dated 09/01/2024 to 09/30/2024 documented Resident #190 was showered 1 (09/28/2024) out of 8 days in September 2024. There was 1 refusal documented dated 09/14/24. There were 6 occasions that a bed bath was provided.</p> <p>A review of behavior and nursing notes dated 08/03/2024 to 09/28/232024 revealed there was no evidence of documentation that Resident #190 refuses showers or prefers bed bath. Documented Resident #190 was calm and cooperative.</p> <p>On 10/23/2024 at 3:05 PM Certified Nursing Assistant #2 was interviewed and stated, they were the regular Certified Nursing Assistant assigned in the evening shift for Resident #190. Certified Nursing Assistant #2 stated that Resident #190 is scheduled 2 shower days in a week, every Wednesday and Saturday. Certified Nursing Assistant #2 stated that sometimes they give showers even if not scheduled because Resident #190 messed with stool and mostly gives bed bath because Resident #190 is stiff. Certified Nursing Assistant #2 stated that Resident #190 does not refuse showers but occasionally they (Resident #190) refused a showers then they give a bed bath.</p> <p>On 10/23/2024 at 3:40 PM Registered Nurse #4 was interviewed and stated, that with regards to showers, Resident #190 is okay and was showered every Wednesday and Saturday. Registered Nurse #4 stated that shower schedule is posted at the nursing station, and they inform the staff which residents are scheduled for showers. Registered Nurse #4 stated that they do not recall Resident #190 refusing a shower because staff did not report to them. Registered Nurse #4 stated they are responsible to monitor and to ensure that staff provided the care as instructed.</p> <p>On 10/25/2024 at 9:25 AM Registered Nurse Supervisor #6 was interviewed and stated, they checked the Certified Nursing Assistant documentation, and it showed that a shower was not given as scheduled to Resident #190. Registered Nurse Supervisor #6 stated that staff should notify the nurse when a resident refuses shower. Resident #190 has no behavior issues of refusing showers. Registered Nurse Supervisor #6 stated that they did not observe any documentation in the medical record that Resident #190 refused showers. Registered Nurse Supervisor #6 stated they plan to give an in-service to staff regarding providing showers, documentation and notifying the nurse regarding residents refusal of care.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/25/2024 at 2:16 PM, the Director of Nursing was interviewed and stated, they did not personally hear Resident #190 refuses showers and mostly Resident #190 was given a bed bath. Director of Nursing stated that staff provided bathing but not just in the shower room (while looking at the Certified Nursing Documentation Survey Report dated 9/2024). Director of Nursing stated they were not aware of this reason, normally if resident refused shower the staff informs the nurse. Director of Nursing stated that the nurse in the unit is responsible for monitoring staff to insure care is provided and documented.</p> <p>10 NYCRR 415.5(b) (1-3)</p>		