

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Four Seasons Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 Rockaway Parkway Brooklyn, NY 11236	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>Based on observation, record review, and staff interviews conducted during the abbreviated survey (812190), the facility failed to ensure the resident's right to be treated with respect and dignity which included the right to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms. This was evident in 1 out of 4 residents (Resident #1) sampled for Restraint. Specifically, on 01/30/2024 at 3:18 PM Registered Nurse #1 observed Resident #1's right hand in a mitten and mitten strap tied to the bed frame. Resident #1 was assessed by Registered Nurse Supervisor #1 and Medical Doctor #1 with no redness, discoloration or visible injuries. The Findings are: The facility's policy titled Restraint Use, dated 09/2023, documented the facility promotes and encourages a restraint free environment. Residents have the right to be free from physical or mental abuse, involuntary seclusion and any physical or chemical restraint imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms. Resident #1 was admitted to the facility with diagnoses including Chronic Respiratory Failure and ventilator dependent. The Minimum Data Set (a resident assessment tool) dated 11/14/2023 documented Resident #1 had a Brief Interview of Mental Status (used to determine attention, orientation, and ability to recall information) score of 12 associated with moderately impaired cognition. A review of the facility investigation dated 01/30/2024 documented the Director of Respiratory Therapy reported that Respiratory Therapist #1 applied a mitten on Resident #1's right hand on 01/30/2024. The strap of the mitten was tied to the side of the bed. Resident #1 acknowledged removing themselves from the ventilator several times that evening (01/30/2024). Resident #1 reported being frustrated of being on the ventilator and going to dialysis. Resident #1 was assessed with no bruising, trauma or any injury. Respiratory Therapist #1 was interviewed and acknowledged placing the hand mitten on Resident #1's hand and tying them to the side of the bed. 911 was called and the incident was reported to them. Respiratory Therapist #1 was suspended and later terminated. Other residents on Respiratory Therapist #1's assignment were assessed for restraint and abuse with no issues. Facility concluded that there is evidence to support Respiratory Therapist #1 applied a hand mitten to Resident #1's right hand and tied it to the bed frame. A review of Resident #1's Behavior Care plan dated 12/30/2023 documented Resident #1 frequently disconnects the respiratory circuit. The interventions are documented to educate Resident #1 on risks associated with disconnecting their respiratory circuit and redirect Resident #1 to watch television or listen to music. A review of Physician's Order dated 01/04/2024 documented apply hand mittens to prevent accidental decannulation. Release mittens every 2-hours x 15 minutes. A review of the Physician's Order dated 01/05/2024 revealed the order for mittens was discontinued, no longer necessary. A psychiatry progress note by Medical Doctor #1 dated 01/15/2024 at 5:13 PM, documented resident has behavior of agitation and pulling off the tubes. Resident #1 is on psychoactive medications. Gradual dose reduction was not attempted at this time; it is clinically contraindicated. A review of a nursing progress notes by Registered Nurse #1 dated 01/30/2024 at 3:18 PM, documented Resident #1 continues to exhibit episodes of inappropriate behavior as evidence by continually attempting to self-decannulate and disconnect the respiratory circuit. A physician's progress notes by Medical (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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