

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335808	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2025
NAME OF PROVIDER OR SUPPLIER Hempstead Park Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Front 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20757</p> <p>Based on interviews and record review in an abbreviated survey (Complaint # NY00340378), the facility did not ensure that Residents were appropriately supervise and implement interventions to prevent resident to resident sexual abuse for one Resident (Resident #2) of three residents reviewed for sexual abuse. Specifically, Resident #1 (Brief Interview Mental Status score 11) who is cognitively impaired was observed behind closed doors engaging in sexual activities with Resident #2 (Brief Interview Mental Status score 0)</p> <p>The findings are.</p> <p>The Review of the facility policy dated 9/19/2022 entitled Abuse Prevention documented the resident has the right to be free from abuse. Sexual Abuse-nonconsensual sexual contact of any type with a resident. This includes non-consensual sexual intrusion, touching intimate body parts. The facility will evaluate an individual resident's capacity to consent to sexual activity when indicated.</p> <p>Resident #1 admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder, heart failure, and high blood pressure. The review of the Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score- 11 indicating moderately impaired for decision making, delirium-disorganized thinking- continuously, mood-total score 6, physical behaviors directed towards others-1-3 day.</p> <p>The review of the Comprehensive Care Plan Dated 6/1/2022 behavior physically aggressive, verbally abusive, rejection of medications, history of engaging in sexually inappropriate behavior, delusional the interventions documented and observe for changes in behavior every 30-minute visual checks.</p> <p>The review of the Comprehensive Care Plan Dated 4/25/2024 inappropriate sexual activity, observed performing oral sex with peer in room, the interventions documented 30-minute visual checks, floor change, and Psychiatric follow-up.</p> <p>Resident #2, admitted to the facility dated 8/22/2023 with diagnosis hard of hearing, brain swelling and high blood pressure. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score- 0 indicating severe impairment for decision making for Resident#2.</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335808	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2025
NAME OF PROVIDER OR SUPPLIER Hempstead Park Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Front Street Hempstead, NY 11550	
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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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The review of the Comprehensive Care Plan (CCP) documented dated 8/22/2023 communication documented potential for impairment, hard of hearing the interventions documented speak slowly and clearly, genetic disorder, born without ears, deaf on the left ear and hard of hearing on the right; sign language but could not respond appropriately for communication,</p> <p>The Nursing Progress Notes dated 4/25/2024 at 12:00PM, documented that CNA#1 witnessed Resident #2 in Resident #1's room and Resident #1 was performing fell ation (oral sex) on Resident #2. Resident #2 quickly stepped away and zipped pants. The Certified Nurse's Aide separated Resident #1 and Resident#2 and led Resident #2 out of the room and went to the Registered Nurse Supervisor#1. The staff was interviewed and placed on a one to one for supervision. The Medical Doctor and the Next of Kin were made aware.</p> <p>During the interview dated 5/6/2024 at 11:04AM, with the unit 7:00 AM -3:00 PM shift Certified Nurse's Aide # 1 who was working on 4/25/2024 they stated at 12:00PM, making rounds to look for residents, the door to the room of Resident#1's room was closed, knocked, and entered the room and saw Resident #2 with Resident #1's mouth on penis, Resident #1 was lying on side on bed and Resident#2 was leaning forward, pants of Resident #2 were up and around waist, the resident's zipper was open. Resident#1 was fully dressed, and no body parts were showing. The Certified Nurse's Aide #1 separated the residents and reported to the Nursing Supervisor.</p> <p>During the interview dated 5/6/2024 at 1:30PM, with the unit 7:00 AM -3:00 PM Registered Nurse Supervisor #1 who was on duty 4/25/2024 they stated they were present on the unit, at about 12:00PM, Certified Nurse's Aide #1, reported that Resident #1 and Resident #2 were observed performing oral sex. The Certified Nurse's Aide #1 stated they saw Resident #1 performing oral sex for Resident#2. Resident was placed on one to one. Resident #1 denied this event, and Resident#2 denied this also. The Registered Nurse Supervisor #1 stated the resident had many behaviors and was on a 30-minute visual check, both Residents are confused.</p> <p>During the interview dated 5/6/2024 at 3:30PM with Director of Nursing, and the Administrator, the Administrator stated Police Report is not yet available, but they were notified. The Administrator stated both residents do not have the capacity based on the Brief Interview Mental Status score and diagnosis to consent to sexual activities. The Director of Nursing stated Resident #1 and Resident #2 has known behaviors and require 30 minuet checks. The Director of Nursing stated both residents have impaired cognition and are not able to consent to sexual activities. Resident #2 was taken to the Nursing Supervisor, and later a one to one was placed on both residents.</p> <p>483.12[a][1]</p>		