

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2024
NAME OF PROVIDER OR SUPPLIER The Grove at Valhalla Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 61 Grasslands Road Valhalla, NY 10595	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44266</p> <p>Based on record review and interviews conducted during an Abbreviated Survey (NY00332525), the facility did not ensure that a resident's Care Plan was reviewed and revised to reflect the resident's changing needs and current status as evidenced by 1 of 3 residents reviewed for skin impairment. Specifically, Resident #1 acquired two pressure injuries on the buttocks and the care plan was not updated to reflect the goals and interventions to promote wound healing.</p> <p>The findings are:</p> <p>The facility's policy and procedure entitled Care Plans, Comprehensive Person-Centered revision date March 2022 documented 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change.</p> <p>Resident #1 had diagnoses that included Fracture of unspecified part of neck left femur, malignant neoplasm of prostate, Parkinson w/o dyskinesia and cognitive communication deficit. The Minimum Data Set (MDS, an assessment tool) dated 12/18/2023 documented that the resident had a Brief Interview for Mental Status (BIMS, used to determine attention, orientation, and ability to recall information) score of 12/15, associated with intact cognition (00-7 severe impairment, 08-12 moderate impairment and 13-15 cognitively intact).</p> <p>Review of Resident #1's Comprehensive Care Plan dated 12/26/2023 documented that Resident #1 had an actual skin impairment 5cm x 5cm x 0cm Deep Tissue Injury (DTI) left heel status unchanged as of 12/30/2023. There was no documentation of any other skin impairment.</p> <p>Review of Resident #1 initial wound assessments dated 12/14/2023 revealed Resident #1 was admitted with Wound #1 located on left heel stable, size 5x5 and 25cm, Dressing/Treatment plan cleanse all wounds with normal saline and as needed if soiled. Dressing New Betadine and Dry ProtectiveDressing. Wound #2 located on left hip post-surgery, size 15 x1 and 15CM, Dressing/Treatment New Betadine and Dry ProtectiveDressing. Evaluation by wound care specialist in 7-14 days with further intervention as indicated.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1 Wound follow up assessment dated [DATE] documented Resident #1 had Wound #1 Deep Tissue located on left heel new, size 5x5 and 25cm, Dressing/Treatment plan cleanse all wounds with normal saline and as needed if soiled. Dressing New Betadine and Dry ProtectiveDressing. Wound #2 Moisture Associated Skin Damage (MASD) New to left buttock size 2 x 2.5 x 1 with surface area 25 CM. wound bed 100% granulation. Dressing/Treatment cleanse all wounds with normal saline and as needed if soiled. New medihoney, Dry ProtectiveDressing and antifungal. Wound #3 Moisture Associated Skin Damage (MASD) New to right buttock size 1.5 x 1 x 0.1 with surface area 1.5 CM. wound bed 100% granulation. Dressing/Treatment cleanse all wounds with normal saline and as needed if soiled. New medihoney, Dry ProtectiveDressing and antifungal</p> <p>Review of Resident #1 Wound follow up assessment dated [DATE] documented Resident #1 had Wound #1 Deep Tissue located on left heel stable, size 5x5 and 25cm, Dressing/Treatment plan cleanse all wounds with normal saline and as needed if soiled. Dressing New Betadine and Dry ProtectiveDressing. Wound #2 Moisture Associated Skin Damage (MASD) improving based on decreased surface area to left buttock size 1 x 2 x 0.1 with surface area 2 CM. wound bed 100% granulation. Dressing/Treatment cleanse all wounds with normal saline and as needed if soiled. New medihoney, Dry Protective Dressing and antifungal. Wound #3 Moisture Associated Skin Damage (MASD) improving based on decreased surface area to right buttock size 1 x 1 x 0.1 with surface area 1 CM. wound bed 100% granulation. Dressing/Treatment cleanse all wounds with normal saline and as needed if soiled. New medihoney, Dry Protective Dressing and antifungal. Wound #4 located on left medial heel improving based on decreased surface area, size 6 x 6 x 0.1 and 36 cm, Dressing/Treatment plan cleanse all wounds with normal saline and as needed if soiled. Dressing New Betadine and Dry ProtectiveDressing.</p> <p>Care plans were not updated timely.</p> <p>During an Interview on 02/14/2024 at 2:01 pm with Licensed Practical Nurse (LPN) #1 (Staff #1), Staff #1 stated Registered Nursing staff are responsible for updating and completing care plans. Staff #1 stated the Licensed Practical Nurses did not handle care plans.</p> <p>During an Interview on 02/14/2024 at 2:15 PM with Registered Nurse (RN) #1(Staff #2), Staff #2 stated care plans are updated by the unit manager and/or supervisor. Staff #2 stated the unit manager and/or supervisor update the care plan at the time of admission and if any updates the care plans when changes occur or are needed.</p> <p>During an Interview on 02/14/2024 at 3:13 PM with Director of Nursing Services (DNS) they stated they'd been employed with the facility since October 2023, and they completed an audit and identified care plans were not being updated as needed. Director of Nursing Services stated the prior practice was that one person was assigned to completing and updating care plans. Director of Nursing Services stated they have instituted a new plan and the expectation is that the Registered Nurses will initiate all care plans and the Licensed Practical Nurses will update the care plans as changes occur or as needed. Director of Nursing Services stated they had not gotten around to in service all staff on the new process and expectations.</p> <p>415.11(d)(3)</p>		

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<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** 44266</p> <p>Based on record review and interviews conducted during an abbreviated survey (NY00320442), the facility did not ensure adequate supervision was provided and that the residents environment remained as free of accident hazards for 1 of 8 residents (Resident #1) reviewed. Specifically, on 07/19/2023 Certified Nursing Assistant (Staff #1) served Resident #1 (who required 1-person assistance for eating) rewarmed coffee from the microwave without assistance/setup. Resident #1 poured milk into the coffee and the coffee spilled onto their skin causing a blistering burn, measuring 3x3 inches to the right thigh.</p> <p>The findings are:</p> <p>Resident #1 had diagnoses that included Fracture of Second Thoracic Vertebra, Wedge Compression Fracture and Malignant Neoplasm of Colon.</p> <p>The Quarterly Minimum Data Set (MDS, an assessment tool) dated 07/12/2023 documented that Resident #1 had a Brief Interview for Mental Status (BIMS, used to determine attention, orientation, and ability to recall information) score of 14/15, associated with intact cognitive. Resident #1 required supervision and setup help only with eating.</p> <p>Resident #1's Nursing Instructions dated 07/01/2023 to 07/31/2023 documented that Resident #1 required supervision and setup help only with eating.</p> <p>Review of the Activities of Daily Living (ADL) Care Plan initiated on 07/06/2023 and revised on 07/25/2023 documented that the resident required assistance with Activities of Daily Living (ADL) care related to limited mobility. The resident required setup up help with eating.</p> <p>Review of the Facility Accident/Incident (A/I) Report dated 07/19/2023 documented that the nurse responded to a call from the unit charge nurse that Resident #1 had an incident. Resident #1's warm coffee accidentally overflowed on to the dining table in the dining area. Upon assessment, Resident #1 was in stable condition, redness was noted on left thigh and right thumb with no open wound and no blister and no drainage initially. Resident #1 complained of discomfort on the affected site when touched. Nurse Practitioner aware and responded immediately and gave new orders. Re-assessment was done, Resident #1 developed a blister on the right thigh approximately 3x3 inch. Resident#1 stated they requested their coffee to be reheated up in the microwave by staff #1. Staff #1 placed the cup within their reach and advised them to cool it down. Resident #1 stated they added milk to the cup and the coffee overflowed onto the table which spilled onto their skin. Nurse Practitioner made aware and orders to start zinc oxide and cover with dry protective dressing daily and ice packs to the affected site ordered. Intervention added for Resident #1 to allow staff to pour milk in coffee to prevent any future incidents. Reassessment done with new order for silver sulfadiazine cream 1% apply to left thigh topically every shift.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/04/2024 at 11:48 AM, Staff #1 stated they've been worked in the facility for [AGE] years. Staff #1 stated they were asked by Resident #1 one morning to warm their coffee. Staff #1 stated after rewarming the coffee in the microwave they placed the coffee on the table away from Resident #1 and instructed them that the liquid was hot and not to touch it. Staff #1 stated Resident #1 was alert and oriented and attempted to pour milk into the coffee and it overflowed. Staff #1 stated they notified the Nurse on duty, and they came to assist. Staff #1 stated there is a coffee canister that had hot coffee on the unit and that they could have retrieved Resident #1 a new cup of coffee from the cannister, but they just rewarmed Resident #1's coffee. Staff #1 stated after the coffee incident they were re-in serviced on ensuring appropriate food safety/temperature and rewarming items. Staff #1 stated they were instructed to get fresh cup of coffee verses rewarming the coffee. Staff #1 stated they did not proceed with putting milk into Resident #1's coffee because Resident #1 was alert and oriented and normally did that themselves.</p> <p>During an interview on 01/10/2024 at 3:17 PM, the Director of Nursing Services, they stated staff have been instructed to alert the kitchen if a resident request an alternative meal or wants their meal reheated. The Director of Nursing Services stated they would prefer staff request a new tray from the kitchen instead of reheating the food themselves. The Director of Nursing Services stated their expectation is that staff do not rewarm anything and that the facility was working on getting a machine to assist with reheating food items. The Director of Nursing Services stated the microwave is unable to determine real time temperatures, but the new machine will be able to do so. The Director of Nursing Services stated they also expect the staff to follow residents plan of care and nursing instructions. The Director of Nursing Services stated they were not employed until after incident with Resident #1.</p> <p>During a follow up interview on 02/14/2024 at 1:14 PM, the Director of Nursing Services they stated all staff were in serviced on not rewarming items. The Director of Nursing Services stated staff have been trained to request a new item from the kitchen rather than rewarm food items.</p> <p>483.12(a)(1)</p>		