

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Haven Manor Health Care Center, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE  1441 Gateway Boulevard Far Rockaway, NY 11691	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48907</b></p> <p>Based on observation, record review, and interviews conducted during an abbreviated survey (NY00333004), the facility did not ensure that all alleged violations involving abuse are reported immediately, but not later than two hours after the allegation of abuse was made, to the State Survey Agency (New York State Department of Health). This was evident in two out of four residents sampled (Residents #1 and #2). Specifically, on 02/04/24 at 1:00 am, Resident #1 informed the front desk Receptionist that Resident #2 climbed into their bed and took advantage of them. On 02/06/24 at 9:30 am, the facility reported the allegation to the New York State Department of Health, two days after the incident occurred.</p> <p>The findings include:</p> <p>The facility Policy and Procedure titled Abuse Prevention and Reporting Policy with a revised date of 04/13/23, documented that all alleged violations must be reported immediately but no later than 2 hours if the alleged violation involves abuse.</p> <p>The facility's Accident/Incident Report dated 02/04/24 at 1:00 am, documented that Resident #1 informed the front desk Receptionist that Resident #2 climbed into Resident #1's bed and took advantage of them. Resident #1 could not recall what happened, however Resident #1 felt pain all over. The facility concluded that abuse did not occur. Resident #1 was inconsistent with the details of the event. Resident #2 was interviewed on several occasions and during each interview, they denied having any interactions with Resident #1.</p> <p>Resident #1 was admitted on [DATE] to the facility with diagnoses including Bipolar Disorder (extreme mood changes) and Schizophrenia (a disorder that affected the ability to think, feel and behave clearly).</p> <p>The Minimum Data Set (assessment tool), dated 12/13/23, documented Resident #1 had a Brief Interview of Mental Status (used to determine attention, orientation, and ability to recall information) and scored 2 out of 15 indicating severely impaired cognition.</p> <p>A Comprehensive Care Plan for Victimization dated 09/18/23, documented interventions to transfer resident to the emergency room for evaluation, issue a private room for lodging pending investigation and change room closer to the nurse's station for increase monitoring.</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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NAME OF PROVIDER OR SUPPLIER  Haven Manor Health Care Center, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE  1441 Gateway Boulevard Far Rockaway, NY 11691	
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #2 was admitted on [DATE], to the facility with diagnoses including Schizophrenia (a disorder that affected the ability to think, feel and behave clearly) and Hypertension (high blood pressure).</p> <p>The Minimum Data Set (assessment tool), dated 12/08/23, documented Resident #2 had a Brief Interview of Mental Status (used to determine attention, orientation, and ability to recall information) and scored 7 out of 15 indicating severely impaired cognition.</p> <p>A Comprehensive Care Plan for Victimization updated 02/09/24, documented Resident #2 was involved in an alleged incident that occurred on 02/04/24 with Resident #1. Resident #2 was calm and cooperative, able to answer questions in an appropriate manner and denied having any interaction/encounter with Resident #1.</p> <p>During an interview on 04/10/24 at 1:28pm, Risk Manager stated the Incident occurred on 02/04/24 and was reported to the Department of Health on 02/06/24. Risk Manager stated they are aware that abuse allegations should be reported within 2 hours, however they were away and when they returned to the facility, they reported the incident.</p> <p>During an interview on 04/10/24 at 2:26 pm, Director of Nursing stated the Risk Manager is responsible for reporting incidents to the Department of Health after they are made aware and have informed the Assistant Administrator. Director of Nursing stated the Risk Manager was not available to report the incident to the Department of Health.</p> <p>During an interview on 04/10/24 at 3:52 pm, Assistant Administrator stated they were informed of the incident on 02/04/24 and the Risk Manager is responsible for reporting any incident to the Department of Health. Assistant Administrator stated they are aware that any allegation of abuse is supposed to be reported within 2 hours.</p> <p>10 NYCRR 415.4(b)</p>		