

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Casa Promesa		STREET ADDRESS, CITY, STATE, ZIP CODE  308 East 175 Street Bronx, NY 10457	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</b></p> <p>Based on record review and staff interview during the Abbreviated Complaint survey (NY00345861) conducted between 11/25/2024 and 11/26/2024, the facility did not ensure that all alleged violations involving abuse were reported immediately but not later than 2 hours after the allegation was made. This was evident for 1 resident investigated for Abuse out of 10 complaints investigated. (Resident #15). Specifically, the facility did not report an allegation of Resident Verbal or Mental Abuse to the New York State Department of Health within 2 hours after the allegation was made.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse, Neglect and Mistreatment of Residents/Clients dated 01/2021 documented that The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>Resident #15 was admitted to the facility with diagnoses including Persistent mood disorder, Aphasia following unspecified Cerebrovascular disease.</p> <p>The Quarterly Minimum Data Set, dated dated [DATE] documented that Resident #15 has intact cognitive status, normally used wheelchair for mobility, and required Partial/moderate or supervision of staff for most Activities of Daily Living.</p> <p>The Comprehensive Care Plan for Behavior Symptoms dated 5/21/24 documented Resident has behavioral symptoms; Documented with measurable goals and interventions.</p> <p>The Facility Incident Report Summary dated 6/26/2024 documented that Resident #15 reported alleged verbal abuse by a Certified Nursing Assistant that occurred 6/11/24 to the Social Worker on 6/18/24; the Director of Nursing received the report on 6/20/24; and reported to the Department of Health on 6/21/24. The incident was reported late, more than 24 hours after the alleged incident.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility Submission Report (Intake Information) documented that the report was submitted to the New York State Department of Health on 06/21/2024; The Director of Nursing received grievance on 6/20/24 in mailbox at around 8PM regarding verbal abuse that occurred on 6/11/24. In this grievance, Resident #15 alleged that Certified Nursing Assistant was verbally degrading, and maliciously bullying the resident; Grievance was recorded on 6/11/24 by the Social Worker.</p> <p>On 11/26/2024 at 11:42, the Director of Social Services was interviewed and stated that the Social Worker received the grievance from Resident #15 on 6/18/24 for the incident that reportedly occurred on 6/11/24; Social Worker reportedly dropped the resident's grievance statement in the Director of Nursing's mailbox. The Director of Nursing saw the report late on 6/20/24, notified the Department of Health and started the investigation. The Director of Social Services further stated that the Social Worker supposed to have reported to them immediately, even on phone, as they can be reached 24 hours a day by phone. Director of Social Service stated that any allegation of resident abuse is supposed to be reported immediately to the Department of Health while investigation is ongoing to verify the allegations.</p> <p>On 11/26/2024 at 12:03PM, The Director of Nursing was interviewed and stated that Resident #15 alleged that the incident occurred on 6/11/24 but did not report to the Social Worker on time until 6/18/24. Director of Nursing stated that the Social Worker grievance incident report was received in the mailbox very late on 6/20/24 after closing and reported to the Department of Health in the early hours of 6/21/24. Director of Nursing stated that they are aware that the report was submitted late to the Department of Health, but they tried to submit it as soon as they were made aware of the incident.</p> <p>On 11/26/2024 at 12:13PM, the Administrator was interviewed and stated the alleged abuse was reported to the Department of Health late because their Social Worker did not report the incident to them when the alleged allegation was received from the resident; Social Worker stated that they put the grievance in the Director of Nursing's mailbox. The Administrator stated that the Social Worker could have reported in person or on phone to the Director of Nursing or to the Administrator the same day the alleged allegation of abuse was received from the resident.</p> <p>11/26/2024 12:15 and 2:17PM several attempts made to speak with the social worker, via telephone unsuccessful.</p> <p>[10 NYCRR 415.4(b)(2)]</p>		