

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER N Y S Veterans Home IN N Y C		STREET ADDRESS, CITY, STATE, ZIP CODE 178 50 Linden Blvd Jamaica, NY 11434	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interview conducted during an abbreviated survey (# 2623262), the facility did not ensure they reported the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within five (5) working days of the incident. This was evident for one (1) of three (3) residents (Resident #1) reviewed. Specifically, the results of the investigation for Resident #1 was not submitted to the New York State Department of Health within five working days of the incident. The findings are: The facility policies titled 'Prevention of Abuse, Mistreatment, Neglect, Exploitation, and Misappropriation of Resident Property' dated 01/2025 and 'Resident's Accidents Investigation and Reporting dated 8/25 did not document a report of the result of the investigation should be submitted to the Department of Health within five (5) working days of the incident. Resident #1 had diagnoses which included Dementia, Alzheimer's Disease, and Parkinson Disease. The Accident Investigation Report dated 09/20/25 documented on 9/20/25 at 2:30 PM, while the two assigned Certified Nurse Assistants were transferring resident #1 via Hoyer Lift to the shower chair for his scheduled shower, the Hoyer Lift tilted to the left and staff were unable to prevent the resident from falling. Resident #1 fell and sustained laceration to forehead. The resident was transferred to the hospital at 3:35 PM for further evaluation and treatment. Review of the New York State Department of Health Nursing Home Facility Incident Report for intake #2623262 revealed the facility was first made aware of the incident on 09/20/2025 at 2:30 PM, and the incident was submitted to the New York State Department of Health on 09/20/2025 at 8:28 PM. There was no documented evidence the results of investigation for incident #262326 was reported to the New York State Department of Health within five days working days. On 11/10/2025 at 01:11 PM, an interview was conducted with the Assistant Director of Nursing who stated that they, along with the Director of Nursing and some other Registered Nurse Supervisors are responsible for reporting incidents. The Assistant Director of Nursing also stated all alleged violations involving abuse, neglect, including injuries of unknown source are reportable to the New York State Department of Health within 2 hours, and there should be a five day follow up report thereafter. The Assistant Director of Nursing concluded they reported the incident when it was brought to them and could not explain the reason why the five day follow up report was not submitted. On 11/10/2025 at 03:07 PM, an interview was conducted with the Director of Nursing who stated the five day follow up report is submitted after a full investigation is conducted, and they thought the facility had submitted the report. 10 NYCRR 415.4(b)(2)</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: 335770
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