

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335787	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Nassau Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Greenwich Street Hempstead, NY 11550	

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 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and record review during an abbreviated survey (NY00373760), the facility failed to ensure food was prepared in a form designed to meet the resident's needs as documented on a hospital discharge summary for one (1) (Resident #1) of three (3) residents reviewed. Specifically, Resident #1 was admitted with a modified consistency diet of minced moist consistency and thickened liquids. The facility diet order documented chopped consistency with thin liquids. Resident # 1 was found unresponsive in the dining room during breakfast on 09/10/2024. This resulted in Resident #1 being transported to the hospital with upper airway obstruction from food and subsequently expired. This deficient practice has the potential to affect all 102 residents in the facility with a modified consistency diet that is Immediate Jeopardy.</p> <p>The finding is:</p> <p>Facility policy and procedure titled Transmission of Diet Orders for New admission dated 01/01/2024, documented nursing staff will review Patient Review Instrument upon admission for the diet that was provided. The nursing supervisor will enter the resident diet into the electronic medical record.</p> <p>Facility policy and procedure titled Texture and Consistency-Modified Diets dated 08/20/2024, documented as part of the nutrition care process upon admission, all new and readmissions admitted on regular consistency will receive a mechanically altered diet (chopped), pending speech language pathologist evaluation. If hospital record states the resident was receiving a pureed or any other texture downgrade (mechanical soft, blenderized, etc.) prior to admission the Registered Dietician will resume with that recommendation and communicate with food service.</p> <p>Resident #1 was admitted on [DATE] at 4:39 PM to the facility with diagnoses that included sepsis (a serious condition in which the body responds improperly to an infection), Parkinson Disease (movement disorder of the nervous system), and asthma. The Minimum Data Set Assessment Brief Interview of Mental Status score was not completed as Resident #1 was at the facility for less than 24 hours.</p> <p>Resident #1 did not have a baseline comprehensive care plan completed.</p> <p>Review of Hospital Discharge paperwork dated 09/09/2024 at 3:48 PM documented Resident #1 was ordered a diet consistency of minced moist with thick liquids.</p> <p>Review of facility orders for Resident #1 dated 09/09/2024 at 5:04 PM documented Resident #1 was to have a chopped consistency with thin liquids.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Nursing Progress Note dated 09/10/2024 at 10:52 AM documented Resident #1 became unresponsive in the dining room on 09/10/2024 at 09:35 AM.</p> <p>Hospital medical records received and reviewed on 05/05/2025 documented Resident #1 had a change in mental status due to respiratory arrest from upper airway obstruction. Resident #1 was admitted to the hospital on [DATE] at 10:20 AM. Resident #1 was unresponsive with food suctioned out of the patient's airway during intubation by Emergency Medical Services and afterward from their mouth in the Emergency Department. The medical records also documented Resident #1 had a change in mental status due to upper airway obstruction from food. Resident #1 was placed on a ventilator due to anoxic (lack of oxygen) brain injury. Resident #1 subsequently expired.</p> <p>During an interview on 05/01/2025 at 2:57 PM, Registered Nurse #1 (Admissions Nurse) stated they transcribed the diet incorrectly and Resident #1 should have been placed on a ground diet consistency with thick liquids based on hospital discharge records. Registered Nurse #1 stated that new admissions are initially placed on chopped consistency unless they have a downgraded consistency from the hospital.</p> <p>During an interview on 05/01/2025 at 4:06 PM, Certified Nursing Assistant #1 stated Resident #1 was a total assist with meals and activities of daily living. This instruction was given during morning report by the unit nurse. Certified Nursing Assistant #1 stated they did not assist Resident #1 with their breakfast meal on 09/10/2024.</p> <p>During an interview on 05/01/2025 at 4:48 PM, Licensed Practical Nurse #1 stated that Resident #1 had been provided with their food tray prior to becoming unresponsive. The tray was opened. Licensed Practical Nurse #1 stated their back was turned when Resident #1 became unresponsive and did not see them consume food. The resident was not provided assistance with the breakfast. When Resident #1 became unresponsive, a code was called, cardiopulmonary resuscitation was initiated, and 911 was called.</p> <p>During an interview on 05/01/2025 at 5:21 PM, the Director of Nursing stated Registered Nurse #1 (Admissions Nurse) transcribed the diet incorrectly and Resident #1 should have been placed on a ground diet consistency with thick liquids based on hospital discharge records.</p> <p>During a breakfast meal observation on 05/06/2025 at 9:08 AM, two (2) sample breakfast trays were presented by the dietary supervisor, one (1) tray was labeled chopped and the other was labeled ground. Both trays contained scrambled eggs and bread. One (1) tray had wheat bread the other white bread, both pieces of bread were served whole. The consistency of the eggs was the same. There was no noted difference in texture between a chopped consistency and a ground consistency diet.</p> <p>During an interview on 05/06/2025 at 2:44 PM, Medical Doctor #2 stated they were aware cardiopulmonary resuscitation was done on Resident #1 the morning of 09/10/2024. They stated it was very unlikely the food suctioned out of Resident #1's mouth was from the night before. They further explained, the timespan between dinner and breakfast was 12 hours, which is too long of a timeframe for the regurgitation of food to be contents from dinnertime.</p> <p>10 NYCRR 415.14(d)(3)</p>		