STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335682	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beach Gardens Rehab and Nursing Center	17 11 Brookhaven Avenue 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49081 Based on observation, interviews, and record reviews conducted during Abbreviated Survey (NY00351660), the facility failed to protect a resident from physical abuse by nursing home staff. This was evident in 1 out of 3 residents (Resident #1) sampled for abuse. Specifically, on 08/17/2024 at 3:25 PM, Certified Nursing Assistant #1 reported that they observed Dietary Worker #1, used their foot to push the wheel of Resident #1's wheelchair out of the elevator. Resident #1 slipped out of their wheelchair into a sitting position on the footrest of their (Resident #1) wheelchair and on to the floor. Resident #1 was assessed by Registered Nurse Supervisors #1 with no visible injuries. The findings are: The Facility's Policy on Abuse Prevention reviewed 12/20/2023, documented that it is the policy to provide a safe environment that protects residents from abuse- including verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This includes staff to resident abuse of any type, resident to resident abuse of any type and visitor to resident abuse of any type. The Facility's Policy and Procedure on Fall Prevention reviewed 02/2024, documented that each resident will be assessed by his/her risk for falls on admission, re-admission, quarterly and with a change in condition. Each resident will have an individualized care plan outlining their fall prevention measures. Resident #1 was admitted to facility with diagnoses including Major Depressive Disorder and Psychotic Disorder with Borderline Personality Disorder. The Minimum Data Set, dated dated dated [DATE] documented that Resident #1 had intact cognition. A Risk for Abuse Care Plan dated 01/06/2023 (updated quarterly) documented interventions for staff to encourage Resident #1 to voice concerns to staff. Staff to address Resident #1's concerns as they arise. The care plan was updated 08/17/2024 to reflect on the abuse allegation. The Accident/Incident Report dated 08/17/2024 at 3:25 PM documented that Resident #1 was pushed back out of the elevator and slipped out of the wheelchair falling on to the floor. Resident #1 was assessed by Registered Nurse Supervisors #1 in the presence of Certified Nursing Assistant #1, and there were no visible injuries. The Incident Summary Investigation dated 08/19/2024 concluded that there was credible evidence that abuse occurred. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/26/2024 at 10:00 AM, Resident #1 stated that they were sitting on their wheelchair attempting to enter the elevator and Dietary Worker #1, who was in the elevator, pushed their wheelchair and they (Resident #1) fell out of their wheelchair. Resident #1 stated that they fell landed in a sitting position on the footrest of the wheelchair and on to the floor. Resident #1 stated that they do not recall if Dietary Worker #1 used their hand or foot to push their wheelchair. Resident #1 stated that they did not have any pain or injury. Resident #1 stated that Certified Nursing Assistant #1, who was in the dining room, saw what happened and ran to assist them (Resident #1) and called for help. Resident #1 stated that Law Enforcement arrived and interviewed them, but they did not give them a report. During a telephone interview on 08/27/2024 at 10:16 AM (with the use of an interpreter- Director of Recreation), Dietary Worker #1 stated that they exited the elevator on the 5th floor to deliver a garbage can on 08/17/2024. Dietary Worker #1 stated as they (Dietary Worker #1) reentered the elevator, they observed Resident #1 also entering the elevator and they (Dietary Worker #1) put their hands up (as a gesture for Resident #1 to stop) to prevent Resident #1 from entering the elevator. Dietary Worker #1 stated that they had three garbage cans in the elevator to be delivered to other floors. Dietary Worker #1 stated that when they put their hands up, Resident #1 backed their wheelchair out of the elevator and put themself (Resident #1) on the floor. Dietary Worker #1 stated that when Resident #1 was on the floor, Certified Nursing Assistant #1 came and assisted Resident #1. Dietary Worker #1 stated that a staff member (does not know the name of staff) saw them exited the elevator with the garbage can and saw them reentered the elevator. Dietary Worker #1 stated that they did not touch or push Resident #1's wheelchair. During an interview on 08/26/2024 at 3:15 PM, Certified Nursing Assistant #1 stated that they were standing in the dining room between the air conditioner and close to the television (about 50 feet) where they were able to see the elevator. Certified Nursing Assistant #1 stated from where they were standing in the dining room, they were able to see persons entering the elevator, but was unable to see inside the elevator. Certified Nursing Assistant #1 stated that Resident #1 notified them that they were leaving the unit and they observed Resident #1 entered the elevator and a foot (wearing a black sneaker) pushed the wheel of Resident #1's wheelchair. Certified Nursing Assistant #1 stated that they ran to the elevator as they saw that Resident #1 was in the process of sliding out of the wheelchair, but Resident #1 fell out of the wheelchair landing on the footrest of the wheelchair and on to the floor. Certified Nursing Assistant #1 stated that they grab the arm of the wheelchair to prevent the wheelchair from falling forward. Certified Nursing Assistant #1 stated that they called for Registered Nurse Supervisor #1. Certified Nursing Assistant #1 stated that Dietary Worker #1 was inside the elevator and was wearing black sneakers. Certified Nursing Assistant #1 stated that Resident #1 got up from the floor by themself. During an interview on 08/26/2024 at 11:06 AM, Registered Nurse Supervisor #1 stated that Certified Nursing Assistant #1 notified them that Resident #1 was entering the elevator and Dietary Worker #1 pushed Resident #1's wheelchair out of the elevator. Registered Nurse Supervisor #1 stated that Certified Nurse Supervisor #1 also reported that Dietary Worker #1 used their foot to push the wheel of Resident #1's wheelchair and Resident #1 subsequently fell out of their wheelchair onto the floor. Registered Nurse Supervisor #1 stated that they assessed Resident #1 and there were no injuries and Resident #1 did not complain of pain or discomfort. Registered Nurse Supervisor #1 stated that they notified Law Enforcement, and no arrest was made. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/26/2024 at 10:23 AM, the Administrator stated that they were notified by Registered Nurse Supervisor #1 on 08/17/2024 (cannot recall the time) that Resident #1 alleged that the Dietary Worker #1 pushed their wheelchair to prevent them from entering the elevator. Administrator stated that, they and the Corporate Nurse #1 conducted the investigation, and that Dietary Worker #1 was suspended pending investigation. The Administrator stated that Registered Nurse Supervisor #1 called 911 and they responded. The Administrator stated that there was no video footage because the 5th floor camera was not functioning. The Administrator stated that they reviewed the video footage in the lobby, (1st floor) to view the color of that sneakers that Dietary Worker #1 was wearing. The Administrator stated that the video footage confirmed that Dietary Worker #1 was wearing black sneakers. The Administrator stated that the investigation concluded that the allegation of abuse was substantiated because of Certified Nursing Assistant #1's statement. 10 NYCRR 415.4(b)(1)(i)