

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Luxor Nursing and Rehabilitation at Sayville		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Broadway Avenue Sayville, NY 11782	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34798</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 10/3/2024 and completed on 10/10/2024, the facility did not ensure that each resident was offered sufficient fluid intake to maintain proper hydration and health. This was identified for one (Resident #127) of two residents reviewed for Hydration. Specifically, Resident #127 received intravenous hydration for 72 hours due to an elevated blood urea nitrogen level (an abnormal blood test result that could indicate dehydration). The resident's nutritional assessment indicated the resident needed 1620 milliliters of fluid per day. The meal tray observation indicated the resident was not offered an adequate amount of fluids as indicated in the nutritional assessment. Additionally, there was no documented evidence that the resident's fluid intake was reassessed by the Dietician after the intravenous hydration therapy was completed.</p> <p>The finding is:</p> <p>The facility's policy titled Hydration, dated 1/24/2024, documented that residents will receive sufficient fluid intake that is consistent with their individual needs and preferences to maintain proper hydration and health. Calculation of the resident's fluid needs will follow current standards of practice. Residents will be encouraged and assisted with fluid intake as needed at meals and throughout the day as per an individualized plan for care. If concerns are observed regarding the resident's intake or hydration status, the resident's plan of care may be revised if indicated, and the nurse shall notify the healthcare provider for changes in orders as appropriate.</p> <p>Resident #127 was admitted with diagnoses including Diabetes Mellitus, Malnutrition, and Osteomyelitis (bone infection). The 8/14/2024 Minimum Data Set assessment documented a Brief Interview for Mental Status score of 14, indicating the resident was cognitively intact. The Minimum Data Set assessment documented the resident received intravenous fluids while a resident.</p> <p>A Comprehensive Care Plan effective 8/8/2024 documented the resident has a nutritional problem or potential nutritional problem. The interventions documented were for the Certified Nursing Assistants to document the resident's dining/fluid intake and for the dietician to review meal/ fluid consumption records. There have been no further updates to this care plan since 8/8/2024.</p> <p>A Comprehensive Care Plan effective 8/8/2024 documented the resident has actual/ potential for fluid deficit. The interventions documented were to encourage the resident to drink fluids of choice. There have been no further updates to this care plan since 8/8/2024.</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: Facility ID: 335761	If continuation sheet Page 1 of 12

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order dated 8/8/2024 documented a consistent carbohydrate diet, puree texture, with thin (regular) liquids consistency, to facilitate oral intake and Boost Glucose Control supplement, 8 ounces, two times a day.</p> <p>A Comprehensive Nutrition assessment dated [DATE] documented Resident #127's Estimated Fluid Needs were 1,620 milliliters per day.</p> <p>A physician's order dated 8/20/2024 documented Aspiration Precautions.</p> <p>A Basic Metabolic Panel (a blood test to measure fluid balances, kidney function, and metabolism) laboratory report dated 9/30/2024 documented a high Blood Urea Nitrogen level of 71 milligrams per deciliter (normal range 9-23).</p> <p>A nursing progress note dated 10/1/2024 documented that Physician Assistant #1 was aware of the elevated Blood Urea Nitrogen level and an order was placed to start peripheral intravenous with Sodium Chloride 0.45% solution at 70 milliliters per hour for three days for hydration.</p> <p>A Physician's order dated 10/1/2024 documented Sodium Chloride Intravenous Solution 0.45%, 70 milliliters per hour intravenously every shift for hydration for three days.</p> <p>On 10/3/2024 at 10:55 AM Resident #127 was observed in their room sitting in their wheelchair. The 0.45% Sodium Chloride Intravenous Solution was currently being administered. The resident stated they did not feel well and appeared sad. There were no drinkable fluids observed that were accessible to the resident.</p> <p>A medical progress note, written by Physician Assistant #1, dated 10/4/2024 documented under Action/Plan: status-post intravenous fluids, monitoring laboratory reports.</p> <p>During an observation on 10/7/2024 at 10:16 AM Resident #127 was observed in bed. There were no drinkable fluids accessible to the resident.</p> <p>On 10/7/2024 at 11:30 AM Resident #127 was observed ambulating in the hallway with a Rehabilitation Department Therapist. The resident's family member was present in the resident's room. There were no drinkable fluids present in the room. The family member stated the resident does not like to drink anything, maybe some milk at breakfast or lunch. The resident does not drink fluids because they are afraid of wetting the bed.</p> <p>During an interview on 10/7/2024 at 12:55 PM, Certified Nursing Assistant #1 stated the fluid intake is documented in the computer as to how much the resident drinks every shift. The resident does not like water and coffee but will only drink juice and a little milk.</p> <p>A review of the Certified Nursing Assistant documentation of fluid intake from 9/24/2024-10/7/2024 in the electronic medical record revealed that the resident was consistently consuming 76%-100% of fluids served on the meal tray each shift.</p> <p>During an observation and interview on 10/7/2024 at 1:02 PM, Resident #127 was in their room sitting in a wheelchair. There was no drinkable fluid present in the room. The resident stated they would drink juice or water; however, they did not want to drink in fear of wetting the bed.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/7/2024 at 1:17 PM, Licensed Practical Nurse #1 (medication nurse) stated they provide Boost supplement 8 ounces twice a day with a medication pass, and the consumption is recorded on the medication administration record.</p> <p>During an observation on 10/8/2024 at 9:48 AM, Resident #127 was observed in their room sitting in a wheelchair. There were no drinkable fluids present and accessible to the resident in the room.</p> <p>During an observation and interview on 10/8/2024 at 12:55 PM, Resident #127 was observed eating lunch in their room. A family member was present. The resident drank 4 ounces of skim milk. The milk was the only liquid present on the resident's meal tray. The family member stated the resident does not drink coffee or tea.</p> <p>A review of the resident's meal tickets for 10/8/2024 revealed the fluids provided include 8-ounce juice (240 milliliters), 8-ounce milk (240 milliliters), and 6-ounce coffee (180 milliliters) for breakfast; 4-ounce milk (120 milliliters) and 6-ounce coffee (180 milliliters) for lunch; and 4-ounce milk (120 milliliters) and 6-ounce coffee (180 milliliters) for dinner. This would indicate that the resident was being offered 1,260 milliliters of fluids with meals. However, the resident does not drink coffee, which would leave only 720 milliliters of fluids being offered. Adding in the 480 milliliters of Boost supplement provides a total of 1,200 milliliters of fluid being offered to the resident, which is 420 milliliters less than the 1,620 milliliters estimated fluid needed as per the nutritional assessment.</p> <p>During an additional interview on 10/08/2024 at 2:16 PM, Licensed Practical Nurse #1 stated the resident sometimes takes sips of water and sometimes refuses to drink the water. Licensed Practical Nurse #1 stated they have never asked the resident the reason for refusal.</p> <p>During an interview on 10/8/2024 at 2:30 PM, Physician Assistant #1 stated they were not aware that the resident was refusing to drink fluid due to fear of wetting themselves.</p> <p>During an interview on 10/9/2024 at 9:54 AM, Certified Nursing Assistant #1 stated Resident #127 does not like coffee, so they do not give the coffee to the resident. Certified Nursing Assistant #1 does not leave water in Resident #127's room because the resident grabs and shakes the table and it could be a mess if the fluids are left on their table.</p> <p>During an interview on 10/9/2024 at 11:08 AM, Dietician #2 (part-time who did the nutrition assessment on 8/8/2024) stated the 1,620 milliliters estimated fluid needed for Resident #127 included the fluids on the meal tray each day plus the supplements provided by the nurse. Dietician #2 stated since they are a part-time Dietician, it would be the full-time Dietician's responsibility to follow up with the resident and conduct meal rounds to ensure the resident is consuming enough fluids. The nurses and Certified Nursing Assistants are also expected to notify the Dietician when a resident is not eating or drinking enough.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/2024 at 11:32 AM, Dietician #1 (full-time), stated they did not know Resident #127 received intravenous fluids for hydration and would expect the nursing staff to notify them. If a resident is not consuming enough fluid, the Certified Nursing Assistant or the unit nurses are expected to notify the Dieticians. Dietician #1 stated if they knew Resident #127 was not consuming enough fluid, they would have reviewed the resident's fluid intake sheets, reviewed recent laboratory reports, provided education to the resident about adequate hydration and the risks of dehydration, and offered other fluid choices.</p> <p>During an interview on 10/9/2024 at 11:55 AM, the Director of Nursing Services stated they did not know that Resident #127 was afraid to wet themselves. When a resident's intravenous therapy is completed, the resident is reassessed, and additional laboratory workup is ordered. The resident's care needs would be discussed in the morning report with the whole team, including the Dietician. The Dietician is then expected to follow up with the resident.</p> <p>10 NYCRR 415.12(j)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17585</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 10/3/2024 and completed on 10/10/2024, the facility did not provide proper respiratory treatments and care consistent with professional standards of practice. This was identified for one (Resident #38) of three residents reviewed for Respiratory Care. Specifically, Resident #38 was utilizing oxygen therapy for Chronic Obstructive Pulmonary Disease (COPD) and did not have a physician's order for the oxygen therapy.</p> <p>The finding is:</p> <p>The policy and procedure for Oxygen Administration dated January 2020 documented the administration of supplemental oxygen is an essential element of appropriate management for a wide range of clinical conditions. Oxygen should be regarded as a drug and therefore, requires prescribing in all but emergency situations. Failure to administer oxygen appropriately can result in serious harm to the patient.</p> <p>Resident #38 was admitted with diagnoses of Chronic Obstructive Pulmonary Disease and Sleep Apnea. The Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status score of 15 indicating the resident was cognitively intact. The Minimum Data Set assessment did not indicate that the resident was receiving oxygen therapy in the facility.</p> <p>The Comprehensive Care Plan dated 2/19/2024 documented alteration in the respiratory system related to Chronic Obstructive Pulmonary Disease and cough. The resident uses oxygen and has acute and chronic Respiratory Failure with Hypoxia (lack of oxygen). Interventions include providing oxygen as per the physician's orders. Maintain/change oxygen tubing as per the facility protocol.</p> <p>Resident #38 was observed on 10/03/2024 at 12:15 PM, in their room and had the oxygen concentrator at the bedside. The oxygen concentrator was on and the oxygen tubing was placed on the resident's bed. The Resident stated they only use oxygen therapy at night.</p> <p>During an observation on 10/7/2024 at 10:30 AM, Resident #38 was observed in their room. The oxygen concentrator was observed at the bedside. The Resident stated, I need the oxygen at night because I have Sleep Apnea.</p> <p>A review of Resident #38's current physician orders on 10/7/2024 revealed there were no physician orders for oxygen therapy.</p> <p>During an interview on 10/07/2024 at 3:47 PM, Registered Nurse # 1 stated they were not aware that Resident #38 did not have physician orders for oxygen therapy. Registered Nurse # 1 stated all residents on oxygen therapy should have physician orders.</p> <p>During an interview on 10/10/2024 at 10:00 AM, the Director of nursing services stated the resident should have had physician's orders for the use of supplemental oxygen therapy. Resident #38 should not be administered supplemental oxygen without physician orders.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/10/2024 at 11:00 AM, Physician #1 stated that the nurses do not need a physician's order to administer oxygen therapy.</p> <p>During an interview on 10/10/2024 at 3:30 PM, the Medical Director stated all supplemental oxygen therapy should be prescribed by the Physician. The nurses may not need a physician's order in an emergency.</p> <p>10 NYCRR 415.12(k)(6)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34798</p> <p>Based on record review and interviews during the Recertification Survey initiated on 10/3/2024 and completed on 10/10/2024, the facility did not ensure sufficient nursing staff were available to provide nursing services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This was identified for two of the two units reviewed for the Sufficient Nursing Staffing Task. Specifically, 1) a review of the Payroll-Based Journal (PBJ) Staffing Data Report Quarter 2, 2024 (January 1 - March 31) indicated excessively low weekend staffing; 2) a review of the daily staffing sheets revealed the facility did not provide sufficient numbers of Certified Nursing Assistants as indicated in the facility assessment; and 3) during the Resident Council meeting dated 10/4/2024 at 11:00 AM, six of eleven resident attendees verbalized concerns about short staffing on weekends and nights.</p> <p>The finding is:</p> <p>The facility policy titled Staffing Hours, last reviewed 8/2024, documented the facility provides adequate staffing to meet needed care and services for the resident population. Certified Nursing Assistants are available on each shift to provide the needed care and services to each resident as outlined in the resident's comprehensive care plan.</p> <p>The Payroll-Based Journal Staffing Data Report for Fiscal Year Quarter Two 2024 (January 1 - March 31) documented the facility triggered for the metric of excessively low weekend staffing.</p> <p>The Facility Assessment, last updated June 2024, documented the average daily census was 163-173 residents. The Facility Assessment documented the facility required a total of 18-21 Certified Nursing Assistants during the day and evening shifts and a total of 9-12 Certified Nursing Assistants during the night shift.</p> <p>A review of weekend staffing sheets from January 1 - March 31, 2024, revealed the facility had the following number of Certified Nursing Assistants available:</p> <p>During the 7:00 AM-3:00 PM shift:</p> <ul style="list-style-type: none"> -On 2/3/2024 there were only 16 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants. -On 2/11/2024 there were only 15 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants. -On 2/25/2024 there were only 14 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants. -On 3/9/2024, 3/10/2024, 3/16/2024, and 3/24/2024 there were only 17 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants. <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the 3:00 PM-11:00 PM shift:</p> <p>-On 1/7/2024, 2/25/2024, 3/3/2024, 3/17/2024, 3/30/2024, and 3/31/2024 there were only 14 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 1/14/2024, 1/21/2024, 2/4/2024, 2/11/2024, and 2/24/2024 there were only 16 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 1/28/2024, 3/2/2024, 3/9/2024, and 3/23/2024 there were only 17 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 2/10/2024, 3/10/2024, and 3/24/2024 there were only 15 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>During the 11:00 PM-7:00 AM shift:</p> <p>-On 1/20/2024, 1/21/2024, and 3/30/2024 there were only eight Certified Nursing Assistants. The Facility Assessment required a total of 9-12 Certified Nursing Assistants.</p> <p>-On 3/24/2024 there were only seven Certified Nursing Assistants. The Facility Assessment required a total of 9-12 Certified Nursing Assistants.</p> <p>Additionally, the weekend staffing sheets for August and September 2024 were reviewed and revealed the facility had the following number of Certified Nursing Assistants available:</p> <p>During the 7:00 AM-3:00 PM shift:</p> <p>-On 8/4/2024, 8/18/2024, 8/25/2024, 9/21/2024, 9/22/2024, and 9/28/2024 there were only 17 Certified Nursing Assistants. The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 8/11/2024, 8/17/2024, and 9/15/2024 there were only 16 Certified Nursing Assistants The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>During the 3:00 PM-11:00 PM shift:</p> <p>-On 8/3/2024, 8/10/2024, 8/11/2024, 8/24/2024, and 9/29/2024 there were only 16 Certified Nursing Assistants The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 8/4/2024, 8/25/2024, 9/1/2024, 9/14/2024, 9/15/2024, and 9/28/2024 there were only 17 Certified Nursing Assistants The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>-On 9/22/2024 there were only 14 Certified Nursing Assistants The Facility Assessment required a total of 18-21 Certified Nursing Assistants.</p> <p>During the 11:00 PM-7:00 AM shift:</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 8/3/2024 and 8/11/2024 there were only seven Certified Nursing Assistants. The Facility Assessment required a total of 9-12 Certified Nursing Assistants.</p> <p>-On 8/4/2024 and 8/24/2024 there were only eight Certified Nursing Assistants. The Facility Assessment required a total of 9-12 Certified Nursing Assistants.</p> <p>-On 8/25/2024 there were only six Certified Nursing Assistants. The Facility Assessment required a total of 9-12 Certified Nursing Assistants.</p> <p>In a Resident Council meeting dated 10/4/2024 at 11:00 AM, six of eleven resident attendees verbalized concerns about short staffing on weekends and nights.</p> <p>During an interview on 10/8/2024 at 8:54 AM, the Staffing Coordinator stated the staffing assignments are based on the resident census. They use a staffing generator calculator to determine how many Certified Nursing Assistants are needed per shift. The Staffing Coordinator stated they enter the census number into the calculator and the calculator then determines how many Certified Nursing Assistants are needed per shift. The Staffing Coordinator stated they were not familiar with the Facility Assessment. The Staffing Coordinator stated most of the Certified Nursing Assistants are facility employees; however, the facility also utilizes staffing agencies. The Staffing Coordinator stated that the weekends are generally harder to get the staff.</p> <p>During an interview on 10/8/2024 at 11:14 AM, the Director of Nursing Services stated they were not familiar with the Payroll-Based Journal or staffing generator calculator used by the Staffing Coordinator and were not aware that the facility triggered low weekend staffing. The Director of Nursing Services stated the Facility Assessment is updated by them and the Administrator. The Director of Nursing Services stated the Administrator provides the Staffing Coordinator with the numbers of nursing staff needed. The Director of Nursing Services acknowledged the facility has not hired enough staff for the weekends.</p> <p>During an interview on 10/9/2024 at 1:52 PM, the Administrator and Director of Nursing Services stated the facility utilizes a staffing calculator to generate the number of nursing staff. The Staffing Coordinator enters the census number and the staffing calculator then provides the number of nursing staff needed. The Administrator stated the calculator was designed to meet the New York State minimum nursing staffing standard of 3.5 hours of care per resident per day and the facility is still having a staffing shortage. The Administrator was not sure if the required number of staff estimated in the Facility Assessment was incorporated into the staffing calculator tool.</p> <p>10 NYCRR 415.13(a)(1)(i-iii)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>34798</p> <p>Based on record review and staff interviews during the Recertification Survey initiated on 10/3/2024 and completed on 10/10/2024, the facility did not ensure its Facility Assessment considered specific staffing needs for each resident unit (first floor and second floor) in the facility. Specifically, the Facility Assessment, last updated June 2024, did not include a breakdown of staffing needs for each of the facility's two units.</p> <p>The finding is:</p> <p>The facility's policy, titled Facility Assessment, dated 9/26/2024, documented a facility assessment is conducted at least annually and as needed to determine and update the facility's capacity to meet the needs of and competently care for residents during both day-to-day operations (including nights and weekends) and emergencies. The facility assessment includes a detailed review of the resources available and/or necessary to meet the needs of the resident population. Data reviewed includes factors that may affect the overall acuity of the residents, such as the number and percentage of residents with a need for assistance with activities of daily living; mobility impairments; incontinence (bowel or bladder); cognitive or behavioral impairments; and conditions or diseases that require specialized care.</p> <p>A review of the Facility Assessment, last updated June 2024, revealed that it did not include a breakdown of staffing needs for each of the facility's two units. The Facility Assessment documented that the facility required 18-21 Certified Nursing Assistants facility-wide for day and evening shifts each; 9-12 Certified Nursing Assistants facility-wide for the night shift; a total of 16-20 licensed nurses facility-wide providing direct care.</p> <p>During an interview on 10/9/2024 at 8:56 AM, the Director of Nursing Services and the Administrator both stated they had worked on the Facility Assessment. The Director of Nursing Services stated the Facility Assessment did not include the breakdown of staffing needs for each unit (first floor and second floor) because there is no difference in acuity between the two units and they are not specialized units. There are short-term and long-term residents on each unit. The Director of Nursing Services acknowledged that there are 20 extra beds on the second floor, which would add to the workload on the second floor. The Administrator stated the Facility Assessment can be updated to show the breakdown of staffing needs for each unit.</p> <p>10 NYCRR 415.26</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Luxor Nursing and Rehabilitation at Sayville		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Broadway Avenue Sayville, NY 11782	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48827</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 10/03/2024 and completed on 10/10/2024, the facility did not ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. This was identified for one (Resident #64) of four residents observed for Pressure Ulcers. Specifically, Resident #64, who resided in a two-bedded room with a roommate, had a sign outside the doorway for Enhanced Barrier Precautions. During Resident #64's wound care observation, Licensed Practical Nurse #2 and Charge Nurse Licensed Practical Nurse #3 did not know which resident in the room was on Enhanced Barrier Precautions and started the wound care without utilizing an isolation gown as indicated on the Enhanced Barrier Precaution Signage.</p> <p>The finding is:</p> <p>The facility's policy titled Enhanced Barrier Precautions last reviewed on 5/27/2024 documented that Enhanced Barrier Precautions require wearing disposable gloves and an isolation gown when performing a high-contact activity. The resident's Care Plan should be updated to reflect the implementation of Enhanced Barrier Precautions.</p> <p>Resident #64 was admitted to the facility with diagnoses that included Encephalopathy, Pulmonary Edema, and Vascular Dementia. The Admission Minimum Data Set, dated dated [DATE] documented a Brief Interview for Mental Status score of 3, indicating the resident had severe cognitive impairment. The Minimum Data Set further documented Resident #64 had two unstageable Pressure Ulcers that were present upon admission.</p> <p>A physician's order dated 9/18/2024 documented left heel: paint with Betadine, let dry, apply gauze followed by kling wrap daily and as needed if missing or soiled [for the unstageable pressure ulcer].</p> <p>During an observation of a double-bedded room and staff interview on 10/09/2024 at 9:33 AM, an Enhanced Barrier Precautions sign was posted outside Resident #64's room door. The sign read: Enhanced Barrier Precautions-Everyone must wear gloves and a gown for high-contact resident care activities including wound care. Licensed Practical Nurse #2 and Charge Nurse #3 were observed in Resident #64's room without wearing a gown and were preparing for Resident #64's wound care. Charge Nurse #3 put on gloves, cleaned the overbed table, washed their hands, put on new gloves, and then lifted the resident's left leg which had a dressing to the heel. Licensed Practical Nurse #2 donned gloves after washing their hands (no gown), and started to unwrap the left-heel dressing. They both stated Resident #64 had a roommate and they did not know which resident in the room was on Enhanced Barrier Precautions. The treatment was stopped. Charge Nurse #3 left the room to check which resident in the room was on isolation precautions. Licensed Practical Nurse #2 stated the residents do not need a physician's order for Enhanced Barrier Precautions, and the Infection Control Nurse provides the unit staff with a list of all residents who are supposed to be on Enhanced Barrier Precautions each day. Charge Nurse #3 came back to Resident #64's room and stated Resident #64 was on the list on 10/9/2024 to be on Enhanced Barrier Precautions for the wounds. Licensed Practical Nurse #2 and Charge Nurse #3 then donned a gown and gloves and re-started the wound care treatment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Luxor Nursing and Rehabilitation at Sayville		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Broadway Avenue Sayville, NY 11782	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/09/2024 at 10:04 AM, Licensed Practical Nurse #2 stated they should have verified if Resident #64 was on the Enhanced Barrier Precautions. Resident #64 has a wound and is on Enhanced Barrier Precautions for that reason. Staff should wear Personal Protective Equipment when providing any hands-on care to Resident #64. Licensed Practical Nurse #2 stated they should have reviewed the Enhanced Barrier Precaution list.</p> <p>On 10/9/2024 at 10:07 AM, Charge Nurse #3 presented an undated list for the second floor, which included residents on isolation precautions for various infections and conditions such as wounds, indicating Resident #64 was on isolation precautions for wounds.</p> <p>During an interview on 10/09/2024 at 10:08 AM, Charge Nurse #3 stated that every day they received a list of residents who were on Enhanced Barrier Precautions and they should have verified if Resident #64 was on that list. Charge Nurse #3 confirmed that the list they received on 10/9/2024 included Resident #64 which meant the resident was on Enhanced Barrier Precautions because of the heel wound. Charge Nurse #3 stated they should have put on a gown and gloves before they started wound care treatment for Resident #64.</p> <p>During an interview on 10/10/2024 at 09:38 AM, the Staff Educator/Infection Prevention Nurse stated Resident #64 was not on Enhanced Barrier Precautions instead the resident's roommate was supposed to be on Enhanced Barrier Precautions and that is why the signage was posted outside the resident's room. The Licensed Practical Nurses should have checked Resident #64's care plan or asked me, the Director of Nursing Services, or the Wound Care Nurse if they were not aware of where to find the Enhanced Barrier Precaution for a resident before performing the wound care. The nurses should not have followed the list because the list was created for their (Staff Educator/Infection Prevention Nurse) personal use to remind them of which residents were on isolation precautions, had a drain, Foley Catheter, or Infection. It was not for staff use. Staff Educator/Infection Prevention Nurse stated that they shredded the list that was observed by the surveyor on 10/9/2024 (which included Resident #64's name for Enhanced Barrier Precautions).</p> <p>During an interview on 10/10/2024 at 10:46 AM, the Director of Nursing Services stated the staff should have checked the resident's Care Plan to see if Resident #64 was on Enhanced Barrier Precautions before going into the resident's room for wound care treatment and should not have used the list made by the Infection Prevention Nurse.</p> <p>10 NYCRR 415.19(a)(1-3)</p>		