STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335812	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hudson Park Rehabilitation and Nursing Center	325 Northern Boulevard Albany, NY 12204

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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36922 Based on observation, record review, and interviews during an Abbreviated survey (Case # NY00323479), the facility did not ensure residents were free from misappropriation of residents' property and free of exploitation for 3 (Resident #s 1, 2, and 3) of 3 residents reviewed. Specifically, for Resident #1 and #3, the facility failed to prevent forgery of the stolen checks which lead to the theft of the residents' personal funds. Specifically, for Resident #2, the facility did not ensure the resident had a secure location for their personal check book to prevent forgery of the resident's checks. Subsequently, leading to theft of the resident's personal funds, requiring Resident #2 to close their account to prevent further attempts of their funds being stolen from their checking account. This is evidenced by: The facility's policy and procedure titled, Misappropriation of Resident Property, last revised on 02/16/2024, was reviewed and indicated all reports of theft, unauthorized use or removal, embezzlement, or intentional destruction of resident's personal property regardless of monetary value would be investigated by the facility. The policy indicated the policy purpose was to facilitate the investigation of missing property and maintain respect for the resident's property rights. The facility's policy and procedure titled, Abuse Prevention, reviewed on 08/2023 and last reviewed on 07/09/2023, indicated it was the facility's policy that all residents would be protected from abuse, neglect, mistreatment, or misappropriation of property in accordance with State and Federal regulations. The policy indicated Misappropriation of resident's property meant the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Resident #1: Resident #1 was admitted to the facility with diagnoses of peripheral vascular disease (narrowing of the peripheral blood vessels), morbid obesity, and atrial fibrillation (irregular heart rhythm). The Minimum Data Set (an assessment tool) dated 07/29/2023 documented the resident was understood and could understand others with a Brief Interview for Mental Status indicated intact cognition for daily decision making. The facilities Investigation Report, dated 09/07/2023, was reviewed and documented the following: (continued on next page)

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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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/07/2023 at 9:30 AM, Resident #1 reported to the social workers that their bank had contacted them about suspicious activity on their checking account. Resident #1 reported that two checks had been presented to the bank and cashed, Resident #1 checked their bank book and found three checks missing. The investigation indicated Resident #1 had not signed the two checks and was unsure when the checks had been taken. The investigation noted one check out of the 3 stolen checks had not been presented to the bank. The investigation indicated that with the assistance of the Social Worker the police were notified. The investigation indicated: Staffing schedules were checked to see if the signature on the checks matched any of the staff's signatures. Certified Nurse Aide #1 who was hired on 08/14/2023 signature was a match on the forged checks. The investigation of Certified Nurse Aide #1's personnel file demonstrated a background check was completed upon hire. The investigation indicated the facility made several attempts to contact Certified Nurse Aide #1 without any success. Summary of the investigation determined there was sufficient evidence to determine misappropriation had occurred and Certified Nurse Aide #1 was culpable and was terminated. The summary indicated Certified Nurse Aide #1 was reported to the Office of the Professions on 09/08/2023. Resident #2: Resident #2 was admitted to the facility with diagnoses of End Stage Renal Disease requiring dialysis, heart failure, and depression. The Minimum Data Set, dated dated dated [DATE] documented the resident was understood and could understand others with a Brief Interview for Mental Status indicating intact cognition for daily decision making. The investigation further revealed that later that day, 09/07/2023 at 1:30 PM, Resident #2 reported to the social workers that they had received a call from their bank, regarding suspicious activity with their checks. The investigation indicated that a bank staff member reported to Resident #2 a woman had attempted to cash a check from the resident's starter account. The investigation indicated the check was made out to a person identified by the facility as Certified Nurse Aide #1. The investigation indicated the bank staff refused to cash the check without speaking to the account holder so the person told the bank that Resident #2 was in their car and they would go get them. The investigation indicated the woman took the check and identification and left without returning into the bank. The investigation indicated the social worker assisted Resident #2 with filing a police report. A facility investigation begun on 09/07/2023 was reviewed and indicated the following: Resident #1 reported misappropriation first on 09/07/2023 at 9:30 AM to Social Work. Resident #2 reported misappropriation on the same day 09/07/2023 at 1:30 PM to Social Work. Investigation concluded on 09/08/2023. Summary of Investigation by the Administrator of Record determined misappropriation had occurred. Resident #3 (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #3 was admitted to the facility with diagnoses of bipolar disorder (A mental health disorder), diabetes mellitus, and depression. The Minimum Data Set, dated dated dated [DATE] documented the resident was understood and could understand others with a Brief Interview for Mental Status indicated intact cognition for daily decision making. Facility Investigation conducted on 10/13/2023 at 12:00 PM was reviewed and indicated the following: On 10/13/2023 at 12:00 PM, Resident #3 reported to the social worker suspicious activity on their checking account. Two checks were cashed at their bank on 8/25/2023 for a total of $1750.00 without authorization of the account holder. The final summary dated 10/13/2023 after staff and resident interviews and after review of previous misappropriation on 09/07/2023 during the investigation on 10/13/2023, no correlation was found that could conclusively associate the incidents with Certified Nurse Aide #1's misappropriation of resident's funds. The Interdisciplinary Teams Meetings determination was that Resident #3 was likely complicit in the transaction. The incident and investigation were added to the file folder for the Facility reported complaint #NY00323479. A Police Report #23155441 dated 10/13/2023 documented the following: Resident #3 reported on August 25th, 2023, two checks #984 and #985 were removed from their room. The suspect (Certified Nurse Aide #1) forged Resident #3 signature on both Checks #984 for $ 800.00 dollars and #985 for $ 950.00 dollars and cashed said checks valued at $1750.00. Furthermore, the representative for the nursing home stated there had been previous similar incidents (Cross Reference Incident #23-134513 and #23134411) where the suspects name was written on those checks. During an interview on 02/16/2024 at 1:45 PM, Family Member #1 stated they were waiting for the bank to reimburse the money totaling $1750.00 for the two checks that were cashed at the bank by Certified Nurse Aide #1 on 08/25/2023. The Power of Attorney stated that they took over the financial duties for the resident after this occurred in late October 2023. The police report indicated that during an interview on 02/21/2023 at 10:06 AM, Resident #3 stated they were anxious to go forward with their life. The report indicated the resident stated their family were helping them with their finances and they did not know the outcome of the missing money. The report indicated Resident #3 indicated someone took their money, and they were not sure how this occurred or when. The report indicated the resident stated they had a locked drawer but did not have it when they first came to the facility in August 2023. Interview: During an interview on 02/15/2024 at 1:58 PM, Director of Nursing #1 stated a full investigation was done after both incidents of misappropriation were reported to social work. Police were notified and Certified Nurse Aide #1 was terminated. No further misappropriation occurred. All staff were reeducated on abuse, neglect, and misappropriation. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/15/2024 at 2:34 PM, Administrator #1 stated there was an investigation and summary of the misappropriation which involved Resident #1 and #2 done on 09/07/2023. Administrator #1 indicated another investigative summary was found for the reported misappropriation that involved Resident #3 on 10/13/2023. The residents name, police report, and details of the incident and investigation were added to the file under the facility reported incident #NY00323479 from 09/07/2023. During an interview on 02/16/2024 at 4:10 PM, Assistant Administrator #1 stated they were familiar with the events that took place with the misappropriation. The Assistant Administrator #1 indicated the facility had discovered Certified Nurse Aide #1 was the person identified by the bank as the person who had cashed the checks. It was determined that the Certified Nurse Aide #1 had access to both residents. Residents #1 and #2 were assessed for psychosocial harm, the physician and families were notified on 09/07/2023, concerning the misappropriation. Maintenance did an audit to identify any residents that needed a locked drawer, installed them and gave a key to residents that needed them. Reeducation on Abuse, Neglect, and Misappropriation was started on 9/07/2023 and completed on 09/10/2023. On 10/13/2023 Resident #3 reported to the Director of Social Work that they had just become aware that checks totaling $1,750.00 dollars were cashed on 8/25/3023 by Certified Nurse Aide #1. The Police were notified and filed a police report for stolen funds. Resident #3 was added to the investigation complaint file completed on the 09/08/2023 on 10/13/2023 for misappropriation of funds as it was determined the same information and dates were consistent with the incidents reported by Residents #1 and #2. During an interview on 2/16/2024 at 4:34 PM, Director of Social Work #1 stated they were notified on 9/07/2023 that Resident #1 had a problem with missing checks. The police were called, and a police report was filed. Later in the day on 9/07/2023 Resident #2 reported their bank had notified them a person had attempted to cash a check from their account that was just opened. The Director of Nursing and Administrator were notified, and all policies and procedures were followed to investigate the incident and to protect the residents. Interdisciplinary team meeting was done to review cause, effect, and prevention of future misappropriation to the residents. Follow up was done with Resident #1 and #2 to assess any psychosocial concerns. Comprehensive Care Plans to prevent abuse and misappropriation were placed in both residents' charts. On 10/13/2023 Resident #3 presented to the Social Work office reporting they had checks stolen from them at some point during their admission. The Police were notified, and a police report was made on 10/13/2023. Last report from the police department on the criminal investigation determined no arrest had been made but the charges were still pending. The residents involved were monitored and no psychosocial concerns had been found at the time of the investigation. Past Non-compliance- F602 Based on the following corrective actions taken, there was sufficient evidence the facility corrected the noncompliance and was in substantial compliance for this specific regulatory requirement at the time of this survey: On 09/07/2023, the facility identified Resident #1 and #2 had a concern with misappropriation, and the following corrective actions were taken immediately: -- Residents #1 and 2 were assisted by social work to contact the police and report the fraudulent activity on their private checking accounts (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-- A facility-wide audit was completed on personal property to assess for any residents who had been a victim of misappropriation of funds or personal property. -- All reports of missing items reported were investigated -- An investigation was started immediately with an audit done to determine days, shifts and units that Certified Nurse Aide #1 worked on from 8/14 to 9/07/2023. The Police were notified. -- Certified Nurse Aide #1 was contacted by phone and suspended pending the outcome of the investigation. The staff member never returned any attempts at contact and never returned to the facility. Access to the building was blocked for the protection of the residents. -- The physician and families were notified of concerns with misappropriation of funds. -- The Social Worker followed up on Resident #1 and 2 with no negative findings. Socio emotional care was provided to both residents. Social Worker to provide ongoing support when needed. -- All resident were provided with a locked drawer with a key to store personal property. -- The interdisciplinary team met to discuss the incident and directed all nurses to begin education for abuse and neglect which include special focus on misappropriation. No additional non-compliance was noted. -- Quality Assurance and Performance Improvement was summoned by the Administrator, including the Medical Director to review the incident and directed a facility-wide audit reported for misappropriation. No additional non-compliance was noted. -- Summary of Investigation for 09/07/2023 by previous Administrator was updated on 10/13/2023. -- The Staff Educator were directed and completed education for all staff on all shifts on the proper policy and procedure for abuse, neglect, and misappropriation. - On 10/13/2024, the following corrective actions were taken: -- Resident #s 3 was assisted from social work to contact police and report the fraudulent activity on their private checking accounts -- Facility-wide audit was completed on personal property to assess any residents who had been a victim of misappropriation of funds or personal property. -- All reports of missing items reported were investigated -- A cross reference was completed of Days and Shifts Certified Nursing Assistant #1 worked and on what units. -- An investigation was started, and staff and residents were interviewed to determine if there were any witnesses or residents that could identify any further misappropriation. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-- A house wide reeducation on abuse, neglect and misappropriation had begun. -- Certified Nurse Aide #1 had already been removed from resident care and terminated. -- The Social Worker followed up on Resident #s 1, 2 and 3 with no negative findings. Socioemotional care was provided to both residents. Social Worker would provide ongoing support when needed. -- Audit was done to ensure all resident were provided with a locked drawer with a key to store personal property. -- Follow up with the Police determined no arrest had been made but charges from 2 complaints of misappropriation committed by Certified Nurse Aide #1 were pending. --Resident #1 had been reimbursed by the financial institution for funds that were misappropriated and had a new bank account and was utilizing their locked drawer with no further issues, --Resident #2 had changed their bank account and issued new checks and a debit card. Resident #1 was utilizing their locked drawer with no further issues of misappropriation. --Resident #3 had a family member who was appointed Power of Attorney in handling their financial matters and checking account. Attempting to recover funds had been supported by the facility. - At the time of survey, there were no additional reportable misappropriation concerns identified. A random sample in-house audit was reviewed during the survey; there were no findings identified with misappropriation. It was determined that the facility had not notified the New York State Department of Health that Resident #3 had also been involved in the misappropriation that had occurred between 8/16/2023 through 9/07/2023. The facility would have been cited under F- tag 609 but the facility was in an open enforcement cycle for plan of correction associated with Survey Event ID 7UJF11 dated 09/01/2023. 10 New York Codes, Rules, and Regulations 415.4(b)