

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Queens Boulevard Extended Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  61 11 Queens Boulevard Woodside, NY 11377	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39136</p> <p>Based on record review and interviews conducted during the Recertification and Abbreviated Survey (NY00340566) from 06/13/2024 to 06/21/2024, the facility did not ensure that all allegations of abuse were thoroughly investigated. This was evident for 1 (Resident #164) of 2 residents reviewed for abuse out of 38 total sampled residents. Specifically, there was no documented evidence that an investigation was conducted for Resident #164, who complained of being roughly handled by a Certified Nursing Assistant during care.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property with a last reviewed date of 10/31/2023 documented that residents will be protected from abuse, neglect, and harm while residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. It is the policy of the facility that reports of abuse are promptly and thoroughly investigated. The investigation is the process used to try to determine what happened. The designated facility personnel will begin the investigation immediately.</p> <p>Resident # 164 was admitted to the facility with diagnoses of Anxiety Disorder and Rheumatoid Arthritis.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #164 had intact cognition. Resident #164 was dependent on toileting, shower/bathing, dressing, and personal hygiene; required supervision for eating; and required substantial / maximal assistance for oral hygiene and lower body dressing.</p> <p>On 06/18/2024 at 10:44 AM, Resident #164 was interviewed and stated they had a horrible experience with a Certified Nursing Assistant from the evening shift. The Resident stated they left a message for the social service director and the Resident told the director on what occurred.</p> <p>During a follow-up interview with Resident #164 on 06/20/2024 at 10:12 AM, the Resident stated that 2 months ago they reported to the Social Worker that a Certified Nursing Assistant was rough towards them during care. They stated the Social Worker did not do anything about it. Resident #164 stated every time they report something, the facility will tell them they will investigate but does not get back to them.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The interdisciplinary progress notes dated 04/19/2024 to 04/30/2024 had no documentation of Resident #164's allegation that a Certified Nursing Assistant was rough during care.</p> <p>There was no documented evidence that Resident #164's allegation, that a Certified Nursing Assistant was rough during care, was investigated.</p> <p>On 06/18/2024 at 10:35 AM, the Director of Social Services was interviewed and stated that Resident #164 told them they wanted a Certified Nursing Assistant to be changed because they were uncomfortable. The Director of Social Services did not elaborate on why Resident #164 was uncomfortable with the Certified Nursing Assistant.</p> <p>On 06/18/2024 at 12:27 PM, the Assistant Director of Nursing was interviewed and stated that they received a complaint from Resident #164 that a Certified Nursing Assistant roughly handled them during care, that the way they were being cleaned was too rough for them. The Assistant Director of Nursing stated they assessed Resident #164's skin and found no bruises, scratches, or wound.</p> <p>During a follow-up interview with the Assistant Director of Nursing on 06/18/2024 at 3:02 PM, they stated they usually investigate abuse allegations involving scratches or bruises. They stated they did not investigate Resident #164's allegation because they had no scratch or bruise.</p> <p>On 06/18/2024 at 3:50 PM, the Director of Nursing was interviewed and stated they were unaware of Resident #164's allegation that they were roughly handled by a Certified Nursing Assistant and that they were only made aware of it on 06/18/2024. They stated they were told by the Assistant Director of Nursing that the allegation did not rise to the level of an investigation because Resident #164 had no scratches or bruises. The Director of Nursing stated that an allegation of abuse must be investigated soon as they become aware of it.</p> <p>10 NYCRR 415.4(b)(3)</p>		