

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335792	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Northern Manhattan Rehabilitation and Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 116 East 125th St New York, NY 10035	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48907</p> <p>Based on observation, record review, and interviews conducted during an abbreviated survey (NY00339715), the facility failed to protect a resident from physical abuse by nursing home staff. This was evident in one out of ten residents sampled for abuse (Resident #1). Specifically, on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #1 and Certified Nursing Assistant #2 were providing Incontinence care to Resident #1. Certified Nursing Assistant #2 witnessed Certified Nursing Assistant #1 slap Resident #1 several times in the head. On 04/19/2024 at 9:30 pm, Registered Nurse #1 did a physical assessment on Resident #1 and there were no bruises. Subsequently, on 04/20/2024 at 7:00 am, the Director of Nursing did a physical assessment of Resident #1 and saw a red bruise measuring 2 centimeters by 1.5 centimeter under Resident #1's left eye. This resulted in actual harm to Resident #1 that was not Immediate Jeopardy.</p> <p>The findings are:</p> <p>The Facility's Policy and Procedure on Abuse and Neglect, revised date of 12/2023, documented the facility's commitment to protect residents from abuse by anyone including, but not necessarily limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual.</p> <p>The Facility's Occurrence Report documented on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #2 witnessed physical abuse and reported it to Licensed Practical Nurse #1. Resident #1 was assessed by Registered Nurse Supervisor #1 at 9:30 pm and there were no bruises noted. The facility's investigation documented that Certified Nursing Assistant #1 and #2 admitted that Resident #1 did not have any head/facial discoloration prior to them rendering care. Physical examination of Resident #1 on 04/20/2024 at 7:00 am revealed a red bruise under Resident #1's left eye which is consistent with the allegation that during care Certified Nursing Assistant #1 slapped Resident #1. The facility concluded that abuse occurred. Certified Nursing Assistant #1 was suspended on 04/20/2024 and terminated on 04/23/2024.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses including Non-Alzheimer's Dementia (memory loss), and Paranoid Schizophrenia (distrustful and suspicious of others).</p> <p>The Minimum Data Set (assessment tool), dated 02/15/2024, documented that Resident #1 had a Brief Interview of Mental Status and scored 3 out of 15, indicating severely impaired cognition.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Comprehensive Care Plan for Potential for Abuse dated 12/22/2021 documented interventions to promptly investigate all allegations of abuse, provide a safe person for Resident #1 to report to, and assistance with activity of daily living. The care plan was updated on 11/28/2023 to continue with plan of care.</p> <p>A nursing progress note written by Registered Nurse Supervisor #1, dated 04/20/2024 at 1:47 am, documented Licensed Practical Nurse #1 reported to them Certified Nursing Assistant #2 told Licensed Practical Nurse #1 that while providing care to Resident #1 along with Certified Nursing Assistant #1 on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #1 slapped Resident #1 repeatedly on the head and threatened to beat them because they became restless, uncontrollable, and bit Certified Nursing Assistant #1's arm. Resident #1 was alert but confused and unable to state what happened. Resident #1 was assessed, and there were no visible injuries.</p> <p>On 04/24/2024 at 9:16 am, Resident #1 was not interviewable due to severely impaired cognition.</p> <p>During a telephone interview on 04/24/2024 at 10:43 am, Certified Nursing Assistant #1 stated on 04/19/2024, during the 3:00 pm to 11:00 pm shift, they were not assigned to Resident #1 and were assisting Certified Nursing Assistant #2 to provide Incontinence care for Resident #1. Certified Nursing Assistant #1 stated Resident #1 was restless during care, and they observed Resident #1 with a mark on Resident #1's left arm and a bump on the left side of Resident #1's eye after Incontinence care was provided. Certified Nursing Assistant #1 stated they did not notice the marks before they started care and that they did not slap or hit Resident #1. Certified Nursing Assistant #1 stated Resident #1 did not bite them, and Resident #1 was not hit by anyone.</p> <p>During an interview on 04/24/2024 at 1:00 pm, the Director of Nursing stated on 04/19/2023 at 11:45 pm, Registered Nurse #1 informed them Certified Nursing Assistant #2 witnessed Certified Nursing Assistant #1 slap Resident #1 several times in the head during Incontinence care at 8:30 pm.</p> <p>During an interview on 04/24/2024 at 2:27 pm, the Facility's Administrator stated on 04/19/2024 at 11:59 pm they received a text message from the Director of Nursing that that alerted them of the allegation of abuse. The Administrator also stated that the police were informed and that they advised the facility to call them when the staff are in the facility.</p> <p>During an interview on 04/25/2024 at 9:33 am, Certified Nursing Assistant #2 stated they were assigned to Resident #1 and while they were providing incontinence care to them, Resident #1 bit Certified Nursing Assistant #1's arm. Certified Nursing Assistant #1 then slapped Resident #1 several times.</p> <p>During an interview on 04/25/2024 at 10:29 am, Medical Doctor stated that the bruise to Resident #1's eye can be related to trauma or the blood thinner medication that was currently administered to Resident #1.</p> <p>10 NYCRR 415.4(b)(1)(i)</p>		

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<p>F 0609</p> <p>Level of Harm - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48907</p> <p>Based on record review and interviews conducted during an abbreviated survey (NY00339715), the facility did not ensure that all allegations of abuse were reported in a timely manner to local law enforcement, facility administrator, and the New York State Department of Health in accordance with federal and state regulations. This was evident in one out of ten residents sampled (Resident #1). Specifically, on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #2 reported to License Practical Nurse #1 that Certified Nursing Assistant #1 slapped Resident #1 several times in the head. On 04/19/2024 at 11:59 pm, The Director of Nursing notified the facility's Administrator by a text message about the incident. On 04/20/2024 at 12:44 am, the facility failed to report the allegation to law enforcement and the New York State Department of Health within two hours.</p> <p>The findings are:</p> <p>The Facility's Policy and Procedure on Abuse and Neglect, revised date of 12/2023, documented any staff member or person affiliated with the facility who has witnessed or who believes that a resident has been a victim of mistreatment, abuse or any other criminal offense shall immediately report or cause a report to be made. Immediately means as soon as possible but not to exceed two hours after the allegation/incident discovery is made if the event that caused the allegation involved abuse or resulted in serious body injury or no later than twenty-four hours if the event that caused the allegation did not involve abuse or did not involve serious bodily injury to the Administrator and other officials including State Survey Agency, Adult Protection Services, if applicable.</p> <p>The Facility's Occurrence Report documented on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #2 witnessed physical abuse and reported it to Licensed Practical Nurse #1. Resident #1 was assessed by Registered Nurse Supervisor #1 at 9:30 pm and there were no bruises noted. Certified Nursing Assistants #1 and #2 admitted that Resident #1 did not have any head/facial discoloration or bruises prior to them rendering care. Physical examination of Resident #1 on 04/20/2024 at 7:00 am revealed a red bruise under Resident #1's left eye, which is consistent with the allegation that during care Certified Nursing Assistant #1 slapped Resident #1. The facility concluded that abuse occurred. Certified Nursing Assistant #1 was suspended on 04/20/2024 and terminated on 04/23/2024.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses including Non-Alzheimer's Dementia (memory loss), and Paranoid Schizophrenia (distrustful and suspicious of others).</p> <p>The Minimum Data Set (assessment tool), dated 02/15/2024, documented that Resident #1 had a Brief Interview of Mental Status and scored 3 out of 15, indicating severely impaired cognition.</p> <p>A Comprehensive Care Plan for Potential for Abuse dated 12/22/2021 documented interventions to promptly investigate all allegations of abuse, provide a safe person for Resident #1 to report to, and assistance with activity of daily living. The care plan was updated on 11/28/2023 to continue with plan of care.</p> <p>(continued on next page)</p>		

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F 0609 Level of Harm - Actual harm Residents Affected - Few	<p>A nursing progress note written by Registered Nurse Supervisor #1 dated 04/20/2024 at 1:47 am, documented they were notified by Licensed Practical Nurse #1 on 04/19/2024 at 8:30 pm, Certified Nursing Assistant #1 was assisting Certified Nursing Assistant #2 with Incontinence care for Resident #1. Resident #1 became restless and uncontrollable and bit Certified Nursing Assistant #1's arm. Certified Nursing Assistant #1 slapped Resident #1 repeatedly on the head and threatened to beat Resident #1. Resident #1 is alert but confused and unable to state what happened. Resident #1 was assessed and there were no visible injuries noted.</p> <p>During an interview on 04/24/2024 at 12:01 pm, Licensed Practical Nurse #1 stated Certified Nursing Assistant #2 approached them on 04/19/2024 at 8:45 pm and informed them Certified Nursing Assistant #1 slapped Resident #1 on the head during Incontinence care. Licensed Practical Nurse #1 stated they reported to Registered Nurse Supervisor #1 at 9:00 pm.</p> <p>During an interview on 04/24/2024 at 1:00 pm, the Director of Nursing stated that on 04/19/2024 at 11:45pm, Registered Nurse Supervisor #1 informed them that Licensed Practical Nurse #1 reported at 10:00 pm that Certified Nursing Assistant #2 witnessed Certified Nursing Assistant #1 slap Resident #1 several times on the head. Director of Nursing stated if they are not available, the Assistant Director of Nursing reports incidents to the Department of Health and that any staff can call the police. Director of Nursing stated they reported the incident on 04/20/2024 at 12:44 am to the Department of Health and Law Enforcement.</p> <p>During an interview on 04/24/2024 at 2:27 pm, Administrator stated they received a text message about the incident from the Director of Nursing at 11:59 pm on 04/19/2024.</p> <p>During a telephone interview on 04/25/2024 at 10:29 am, the Medical Doctor stated they were informed about the incident by Director of Nursing on 04/19/2024 but cannot recall the time.</p> <p>10 NYCRR 415.4(b)(1)(i)</p>		