| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 335808 | A. Building<br>B. Wing | 06/30/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Hempstead Park Nursing Home | 800 Front Street<br>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) |
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| F 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review during a survey, the facility failed to ensure that the residents' right to personal privacy, including the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility for the residents, including those delivered through a means other than a postal service, was maintained. This was identified for one (Resident #8) of seven residents reviewed Resident/Patient/Client Rights. Specifically, a mailed package for Resident #8 was delivered from outside to the facility; however, the package was not received by the resident.Complaint #273787 The findings include: A facility policy and procedure titled Resident Main Services documented the facility shall ensure that each resident is afforded the right to send and receive mail promptly, privately, and without interference. The facility shall not delay, withhold, censor, open, or otherwise interfere with resident mail except when assistance is specifically requested by the resident or when legally authorized by the resident's designated representative or legal decision-maker. The Recreation department will distribute incoming resident mail promptly. Resident #8 was admitted with diagnoses including multiple sclerosis, seizure disorder, and Schizophrenia. A quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident had intact cognition. During an interview on 06/10/2026 at 10:10 AM, Resident #8 stated that their mail is not delivered timely and items they have ordered, such as books, do not get delivered to them. During an interview on 06/10/2026 at 2:08 PM, the Receptionist stated that when a package arrives for a resident, they log it in the binder labeled Resident Package Delivery Inspection Log, that is maintained at the front desk. The Recreation staff is then responsible for delivering the package to the resident and completing the information on the log form. The Receptionist reviewed the Resident Package Delivery Inspection logbook starting from 01/01/2026 to present and identified an entry for 03/17/2026 where a package for Resident #8 was logged in; however, there was no documentation that the package was delivered to the resident. During an interview on 06/10/2026 at 2:18 PM, the Director of Recreation stated that they were certain the package had been delivered, but it was just the fault of the recreation staff for not signing off for it on the Resident Package Delivery Inspection Log. During an interview on 06/10/2026 at 3:30 PM, the Administrator stated that packages are logged in at the reception desk, placed on a rack near the front desk, and recreation staff should deliver them to the residents. They further stated that the incomplete logbook form was probably just an oversight by the recreation staff. During an interview on 06/30/2026 at 12:35 PM Recreation Aide #2 stated that they were assigned to unit where Resident #8 resides. They stated that there is a logbook at the front desk, and the date of the delivery is entered by the receptionist when the package is first delivered. Recreation Aide #2 stated they identify a package for a resident on their unit, they will collect it and deliver it to the resident. Recreation Aide #2 stated that they did not specifically remember delivering a package for Resident #8 back in March 2026. Recreation Aide #2 stated they should have documented in the log when they delivered the package to the resident. New York Code of Rules and Regulations 415.3 (e)(1) |

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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