

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Ocean Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  64 11 Beach Channel Drive Arverne, NY 11692	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews during a survey, the facility failed to ensure the Minimum Data Set assessments accurately reflected the resident's status. This was evident in one (1) out of four (4) residents (Resident #1) sampled. Specifically, Resident #1's Comprehensive Care Plan dated 02/03/2026 documented that Resident #1 required two (2) staff to assist them with bed mobility (roll left to right). The Minimum Data Set assessment dated [DATE] did not accurately reflected Resident #1's bed mobility status. The Minimum Data Set inaccurately coded Resident #1 as requiring Partial/Moderate assistance (Helper does less than half the effort).The findings include:The facility's policy titled Resident Assessment with a last reviewed date of 10/25/2025 documented it is the policy of the facility to ensure a comprehensive and accurate assessment of residents. The policy stated the assessment will include direct observations, and communication with the residents, as well as communication with resident and direct care staff on all shifts. Resident #1 was admitted to the facility with diagnoses that included Dementia, Seizure Disorder, and Chronic Obstructive Pulmonary Disease.The Comprehensive Care Plan titled Activity Daily Living Functional Abilities: Mobility &amp; Mobility Devices with effective date 02/03/2026 documented Resident #1 was dependent on bed mobility (roll left to right) and required total assistance of two (2).The Minimum Data Set assessment dated [DATE] documented Resident #1 had moderately impaired cognition. Resident #1 required Partial/Moderate assistance (Helper does less than half the effort) for bed mobility.During an observation on 03/11/2026 at 9:00AM, Resident #1 was observed with two (2) staff members providing total assistance with bed mobility (roll from lying on the back to left and right side on the bed).On 03/10/2026 at 10:00 AM, Registered Nurse #1 was interviewed and stated that Resident #1 required total care with two (2) people for bed mobility and turning and positioning.On 03/10/2026 at 5:44 PM, Certified Nursing Assistance #1 stated during a telephone interview that Resident #1 required total assistance of two (2) people for bed mobility. Certified Nursing Assistant #1 stated that two (2) people have been providing care since Resident #1's readmission.On 03/11/2026 at 10:30 AM, the Director of Rehabilitation was interviewed and stated that the bed mobility section on the Minimum Data Set (GG0130) assessment was done by rehab department. The Director of Rehabilitation stated that Resident #1 was on skilled therapy and required total care with assistance of two (2) people with bed mobility and transfer. The Director of Rehabilitation stated that there was an error in Resident #1's Minimum Data Set assessment dated [DATE] and the code should have been dependent and not partial/moderate. The Director of Rehabilitation stated they will modify the Minimum Data Set assessment.On 03/12/2026 at 2:20 PM, Minimum Data Set Coordinator #1 was interviewed and stated that they collected information from Resident #1's assessments, staff interviews, and review of the medical records to complete the Minimum Data Set assessments. Minimum Data Set Coordinator#1 stated for accuracy, they usually double check through medical records and resident assessments before submitting the Minimum Data Set assessment. Minimum Data Set Coordinator #1 stated they were not aware of the discrepancy in Resident#1's Minimum Data Set assessment dated on 02/12/2026. 10 New York Codes, Rules, and Regulations 415.11(b)</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:  335738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Ocean Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  64 11 Beach Channel Drive Arverne, NY 11692	
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 - 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>Based on observation, record review, and interviews conducted during survey, the facility failed to ensure that a resident environment remained free of accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This was evident for one (1) out of five (5) residents (Resident #1) reviewed for accidents. Specifically, Resident #1 who requires two (2)-person assists for bed mobility and transfers, was observed on 02/28/2026 at 10:00 AM with a burn to their left thigh, which was later assessed as a second-degree full thickness burn. This resulted in actual harm to Resident #1 that was not Immediate Jeopardy. The findings are:The facility policy titled Accident/Incident Protocols last revision date of 01/2026 states it is the policy of the facility to investigate all accidents and incidents and provide interventions in an effort to prevent reoccurrences, where possible. The Registered Nurse will notify the Administrator and Director of Nursing of any occurrence involving alleged abuse, neglect, or mistreatment immediately. New York State Department of Health, local police department, and next of kin will be notified by Assistant Director of Nursing. Resident #1 was admitted to the facility with diagnoses including dementia, anxiety disorder, and convulsion (a sudden, violent, involuntary contraction or series of contractions) disorder with seizures.The Quarterly Minimum Data Set (a resident assessment tool) dated 02/12/2026 documented Resident #1 had moderately impaired cognition. Section GG documented Resident #1 required total assistance with transfer and toileting needs, partial/moderate assist with roll left and right and sit to lying position (bed mobility). Resident #1 requires a Hoyer lift (a mechanical device designed to safely transfer patients) with two (2) people for transfers. Resident #1 requires substantial/maximal assistance with roll left and right.The Resident Certified Nurse Assistant Documentation Record dated 02/01/2026 - 02/28/2026 documented Resident #1 was a two (2)-person assist for total dependence for toileting, bed mobility and transfers with Hoyer lift.A Nursing Skin Assessment note by Registered Nurse Supervisor #1 dated 02/28/2026 at 12:37 PM documented Resident #1 was observed with erythema (redness) of left upper thigh extending to mid-thigh approximately 15 centimeters by 8 centimeters. The erythema had irregular shape, uneven borders, bright pink to red in color, with blistering in the mid-region. Resident #1 appeared to have been lying with their thigh on the heating vent (this was not witnessed by any staff). Area assessed and treated with Silvadene (antibiotic cream used to treat second- and third-degree burns) and dry clean dressing. Bed repositioned away from heating vent. Medical Doctor #1 and Resident #1's next of kin notified.A Physician's Order dated 02/28/2026 at 1:16 PM documented Silvadene 1% topical cream, daily and as needed to left outer thigh and cover with dry clean dressing.A review of the Facility Incident Report with a completion date of 03/05/2026 revealed during a bed bath, Certified Nurse Assistant #1 discovered a 15 centimeter by 8 centimeter blanchable red area with blister on the left lateral thigh of Resident #1. The investigation determined that due to the resident's poor awareness of bed boundaries and the altering pressure of the air mattress, Resident #1 likely shifted or rolled towards the radiator. The investigation concluded there was no reasonable cause to believe that abuse or neglect occurred. Although abuse and neglect were not substantiated, disciplinary action was taken due to safety lapses. Certified Nurse Assistant #1 (assigned 02/27/2026 during the 6:00 AM - 2:00 PM shift) and Certified Nurse Assistant #2 (assigned 02/28/2026 during the 11:00 PM - 7:00 AM shift) were each suspended for three (3) days. Both certified nurse assistants were subsequently provided in-service education on burn prevention, safe handling, and to ensure that beds are positioned three (3) feet away from radiators. During an interview on 03/10/2026 at 12:28 PM, Certified Nurse Assistant #2, who was assigned to Resident #1 on 02/27/2027 during the night shift (11:00PM-7:00AM), stated they did rounds at 11:00 PM, and hourly rounding at 1:00 AM and 2:00 AM on 02/28/2026. Certified Nurse Assistant #2 stated Resident #1 slept throughout the night and during brief change. Certified Nurse Assistant #2 stated Resident (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Ocean Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  64 11 Beach Channel Drive Arverne, NY 11692	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>#1's bed was not close to the radiator because they walked around the bed during incontinence care. Certified Nurse Assistant #2 stated Resident #1's legs were exposed during incontinence care at midnight and again at 5:00 AM, and there were no reddened areas on Resident #1's legs and thighs. Certified Nurse Assistant #2 added that Certified Nurse Assistant #3 assisted them with incontinence care. Certified Nurse Assistant #2 stated they did not observe Resident #1's leg on the radiator during their shift. Certified Nurse Assistant #2 stated Resident #1 remained in the same position that they were left in when they were turned/repositioned. Certified Nurse Assistant #2 stated they last saw Resident #1 at 6:30 AM lying on their back in the center of their bed. During an interview on 03/10/2026 at 3:37 PM, Certified Nurse Assistant #3 stated there were two (2) certified nurse assistants working on Resident #1's unit on 02/27/2026 during the night shift (11:00 PM - 7:00 AM). Certified Nurse Assistant #3 stated they were not assigned to Resident #1 and assisted Certified Nurse Assistant #2 to turn Resident #1 at midnight. Certified Nurse Assistant #3 stated they assisted Certified Nurse Assistant #2 with changing Resident #1's incontinence brief. Certified Nurse Assistant #3 stated Resident #1's bed was not close to the radiator because they were able to move around the bed. Certified Nurse Assistant #3 stated they last saw Resident #1 on 02/28/2026 at 6:35 AM lying on their back in the center of their bed. During an interview on 03/10/2026 at 5:44 PM, Certified Nurse Assistant #1, who was assigned to Resident #1 on 02/27/2026 and 02/28/2026 on the 6:00 AM - 2:00 PM shift, stated Resident #1 was wearing a hospital gown and did not have any redness on their thighs on 02/27/2026 when their shift ended. Certified Nurse Assistant #1 stated that on 02/28/2026, they first saw Resident #1 at 6:00 AM during rounding. Certified Nurse Assistant #1 stated Resident #1 was asleep lying on their left side in the center of their bed facing the window. Certified Nurse Assistant #1 stated Resident #1's bed was two (2) feet away from the radiator because they were able to walk around the bed, and they have never observed Resident #1 with their legs resting on the radiator. Certified Nurse Assistant #1 stated that at 8:30 AM, Resident #1 was observed lying on their back in the center of the bed and another certified nurse assistant (unsure of name) assisted them with sitting Resident #1 up in bed and they fed them breakfast. Certified Nurse Assistant #1 stated that at 9:30 AM, during morning care, another certified nurse assistant (unsure of name) assisted them with turning Resident #1 on their right side and that was when they observed the redness on Resident #1's left thigh and they called the nurse. Certified Nurse Assistant #1 stated Resident #1 was unable to move themselves after being positioned. Certified Nurse Assistant #1 stated Resident #1 requires a Hoyer lift transfer with two (2) people. During an interview on 03/10/2026 at 4:00 PM, Registered Nurse Supervisor #1 stated when they arrived on the unit, Registered Nurse #2 and Certified Nurse Assistant #1 were in Resident #1's room. Registered Nurse Supervisor #1 stated Resident #1's bed was not next to the radiator because Certified Nurse Assistant #1 was standing between the bed and the radiator. Registered Nurse Supervisor #1 stated Resident #1 was lying on their back in the middle of their bed. Registered Nurse Supervisor #1 stated they asked Resident #1 if they were in pain and Resident #1 shook their head (indicating no). Registered Nurse Supervisor #1 stated Resident #1 did not appear to be uncomfortable and was not guarding the wound during assessment. Registered Nurse Supervisor #1 stated the wound assessment revealed a dark pink rectangular shaped line on the left upper thigh with a small blister in the center of the wound. Registered Nurse Supervisor #1 stated they believed Resident #1 sustained the injury from the radiator as the pattern of the lines on Resident #1's left thigh matched the line patterns on the top of the radiator. Registered Nurse Supervisor #1 stated the wound measured 15 centimeters by 8 centimeters. Registered Nurse Supervisor #1 stated the wound had no drainage. During an interview on 03/11/2026 at 1:20 PM, Medical Doctor #1 stated they were notified of the wound and ordered Silvadene cream. Medical Doctor #1 stated they assessed Resident #1's left thigh and that the wound could be a second-degree burn caused from a hot surface such as a radiator and not hot liquid. Medical Doctor #1 stated if Resident #1 sustained the burn from the radiator, it would be avoidable. During an interview on 03/11/2026 at 2:30 PM, the Director of Nursing stated the facility investigation (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Ocean Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  64 11 Beach Channel Drive Arverne, NY 11692	
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 0689  Level of Harm - Actual harm  Residents Affected - Few	did not reveal how Resident #1 got injured. The Director of Nursing stated an order for every 30-minutes bed positioning observation was put in place and Resident #1's bed was moved three (3) feet away from the radiator. The Director of Nursing stated other interventions for Resident #1 have been put in place status post the incident on 02/28/2026. The Director of Nursing stated their investigation revealed Resident #1 requires partial/moderate assistance with bed mobility and has poor awareness of bed boundaries, combined with the alternating pressure of the air mattress, the resident likely rolled or shifted towards the radiator. 10 New York Codes, Rules, and Regulations 415.12(h)(2)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2026
NAME OF PROVIDER OR SUPPLIER  Ocean Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  64 11 Beach Channel Drive Arverne, NY 11692	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>N.Y. Comp. Codes R. &amp; Regs. Tit. 10 SS 713-1.3 - Nursing units(h) Resident bedrooms shall be designed and equipped for adequate nursing care, comfort and privacy of the residents and shall comply with the following:(1) Placement of residents' beds shall be such that a bed may be approached from at least one side and one end. No bed shall be closer than three feet to a window, radiator, or an adjacent bed. Based on interview and record review conducted during an abbreviated survey, it was determined that the facility failed to ensure compliance with the State and Local Laws. Specifically, resident equipment (bed) is not kept at a minimum of 3 feet from the radiator as referenced in N.Y. Comp. Codes R. &amp; Regs. Tit. 10 713-1.3 - Nursing units. This resulted in harm to a single resident.On 3/10/2026 - 3/13/2026 between hours of 9:00 AM - 5:00 PM, an abbreviated survey conducted in response to an incident (2791175) and following observations, interviews and documentation review made:In an interview with Maintenance Director on 3/10/2026 at approximately 10:40 AM, stated bed in the room moved away from the radiator so could not assess the original distance from radiator and immediately all beds in facility were audited and ensured to be at minimum of 3 feet (36 inches) from edge of radiator and rounds are conducted each morning with a measuring tape. A copy of the audit is submitted by the facility and reviewed.Sampled rooms and distance from Radiator to Mattress.626 - 32 (inches)622 - 36529 - 34513 - configured differently534 - 33538 - 33408 - 38433 - 34420 - 37328 - 40335 - 34208 - 38217 - 36230 - 35220 - 40Interview with maintenance staff on 3/13/2026 at approximately 10:30 AM, stated all beds are checked to ensure locking mechanism is enabled and are at proper distance from radiator. Interview with Assistant Administrator on 3/13/2026 at approximately 2:53 PM stated we change the bed frames as needed, and some use air-mattresses and a maintenance log is kept with dept and manuals for older ones are hard to find but for new beds we should have.Additional interview with Assistant Administrator on 3/13/2026, stated facility implemented corrective measures and Policy and Procedures are updated.Following Documents were reviewed by surveyors:Maintenance In-service dated effective 3/2/26.Patient Care Related Electrical Equipment (PCREE) Policy and Procedure for Maintenance effective 2/22/26.Bed Policy and Procedure. Effective 10/97, Revised 3/26.Quality Assurance Audit dated 3/2/26.PCREE Monthly Electrical Equipment Safety Audit Tool. (effective 3/1/26) N.Y. Comp. Codes R. &amp; Regs. Tit. 10 SS 713-1.3 - Nursing units</p>