

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Gurwin Jewish Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 68 Hauppauge Road Commack, NY 11725	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review (Complaint #2698214), the facility did not ensure each resident environment remained as free of accident hazards as possible. This was identified for one (1) (Resident #473) of five (5) residents reviewed for Accidents. Specifically, Resident #473 required two (2) person assistance for transfers as per their plan of care. On 12/19/2025, the assigned Certified Nursing Assistant #5 transferred Resident #473 alone from the wheelchair to a shower chair, resulting in the resident sustaining multiple skin tears to the right hand, left hand, and left shin. The finding is: A facility policy titled Activities of Daily Living last revised 09/2022 documented Certified Nursing Assistants must review the Certified Nursing Assistant Taks List and Kardex to ensure adherence to the resident's plan of care. Care and services will be provided including transfer and ambulation; locomotion on/off unit; and walk in the corridor with the use of the safety and assistive devices. An undated facility policy titled Safe Transfers and Movement of Residents- documented residents shall be transferred, repositioned, and assisted with mobility only in accordance with their current assessment and care plan, using appropriate assistive device, proper body mechanics, and the required level of staff assistance. Transfers shall be performed in a manner that promotes resident safety, dignity, and comfort and minimizes the risk of injury to residents and staff. Resident #473 was admitted with muscle weakness, spinal stenosis (narrowing of spaces within the spine), and difficulty in walking. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 11, indicating the resident had moderate cognitive impairment. The Minimum Data Set assessment documented the resident had functional limitation in range of motion to the lower extremity on one side and was dependent (helper does all the of the effort. Resident does none of the effort to complete the activity or the assistance of two or more helpers is required for the resident to complete the activity) on staff with sit-to-stand mobility, chair/bed-to-chair transfer, toilet transfer, and tub/shower transfer. The resident used a wheelchair as a mobility device. The resident did not have any falls since the prior Minimum Data Set assessment. An Occupational Therapy Communication Form dated 06/19/2025 documented the resident was dependent on two (2) person assistance for tub/shower transfer and toilet transfer. A Kardex -Certified Nursing Assistant Task (a summary of resident care instructions for Certified Nursing Assistants) for 12/2025 documented Resident #473 required two (2)-person assistance for transfers including chair/bed-to-chair transfer, toilet transfer, and tub/shower transfer. A Comprehensive Care Plan titled Self-Care/Mobility Performance Deficit initiated on 12/03/2024 and last revised on 01/08/2026 documented interventions including perform tub/shower transfer as instructed on the Certified Nursing Assistant Task; perform toilet transfer as instructed on the Certified Nursing Assistant Task; and provide Occupational Therapy evaluation as per the physician's orders. A Nursing Progress Note dated 12/19/2025 documented Certified Nursing Assistant #5 reported Resident #473 sustained skin tears during a transfer from the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 335696	Facility ID: 335696 If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Gurwin Jewish Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 68 Hauppauge Road Commack, NY 11725	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>wheelchair to the shower chair. Certified Nursing Assistant #5 instructed the resident to hold the grab bar. The resident stood up; however, was unable to turn. Certified Nursing Assistant #5 seated the resident back in the wheelchair and then attempted the transfer again. At that time, the Certified Nursing Assistant #5 observed Resident #473 was bleeding and immediately notified the nurse. The resident was observed with a skin tear on top of the right hand measuring 1 centimeter in length and 1 centimeter in depth; a skin tear to the left lateral (side) hand measuring 4 centimeters in length and 0.5 centimeters in width; and a skin tear to the left shin measuring 2 centimeters in length and 2 centimeters in width. An Accident and Incident Report dated 12/19/2025 documented at approximately 04:30 PM, Certified Nursing Assistant #5 reported Resident #473 having new skin tears after transferring Resident #473 from a wheelchair to a shower chair, to the nurse. The investigation determined the transfer was not performed in accordance with the resident's care plan, which required two-person assistance for all transfers. A Physician's Order Dated 12/19/2025 documented to cleanse the skin tears to the left lateral hand, right hand, and left shin with normal saline, apply Bacitracin external ointment topically, and cover with a dry protective dressing every day shift. An Investigative Summary dated 12/24/2025 concluded Resident #473 sustained multiple skin tears as a result of failure to follow the established plan of care during transfers by Certified Nursing Assistant #5. A Physical Therapy Communication Form dated 12/24/2025 documented the resident required two (2) person assistance for sit-to-stand and chair/bed-to-chair transfer. The resident did not use a mechanical lift and was not able to ambulate. During an observation and interview on 12/31/2025 at 11:08 AM, Resident #473 was observed with a dressing to their right hand and left forearm. Resident #473 stated recently (date not recalled) when they were getting out of the shower one staff member was helping them and they sustained skin tears. During an interview on 01/07/2026 at 11:24 AM, Licensed Practical Nurse #2 stated they do not recall Resident #473's transfer status as they are not regularly assigned to the resident. On 12/19/2025, they worked during the evening shift and at approximately 04:30 PM Certified Nursing Assistant #5 brought Resident #473 to the nursing station. The resident was observed with impaired skin on the left hand and left leg. Licensed Practical Nurse #2 stated they immediately called the nursing supervisor. Certified Nursing Assistant #5 said the resident sustained the skin tears during the shower. Licensed Practical Nurse #2 stated Certified Nursing Assistant #5 did not ask them for assistance with Resident #473 in the shower room. During an interview on 01/07/2026 at 12:31 PM, Registered Nurse #5 stated they were called to the unit by Licensed Practical Nurse #2 regarding Resident #473. The resident was assessed with superficial skin tears to both arms and left shin. Registered Nurse #5 stated Certified Nursing Assistant #5 acknowledged that they transferred the resident from the wheelchair to the shower chair by themselves and the resident sustained skin tears during the transfer. Registered Nurse #5 stated the resident required two (2) person assistance for transfers and that Certified Nursing Assistant #5 could not provide a reason for transferring the resident by themselves. Registered Nurse #5 stated they informed the Chief Nursing Officer and Certified Nursing #5 was sent home. During an interview on 01/07/2025 at 01:06 PM, the Chief Rehabilitation Officer stated that Resident #473 was discharged from rehabilitation services in July 2025. The Chief Rehabilitation Officer stated as of 12/19/2025, Resident #473 required two (2) person assistance for tub/shower transfers as instructed on the Occupational Therapy Communication dated 6/19/2025. The Chief Rehabilitation Officer stated the resident should have been transferred with the assistance of two (2) staff members into the shower chair, and that a one (1) person transfer from the wheelchair to the shower chair was an unsafe transfer. During an interview on 01/07/2025 at 02:25 PM, Certified Nursing Assistant #5 stated they were regularly assigned to care for Resident #473. Certified</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Gurwin Jewish Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 68 Hauppauge Road Commack, NY 11725	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nursing Assistant #5 stated they typically did not check a resident's Kardex. Certified Nursing Assistant #5 stated on 12/19/2025 at approximately 04:00 PM to 04:15 PM they took Resident #473 to the shower room for a scheduled shower. Certified Nursing Assistant #5 stated they were alone in the shower room with the resident. They instructed Resident #473 to hold the grab bars in the shower room; however, they were not able to transfer the resident into the shower chair in the first attempt as the resident said, they needed a second. Certified Nursing Assistant #5 stated they again attempted to transfer the resident and were able to complete the transfer by grabbing the back of the resident's pants and pivoting the resident from the wheelchair into the shower chair. Certified Nursing Assistant #5 stated once they completed the transfer, they noticed the resident had skin tears and took the resident to the nursing station. Certified Nursing Assistant #5 stated they were aware Resident #473 needed two (2) person assistance with transfers and had no explanation or excuse as to why they transferred the resident alone. Certified Nursing Assistant #5 stated they did not ask for assistance from other staff prior to transferring the resident into the shower chair and did not perform a safe transfer for Resident #473 on 12/19/2025 as per the resident's plan of care. During an interview on 01/08/2026 at 09:12 AM, the Assistant Director of Nursing stated Resident #473's plan of care required two (2) person assistance for transfers. Certified Nursing Assistant #5 did not follow the resident's plan of care and unsafely performed the transfer alone, resulting in multiple skin tears to the resident's hands and left leg. The Assistant Director of Nursing Stated the resident was re-evaluated by rehabilitation services and it was determined that the resident continued to require two (2) person assistance with the transfers. During an interview on 01/08/2026 at 11:15 AM, the Chief Nursing Officer stated Certified Nursing Assistant #5 should not have transferred Resident #473 alone because Resident #473 required two (2) person assistance for transfers. The Chief Nursing Officer stated Certified Nursing Assistant #5 should have sought assistance to transfer Resident #473 into the shower chair. The resident sustained superficial skin tears with no other injuries as a result. The Chief Nursing Officer stated Certified Nursing Assistant #5 was immediately removed from the schedule and on 12/22/2025 Certified Nursing Assistant #5 resigned from the facility. 10 NYCRR 415.12(h)(1)</p>