

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Quantum Rehabilitation and Nursing L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Oakcrest Avenue Middle Island, NY 11953	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20757</p> <p>Based on observation, interview and record review conducted during the Complaint survey dated 12/17/2024, the facility did not ensure the each resident's medical record was maintained in accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are Complete; Accurately documented; Readily accessible; and Systematically organized. Specifically, one Resident (Resident #1) of three residents reviewed for medical records accuracy reflected documentation for neurological checks (an assessment to determine residents level of consciousness, neurological status and vital signs) dated 11/17/2024 at 6:30 AM thru 11/18/2024 at 2PM. Resident #1 was transferred to the hospital dated 11/17/2024 at 4:40PM via 911.</p> <p>The findings are:</p> <p>The review of the Facility Policy for Neurological Checks dated 9/2018 documented Neurological checks will be completed for 24 hours, unless otherwise indicated by the attending physician. Immediately following a head trauma, the physician shall be immediately notified, and neurological checks should be instituted. The time frame for neurological checks was documented in the policy. A brain MRI/CAT scan will be ordered at the discretion of the physician. Observe for symptoms of increased drowsiness, difficulty arousing the resident, increased confusion, and other symptoms.</p> <p>Resident#1, was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy, (a disease that affects brain structure or function. It causes altered mental state and confusion.) esophageal varices with bleeding, status post respiratory failure. The review of the Admission Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score- 9-indicating moderately impaired for decision making. Functional limitation in range of motion-upper extremity/lower extremity-none, toileting-maximum assistance walk 10 feet with maximum assist.</p> <p>The review of the Comprehensive Care Plan (CCP) documented dated 10/9/2024 Falls / Accidents / Incidents, Potential, at Risk for Falls / Injury, the interventions documented, keep bed in lowest position, frequent rounds while resident in bed. Call bell within reach. Updated for the 11/17/2024 incident dated 11/17/2024 at 7:51AM Resident #1 was crying out this morning, bedside table thrown over, was flipping around in bed screaming, stated they were having a bad dream. Noted bleeding from back of head, small laceration noted.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The review of the Progress Note dated 11/17/2024 at 7:51AM documented Resident #1 was observed crying out, bedside table thrown over, Resident #1 was flipping around in bed screaming, states they were having a bad dream. Noted bleeding from back of head, small laceration noted. Psychological services ordered.</p> <p>The review of the Facility Investigation dated 11/17/2024 at 6:45AM documented at 6:45AM the assigned Certified Nurses Aide entered the resident's room heard the resident calling for help. Resident #1 was in bed in low position, with bedside tabletop next to right side of head with red drainage. The Registered Nurse Supervisor assessed the Resident. Full range of motion upper and lower extremities. Pressure dressing applied by the Registered Nurse. Neurological Checks in place. The Medical Doctor was made aware of 1. 0CM open area to right occipital scalp, and the Next of Kin aware. The staff was interviewed. The Medical Doctor ordered to monitor neurological status of the Resident. The investigation concluded no cause to believe any abuse.</p> <p>The review of the progress note dated 11/17/2024 at 7:59PM documented at 4:15PM the next of kin asked the nurse to assess Resident #1. Neurological checks performed. Resident #1 had a strong grip with left hand, not able to move left arm or left leg. Pupils equal and reactive and included vital signs. The Medical Doctor was made aware and ordered to have Resident #1 sent to hospital for further evaluation. 911 was called and they arrived at about 4:40PM.</p> <p>The review of the Progress Notes dated 11/18/2024 at 7:20AM documented Resident #1 was admitted to the hospital for left sided weakness.</p> <p>The review of the Neurological Observation sheet dated 11/17/2024 documented neurological checks were documented by various staff at 6:30AM, 6:45AM, 7:15AM, 8:15AM, 10:15AM, 12:15AM, 2:15PM,4:15PM and 6:15PM, 8:15PM, 10:15PM 12:15AM 2:15AM 4:14AM 6:15AM and on day 2, (not dated) at 2:00PM. The neurological assessments documented positive response for the assessment despite the 4:15PM nursing progress note documenting Resident #1 had a change in condition requiring hospitalization , The Resident #1 was no longer present in the facility as of 11/27/2024 4:40PM.</p> <p>During and interview conducted with the Director of Nursing on 12/16/2024 at 3:30PM they stated Resident #1 was found flailing both arms in the air, while lying in low bed, in room at a time not recalled. They stated it was reported that the bedside table was lying on the floor on its side, the Resident was assessed to have a small open area on the right side back of head, not actively bleeding. The Registered Nurse Supervisor#2 assessed the resident, called the Next of Kin and also spoke with the Attending Medical Doctor #1, who stated the Resident was alert with eyes reactive to light, alert and not drowsy and the plan was for neurological checks on the set schedule. They further stated they are aware that the staff was documenting Neurological checks on the Neurological Observation Sheet dated 11/17/2024 starting at 6:30AM through 11/18/2024 at 2 :00PM but the Resident transferred out of the facility dated 11/17/2024 at 4:40PM. The staff performing Neurological checks should not have documented anything about Resident #1 if a Resident is not in the facility at the times that are scheduled for those checks. The Director of Nursing stated all of the Nursing staff will be retrained on the Neurological Check Policy starting at this time.</p> <p>483.20[f](5)</p>		