

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER East Neck Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 134 Great East Neck Road West Babylon, NY 11704	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</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: 335681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER East Neck Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 134 Great East Neck Road West Babylon, NY 11704	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interviews during an Abbreviated Survey (2625704), the facility did not ensure that each resident's clinical condition demonstrated the need for an indwelling urinary catheter in the absence of clinical indications for use and did not document the provision of counseling to assist the resident in understanding the clinical implications and risks associated with the use of a urinary catheter for one (Resident #1) of one resident reviewed for urinary catheter. Specifically, Resident #1 received a urinary catheter insertion after the resident requested a catheter due to urinary incontinence. There was no documented clinical indication for the catheter and there was no documented education regarding clinical implications and risks. The finding is: The facility's policy titled Justification for Use of Indwelling Urinary Catheter dated 10/2021 documented it is the policy of the facility that an indwelling urinary catheter may be inserted after assessment of the resident. Assessment will be based on valid clinical indications consistent with evidence-based guidelines as documented by the physician for the use of the catheter. The following are medical justifications for indwelling catheter use: Urinary retention including obstruction and neurogenic bladder; assistance with healing of perineal and sacral wounds in incontinent patients to avoid further deterioration of wound; resident requires strict immobilization for trauma or surgery; hospice/comfort care or palliative care; and need for accurate hourly output measurements to manage treatment in intensive care units. The facility's policy titled Foley Catheter-Insertion, Removal, Maintenance, dated 09/2021, documented a licensed nursing staff shall perform Foley catheter insertion and removal as per physician's order. All staff will undergo training and education along with an assessment of competency upon hire and as needed. Confirm the order, including catheter and balloon size; use the smallest effective catheter size or the same size as previous catheter if replacing. Document type and size of catheter and balloon Resident #1 was admitted with diagnoses including Dependence on Renal Dialysis, Benign Prostatic Hyperplasia, and Schizophrenia. The 08/12/2025 Quarterly Minimum Data Set assessment documented a Brief Interview for Mental Status score of 14, indicating the resident was cognitively intact. The Minimum Data Set assessment documented the resident had a urinary catheter. Review of the September 2025 Treatment Administration Record revealed that the urinary catheter was discontinued on 09/04/2025 due to the resident passing a trial void and freely urinating. A Comprehensive Care Plan with a focus of: The Resident has Bladder Incontinence (unable to control leakage of urine), dated 10/24/2025, documented interventions to check and change resident every two to four hours, keep skin clean and dry, monitor resident for non-verbal cues that indicate need for toileting. A Psychiatric Consultation dated 10/22/2025 documented attention seeking behaviors, bed wetting, having Certified Nursing Assistants change the bed constantly when resident is continent (able to control urine); Staff reported that resident has been wetting the bed linens instead of using bedside urinal; Resident states that they are not able to use urinal because the resident is not feeling well. Physician #1's progress note dated 10/24/2025 documented resident wishes for Foley (urinary catheter) to be reinserted as resident has been urinating more frequently. Plan to insert Foley. A Physician's order entered by Registered Nurse #1 on 10/25/2025 at 12:42 AM documented: under direct order of nursing supervisor, placement of a foley catheter and bag was inserted for a diagnosis of STAT (immediate) for urinary incontinency for Resident #1. The size of the catheter was not included in the order. During an interview on 10/30/2025 at 11:18 AM, Registered Nurse #1 stated on the overnight shift the nursing supervisor (Registered Nurse #3) called the unit and spoke to Registered Nurse #2 and gave direction that an indwelling Foley catheter should be inserted in Resident #1 because the resident was having urinary incontinence, and the resident requested the foley catheter. During an interview on 10/30/2025 at 12:00 PM, Registered Nurse #2 stated I they received the call from the nursing supervisor to insert the Foley catheter and they were assisted by Registered Nurse #1 with the insertion as a witness. The resident can use a urinal, but the resident wanted a foley catheter; they do not know why. We tried to convince the resident not to use the catheter, but the resident said they wanted it. Review of the medical record revealed no documented evidence that the staff provided education to the Resident#1 regarding clinical implications and risks of an indwelling foley catheter. During an interview on 10/31/2025 at 9:11 AM, registered nurse #3 (nursing supervisor) stated they directed registered Nurse #2 to insert the catheter as per the physician request; Registered Nurse #3 stated they directed Registered Nurse #2 to enter the order, and the doctor would sign-off in the morning. registered nurse #3 (nursing supervisor) stated they told Registered Nurse #2 to enter the order based on the doctor's note. Registered Nurse #3 (nursing supervisor) didn't write a note</p>		