

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER St Marys Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 516 West 126th Street New York, NY 10027	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43350</p> <p>Based on observation, interviews, and record review conducted during the recertification survey from 9/20/2023 to 9/27/2023, the facility did not ensure that a comprehensive, person-centered care plan (CCP) was developed for each resident. This was evident for 1 (Resident #29) of 15 total sampled residents. Specifically, a CCP related to infection was not developed for Resident #29 who had an active diagnosis of urinary tract infection (UTI).</p> <p>The findings are:</p> <p>Resident #29 had diagnoses of UTI and schizophrenia.</p> <p>The Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #29 was cognitively intact.</p> <p>On 09/21/23 at 12:12 PM, Resident #29 was interviewed and stated they have burning upon urination and are receiving an antibiotic.</p> <p>The Medical Doctor (MD) note dated 09/19/2023 documented Resident #29 was ordered Macrobid for UTI. The MD note dated 9/20/2023 documented Resident #29 had an abnormal urine culture and was ordered Doxycycline 100 mg twice a day for 7 days.</p> <p>MD Orders dated 9/20/2023 documented Resident #29 receive Nitrofurantoin 100mg twice daily for 7 days and Doxycycline 100 mg twice daily for 7 days for UTI.</p> <p>There was no documented evidence a CCP related to UTI was developed and implemented for Resident #28.</p> <p>On 09/26/23 at 09:07 AM, Certified Nursing Assistant (CNA) #4 was interviewed and stated some residents have a UTI and CNA #4 checks their urine and hydration.</p> <p>On 09/26/23 at 09:18 AM. Licensed Practical Nurse (LPN) #1 was interviewed and stated Resident #28 is receiving antibiotics. LPN #1 checks for rashes, shortness of breath, and pain or allergic reaction to antibiotic use. Resident #28 has a behavior of digging in their incontinence brief and this causes the resident to contract a UTI.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER St Marys Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 516 West 126th Street New York, NY 10027	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/27/23 at 11:45 AM, the Assistant Director of Nursing (ADON) was interviewed and stated any antibiotic use is covered under a CCP not specific to UTI.</p> <p>On 09/27/23 at 01:20 PM, the Director of Nursing (DON) was interviewed and stated they were unsure whether Resident #28 had a current CCP in place related to UTI. Staff use good hygiene and hydration. Residents don't often contract UTIs in the facility.</p> <p>415.11(c)(1)</p>		