

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 07/15/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17585</p> <p>Based on record review and interviews, during the recertification survey initiated on 7/8/2024 to 7/15/2024, the facility did not ensure a comprehensive person-centered care plan was developed with measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. This was identified for one (Resident #58) of four residents reviewed for Antibiotics. Specifically, Resident #58 was prescribed Minocycline (an Antibiotic medication) 100 milligrams capsule in February 2024; however, a Comprehensive Care Plan addressing the long-term use of Antibiotic therapy was not developed.</p> <p>The finding is:</p> <p>The undated policy and procedure for Comprehensive Care Plans documented a Comprehensive Care Plan for a resident's needs should be developed by 14 days of admission and no later than 21 days. Comprehensive Care Plans will be revised or new care plans will be developed quarterly, annually, and as needed.</p> <p>Resident # 58 was admitted with diagnoses that include Paraplegia and Type 2 Diabetes Mellitus. The Quarterly Minimum Data Set Assessment (MDS) dated [DATE] documented a Brief Interview for Mental Status score of 13, which indicated the resident had intact cognition. The Minimum Data Set assessment documented the resident received Antibiotic therapy during the assessment period.</p> <p>A review of the physician's order dated 2/27/2024 documented to administer Minocycline (an Antibiotic) 100 milligrams capsule, give one capsule by oral route every 12 hours for Klebsiella Pneumoniae (a common type of bacteria found in the intestines). There was no stop date indicated for this order.</p> <p>A progress note dated 2/27/2024, written by Registered Nurse #1, documented Resident #58 returned from an Orthopedic Spine Specialist for a biopsy of a mass. The mass was likely to be chronic Vertebral Osteomyelitis (bone infection in the spine). Resident #58 was scheduled to follow up with an Infectious Disease Specialist for long-term Antibiotic therapy and to observe for signs and symptoms of infection.</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Infectious Disease consult dated 2/28/2024 documented the resident was seen and evaluated for a right femur Abscess (a painful, swollen lump filled with pus in the thigh bone). The wound incision was dry with minimum serosanguinous (blood-tinged) drainage at this time. The wound improved significantly with the Intravenous Antibiotics with Ertapenem (Antibiotic medication) one gram for 4 weeks. The Infectious Disease Specialist recommended initiating Minocycline 100 milligrams by mouth route every 12 hours.</p> <p>A review of Resident #58's Comprehensive Care Plans revealed there was no care plan developed for the long-term use of Antibiotic therapy.</p> <p>Registered Nurse #2 was interviewed on 7/15/2024 at 12:00 PM and stated any resident on long-term Antibiotic therapy should have a care plan in place with individual goals and interventions for the use of the antibiotics.</p> <p>The Infection Control Preventionist, Registered Nurse # 3, was interviewed on 7/10/2024 at 2:40 PM and stated Resident #58 was on Antibiotic therapy due to infected hardware which was recommended by the Infectious Disease Specialist. Resident #58 should have a care plan in place for long-term Antibiotic therapy.</p> <p>The Director of Nursing Services was interviewed on 7/15/2024 at 12:40 PM and stated any resident on long-term Antibiotics should have a care plan in place. The Comprehensive Care Plan should list interventions for monitoring the use of Antibiotics. The interventions should also include monitoring for signs and symptoms of adverse reactions to the long-term use of Antibiotic therapy.</p> <p>10 NYCRR 415.11(c)(2)(i-iii)</p>		