

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335784	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Schervier Pavilion		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Van Duzer Place Warwick, NY 10990	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48847</p> <p>Based on observations, record review, and interviews conducted during the Abbreviated Survey (NY00360889), the facility did not ensure that all drugs and biologicals were stored in accordance with the manufacturer's specifications and professional standard of practice for 1 (Residents #1) of 3 residents reviewed medication storage. Specifically, during surveyor rounds in Resident #1's room, physicians ordered medications / treatments were observed on the resident's bedside table, nightstand, and the windowsill that included deep sea nasal spray, nystatin topical powder, latanoprost eye drops, refresh tears, and Preparation Hemorrhoidal cream. There was no documented evidence that the resident can self-administer these medications / treatments.</p> <p>The findings are:</p> <p>Resident #1 was admitted with diagnosis including but not limited to glaucoma, left eye blepharitis-upper and lower eyelids, and foot drop of right foot.</p> <p>The 9/12/24 Admission Minimum Data Set(an assessment tool) documented that Resident #1 had intact cognition.</p> <p>The 4/1/25 Physicians order documented that Resident #1 was to received Nystatin External Powder under both breasts.</p> <p>The 3/31/25 Physicians orders documented that Resident #1 was to receive Refresh Tears in both eyes.</p> <p>The 1/15/25 Physicians orders documented that Resident #1 was to receive Deep Sea Nasal Spray in both nostrils twice a day.</p> <p>The 12/13/24 Physicians orders documented that Resident #1 was to receive Latanoprost(opthalmic solution) eye drops in both eyes.</p> <p>The 12/18/24-12/28/24 Physicians orders documented that Resident #1 was to receive topical Preparation H cream to the anal area for hemorrhoids.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon review of physicians' orders there was no documented evidence that Resident #1 had a physician's orders to self-administer their medications.</p> <p>Upon review of Resident #1's Care Plans, there was no documented evidence that they had a Care Plan to self-administer their medications.</p> <p>On 4/8/25 at 10:12 am, multiple medications and wound care supplies were observed in Resident #1' room on their bedside table, night stand, and the window sill. There was deep sea nasal spray, refresh tears, latanoprost eye drops, and nystatin powder observed on Resident #1's bed table within their reach. The Preparation H hemorrhoidal cream was on their nightstand.</p> <p>During an interview on 4/8/25 at 10:12 am, Resident #1 stated that they use the nasal spray by themselves without help and that it was left by the nurses a while ago so that they can instill it whenever they want to. Resident #1 stated that they only used the hemorrhoid cream once and not sure why it is in their room. Resident #1 stated that they received the refresh tears as a gift from a nurse but would not disclose what nurse it was. Resident #1 stated that they themselves put the Nystatin powder on underneath their breasts because the nurse do not know how to put it on. Resident #1 stated that they like to put their own eyedrops in because they know how to do it, and they have been doing it for years without any help.</p> <p>During an interview on 4/8/25 at 1:08 PM, Licensed Practical Nurse #1 stated that medications like pills or eye drops should not be in the resident 's room and they do not know how the medications got into the resident's room. Latanoprost (ophthalmic solution) is to be used at bedtime. Licensed Practical Nurse #1 stated they do not know why the eye drops are in the resident's room. Licensed Practical Nurse #1 stated that Resident #1 can take their medications by themselves, but they must do so in front of nurse and that the resident will need a physician's order for the resident to self-administer their own medication.</p> <p>During an interview on 4/8/25 at 1:18 PM, Registered Nurse Unit Manager #1 stated that medications are not supposed to be kept in resident rooms unless the residents are trained to self-administer medications. Registered Nurse Unit Manager #1 stated they have not yet seen a resident administering their own medication and that Resident #1 should not have wound care supplies in their room because the nurses know to only bring enough supplies into the room and any extra should be discarded, not left in the resident's room</p> <p>During an interview on 4/8/25 at 1:25 PM, the Medical Director stated that they never wrote an order that Resident #1 can self-administer their medications and that it should be physicians ordered. The Medical Director stated that there is an order for Resident #1 to receive refresh tears, nystatin powder, latanoprost eye drops, and deep nasal spray. The Medical Director stated that the nurse must administer the medications, not the resident.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/8/25 at 2:00 PM, t the interim Director of Nursing/Nurse Aide Training Program Coordinator stated that Resident #1 should not have medications in their room and that they told the nurses to immediately remove the medications from out of their room. The the interim Director of Nursing/Nurse Aide Training Program Coordinator stated there must be a physician's orders for residents to be able to administer their own medications and that nurses should not leave medications in residents' rooms, and that if a resident had an order to self-administer medications, it must be care planned and that Resident #1 had no physicians' orders or a care plan to self-administer medications.</p> <p>During an interview on 5/5/25 at 11:57 am, the interim Director of Nursing/Nurse Aide Training Program Coordinator stated that on 4/5/25 when they administered medications to Resident #1, they did not see any medications in their room and did not have time to assess their room because after they gave Resident #1 their oral medications, they kicked them out of their room. The Interim Director of Nursing/Nurse Aide Training Program Coordinator stated that on 4/8/25 when they observed the medications and wound care supplies in Resident #1's room ,they immediately had staff remove them from the room.</p> <p>10 NYCRR 415.18(e)(1-4)</p>		