STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335756	A. Building B. Wing	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smithtown Center for Rehabilitation & Nursing Care	391 North Country Road Smithtown, NY 11787

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews, during the Recertification Survey and Abbreviated Survey (NY 00375290) initiated on 4/23/2025 and completed on 4/29/2025, the facility did not provide proper respiratory treatments and care consistent with professional standards of practice. This was identified for one (Resident #203) of five residents reviewed for Respiratory Care. Specifically, Resident # 203 was admitted on [DATE] and did not receive all their inhaler medications as ordered until 3/9/2025. The finding is: The facility policy and procedure titled Pharmacy Vendor Services, updated in January 2025, documented that medication/treatments will be supplied by the pharmacy. Medications/treatments will be obtained from the [contracted] Pharmacy in accordance with the policies and procedures outlined in this manual. Should any problems arise with the pharmaceutical services provided, the contact person will be the Supervising Pharmacist at the [contracted] Pharmacy. Medication/treatments may be obtained from an alternate Pharmacy provided that the Pharmacy can provide medication/treatments in accordance with all facility policies and procedures and State and Federal codes, rules, and regulations. Resident #203 was admitted with diagnoses that include Bronchiectasis (a chronic lung condition where the airways become permanently damaged and widened, leading to a buildup of mucus and increased risk of infection), Respiratory Failure, and Chronic Obstructive Pulmonary Disease. The Minimum Data Set assessment dated [DATE] documented that the resident's Brief Interview for Mental Status (BIMS) was 15, which indicated intact cognition. The resident was on Oxygen therapy and had shortness of breath. The admission physician's orders dated 3/6/2025 included to administer the following medications: - Symbicort 160 microgram-4.5 microgram/actuation Hydrofluoroalkane (HFA) aerosol inhaler, 2 puffs by inhalation route, 2 times per day for Chronic Obstructive Pulmonary Disease - Ventolin Hydrofluoroalkane (HFA) 90 micrograms/actuation aerosol inhaler, 1 puff by inhalation route, every 6 hours as needed for shortness of breath - Tudorza Pressair 400 micrograms/actuation breath activated, 1 puff (400 micrograms) by inhalation route, every 12 hours for Chronic Obstructive Pulmonary Disease. (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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Comprehensive Care Plan dated 3/7/2025 for Respiratory care documented the Resident had an alteration in respiratory status related to Asthma, Bronchiectasis, Chronic Obstructive Pulmonary Disease, Pneumonia, and Respiratory Failure. Interventions included to administer medications as per the physician's orders. The physician's history and physical dated 3/9/2025 documented that Resident #203's primary concern was difficulty breathing, and the resident requested their inhalers. The Physician documented the resident had a complex Pulmonary history, including Chronic Obstructive Pulmonary Disease and Pneumonitis secondary to Keytruda therapy (discontinued more than four months ago) for lung cancer, which is now in remission. Resident #203 required 3 liters of Oxygen therapy at baseline but reported worsening breathing difficulties yesterday (3/8/2025). The Physician documented that the resident had diminished breath sounds in bilateral lungs, and mild wheezing (caused by narrowed or blocked airways in the lungs) was noted bilaterally. A review of the Medication Administration Record dated March 2025 documented that Symbicort, Ventolin, and Tudorza were not administered to the resident on 3/6/2025. The initial administration of Ventolin was provided to the resident on 3/7/2025. The initial administration of Symbicort and Tudorza Pressair was on 3/9/2025. The Medication Administration Record documented that Symbicort and Tudorza Pressair were not administered on 3/6/2025 because the facility was awaiting pharmacy. A review of the medical record revealed the resident was discharged on 4/11/2025. During an interview on 4/28/2025 at 11:00 AM, Licensed Practical Nurse #7 stated they were assigned to Resident #203 on 3/7/2025, and the resident's Symbicort and Tudorza Pressair inhalers were not available in the facility. Licensed Practical Nurse #7 stated they notified the Pharmacy and the Physician that the medications were not received. Licensed Practical Nurse #7 stated they administered the Ventolin inhaler, which was delivered by the Pharmacy, because the resident had difficulty breathing. Licensed Practical Nurse #7 stated they did not document the administration of the Ventolin inhaler. Licensed Practical Nurse #7 stated it took a few days for the facility to receive the Symbicort and the Tudorza Pressair inhalers. Licensed Practical Nurse #7 stated the resident was alert and oriented and was okay with receiving the Ventolin inhaler instead of the Symbicort and Tudorza Pressair inhalers due to unavailability of the two inhalers. During an interview on 4/28/2025 at 12:55 PM, Pharmacist # 1 stated Resident #203's physicians' orders were received by the Pharmacy on 3/6/2025 at 8:06 PM, including Tudorza Pressair, Symbicort, and Ventolin. Pharmacist # 1 stated the facility was contacted on 3/6/2025 at 11:28 PM, and Registered Nurse #5 was notified that Tudorza and Symbicort required authorization and clearance because of the high cost of the medications. Pharmacist # 1 stated on 3/7/2025, the Pharmacy received authorization from the facility to deliver Tudorza Pressair, and the medication was delivered to the facility at 5:21 PM on 3/7/2025. Pharmacist # 1 stated on 3/8/2025 at 2:22 PM, the authorization to deliver Symbicort was received by the Pharmacy, and the medication was delivered to the facility on 3/8/2025 at 10:14 PM. During an interview on 4/29/2025 at 2:15 PM, Registered Nurse #5 stated the facility did not have Resident #203's inhaler medications on 3/6/2025. Registered Nurse #5 stated the Pharmacy called, requesting authorization from the facility to dispense the medications. The Physician was made aware of the Pharmacy request that same evening. Registered Nurse #5 stated Symbicort and Tudorza Pressair inhalers are not kept at the facility for emergency use. (continued on next page)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/29/2025 at 12:06 PM, Physician #1 stated they did not recall any authorization requests for Resident #203's inhalers from the Pharmacy. Physician #1 stated the resident should have received the inhaler medications timely otherwise, the resident could experience an exacerbation of the Chronic Obstructive Pulmonary Disease. During an interview on 4/29/2025 at 2:15 PM, the Director of Nursing Services was interviewed and stated the facility could have obtained the medications from a local pharmacy if the inhaler medications were not in stock. The Director of Nursing Services stated the Pharmacy makes deliveries twice daily, after midnight and around 4:00 PM. The resident was admitted around 5:45 PM on 3/6/2025 and should have received their medications that same day by 12:00 AM. The Director of Nursing Services stated the Physician should be notified when an authorization is required for the Pharmacy to deliver certain medications. The Director of Nursing Services stated it is the Registered Nurse Supervisor's responsibility to ensure the resident receives their medications as ordered. 10 NYCRR 415.12(k)(6)

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews, during the Recertification Survey and Abbreviated Survey (NY 00375290) initiated on 4/23/2025 and completed on 4/29/2025, the facility did not ensure pharmaceutical services were provided to meet the needs of each resident and that medications were administered to residents in a timely manner as ordered by the physician. This was identified for one (Resident #203) of five residents reviewed for Respiratory Care. Specifically, Resident # 203, with diagnoses of Chronic Obstructive Pulmonary Disease and Lung Cancer remission, did not have all prescribed inhaler medications available in the facility until three days after the resident was admitted to the facility. Cross Reference: F695 Respiratory/Tracheostomy Care and Suctioning. The finding is: The facility policy and procedure titled Pharmacy Vendor Services, updated in January 2025, documented that medication/treatments will be supplied by the pharmacy. Medications/treatments will be obtained from the [contracted] Pharmacy in accordance with the policies and procedures outlined in this manual. Should any problems arise with the pharmaceutical services provided, the contact person will be the Supervising Pharmacist at the [contracted] Pharmacy. Medication/treatments may be obtained from an alternate Pharmacy provided that the Pharmacy can provide medication/treatments in accordance with all facility policies and procedures and State and Federal codes, rules, and regulations. Resident #203 was admitted with diagnoses that include Bronchiectasis (a chronic lung condition where the airways become permanently damaged and widened, leading to a buildup of mucus and increased risk of infection), Respiratory Failure, and Chronic Obstructive Pulmonary Disease. The Minimum Data Set assessment dated [DATE] documented that the resident's Brief Interview for Mental Status (BIMS) was 15, which indicated intact cognition. The resident was on Oxygen therapy and had shortness of breath. The admission physician's orders dated 3/6/2025 included to administer the following medications: - Symbicort 160 microgram-4.5 microgram/actuation Hydrofluoroalkane (HFA) aerosol inhaler, 2 puffs by inhalation route, 2 times per day for Chronic Obstructive Pulmonary Disease - Ventolin Hydrofluoroalkane (HFA) 90 micrograms/actuation aerosol inhaler, 1 puff by inhalation route, every 6 hours as needed for shortness of breath - Tudorza Pressair 400 micrograms/actuation breath activated, 1 puff (400 micrograms) by inhalation route, every 12 hours for Chronic Obstructive Pulmonary Disease. The Comprehensive Care Plan dated 3/7/2025 for Respiratory care documented the Resident had an alteration in respiratory status related to Asthma, Bronchiectasis, Chronic Obstructive Pulmonary Disease, Pneumonia, and Respiratory Failure. Interventions included to administer medications as per the physician's orders. (continued on next page)

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The physician's history and physical dated 3/9/2025 documented that Resident #203's primary concern was difficulty breathing, and the resident requested their inhalers. The Physician documented the resident had a complex Pulmonary history, including Chronic Obstructive Pulmonary Disease and Pneumonitis secondary to Keytruda therapy (discontinued more than four months ago) for lung cancer, which is now in remission. Resident #203 required 3 liters of Oxygen therapy at baseline but reported worsening breathing difficulties yesterday (3/8/2025). The Physician documented that the resident had diminished breath sounds in bilateral lungs, and mild wheezing (caused by narrowed or blocked airways in the lungs) was noted bilaterally. A review of the Medication Administration Record dated March 2025 documented that Symbicort, Ventolin, and Tudorza were not administered to the resident on 3/6/2025. The initial administration of Ventolin was provided to the resident on 3/7/2025. The initial administration of Symbicort and Tudorza Pressair was on 3/9/2025. The Medication Administration Record documented that Symbicort and Tudorza Pressair were not administered on 3/6/2025 because the facility was awaiting pharmacy. A review of the medical record revealed the resident was discharged on 4/11/2025. During an interview on 4/28/2025 at 11:00 AM, Licensed Practical Nurse #7 stated they were assigned to Resident #203 on 3/7/2025, and the resident's Symbicort and Tudorza Pressair inhalers were not available in the facility. Licensed Practical Nurse #7 stated they notified the Pharmacy and the Physician that the medications were not received. Licensed Practical Nurse #7 stated they administered the Ventolin inhaler, which was delivered by the Pharmacy, because the resident had difficulty breathing. Licensed Practical Nurse #7 stated they did not document the administration of the Ventolin inhaler. Licensed Practical Nurse #7 stated it took a few days for the facility to receive the Symbicort and the Tudorza Pressair inhalers. Licensed Practical Nurse #7 stated the resident was alert and oriented and was okay with receiving the Ventolin inhaler instead of the Symbicort and Tudorza Pressair inhalers due to unavailability of the two inhalers. During an interview on 4/28/2025 at 12:55 PM, Pharmacist # 1 stated Resident #203's physicians' orders were received by the Pharmacy on 3/6/2025 at 8:06 PM, including Tudorza Pressair, Symbicort, and Ventolin. Pharmacist # 1 stated the facility was contacted on 3/6/2025 at 11:28 PM, and Registered Nurse #5 was notified that Tudorza and Symbicort required authorization and clearance because of the high cost of the medications. Pharmacist # 1 stated on 3/7/2025, the Pharmacy received authorization from the facility to deliver Tudorza Pressair, and the medication was delivered to the facility at 5:21 PM on 3/7/2025. Pharmacist # 1 stated on 3/8/2025 at 2:22 PM, the authorization to deliver Symbicort was received by the Pharmacy, and the medication was delivered to the facility on 3/8/2025 at 10:14 PM. During an interview on 4/29/2025 at 2:15 PM, Registered Nurse #5 stated the facility did not have Resident #203's inhaler medications on 3/6/2025. Registered Nurse #5 stated the Pharmacy called, requesting authorization from the facility to dispense the medications. The Physician was made aware of the Pharmacy request that same evening. Registered Nurse #5 stated Symbicort and Tudorza Pressair inhalers are not kept at the facility for emergency use. During an interview on 4/29/2025 at 12:06 PM, Physician #1 stated they did not recall any authorization requests for Resident #203's inhalers from the Pharmacy. Physician #1 stated the resident should have received the inhaler medications timely otherwise, the resident could experience an exacerbation of the Chronic Obstructive Pulmonary Disease. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/29/2025 at 2:15 PM, the Director of Nursing Services was interviewed and stated the facility could have obtained the medications from a local pharmacy if the inhaler medications were not in stock. The Director of Nursing Services stated the Pharmacy makes deliveries twice daily, after midnight and around 4:00 PM. The resident was admitted around 5:45 PM on 3/6/2025 and should have received their medications that same day by 12:00 AM. The Director of Nursing Services stated the Physician should be notified when an authorization is required for the Pharmacy to deliver certain medications. The Director of Nursing Services stated it is the Registered Nurse Supervisor's responsibility to ensure the resident receives their medications as ordered. 10 NYCRR 415.18(a)