

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 100 17 23rd Avenue East Elmhurst, NY 11369	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observation, record review, and interview during the re-certification survey, the facility did not ensure that each resident was treated with dignity and cared for in a manner that promotes maintenance or enhancement of his or her quality of life. Specifically, the physical therapist assistant was observed holding up the residents oversized red sweat pants during floor ambulation. This was evident for one (1) of one (1) resident reviewed for Dignity (Resident #10).</p> <p>The finding is:</p> <p>The facility policy reviewed April 2024, titled, Dignity: Quality of Life, documented, Encouraging and assisting residents to dress in their own clothes (according to season and appropriately fitting).</p> <p>Resident #10 was admitted on [DATE] and readmitted on [DATE] with diagnoses which included, but not limited to Major Depressive Disorder, Dementia and Schizophrenia.</p> <p>The Quarterly Minimum Data Set 3.0 (MDS), Assessment Reference Date (ARD) 03/21/2024, documented that the resident had clear speech and was usually understood and usually understands. The resident had a brief interview mental status score of 14 out of 15, indicating good cognitive status. No rejection of care behaviors were identified. The resident required supervision to limited staff assistance for activities of daily living needs.</p> <p>Review of Resident #10 Comprehensive Resident Centered Care Plan for Activities of Daily Living dated 10/01/24, documented promote privacy, dignity and respect.</p> <p>On 06/26/24 at 10:35 AM, Resident #10 was observed ambulating on the unit corridor with the physical therapist assistant at their side and holding onto the waist of the residents red sweat pants. The physical therapist ambulated the resident into their room and was heard saying out loud, these pants are too big and they fall down.</p> <p>On 06/27/24 at 9:47 AM Resident #10 was observed sitting in the dining room during breakfast, in a wheelchair wearing the same over sized red sweat pants.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/27/24 at 11:02 AM Resident #10 was observed together with the same physical therapist assistant, ambulating on the unit corridor. The physical therapist assistant was observed holding up their red sweat pants by the waist.</p> <p>On 07/01/24 at 11:50AM Resident #10 was observed with the same physical therapist assistant, during floor ambulation. The physical therapist assistant was walking beside the resident. The resident was wearing proper fitting jean shorts that were just above the knee and a dark print shirt. The physical therapist assistant was not holding onto the waist of the pants.</p> <p>On 07/01/24 at 11:53 AM the physical therapist assistant # 6 was interviewed and stated that the they grabbed onto the waist of Resident #10's pants during the floor ambulation to prevent the pants from falling down. I should have reported this to the nurse as this is about his dignity and has the potential of causing the resident to trip and fall.</p> <p>On 07/01/24 at 12:22 PM the assigned Certified Nurse Aide # 3 was interviewed and stated the following: When I come in the morning the resident is sometimes wearing the same clothing they wore the day before or sometimes wearing no clothing. I ask them what clothing they would like to wear. If there is a need for clothing we let the Social Worker know. Sometimes the resident refuses to change their clothing. I know those pants are big and I should have spoken to the nurse about this. The resident does have clothing in their closet. Wearing oversized clothing is an embarrassment and the resident can trip over their pants. I have been inserviced on how to provide quality of care to the residents. Residents should be presentable, well groomed and wear proper fitting clothing.</p> <p>On 07/01/24 at 12:40 PM Registered Nurse #1 was interviewed and stated, that their daily routine upon the start of their shift is to check the units acuity and unit staffing levels. To ensure that residents are being cared for I make daily rounds and I speak with residents about their care and needs. I look to ensure that residents are clean and safe. If any resident needs clothing the staff would let us know and we can notify the family. We also have donated clothing to offer those residents who need clothing.</p> <p>On 07/01/24 at 01:14 PM the Director of Nursing was interviewed and stated that staff are educated and re-educated on reporting lack of clothing concerns to the unit nurse and the nurse will notify the social worker, and notify families if there is a need for clothing. We have donated clothing located in the basement. Residents should be appropriately dressed and if the resident refuses or insists on wearing inappropriate clothing, they need to be notifying the unit supervisor. The unit supervisor could also involve the unit social worker. This is an interdisciplinary approach which always works best for all involved.</p> <p>415.5(a)</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>37787</p> <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observations, record review, and interviews conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility did not ensure that the survey results were posted in a place readily accessible to residents, and family members or legal representatives of residents. Specifically, the survey results were located on top of high shelf in the lobby with no signage in the area and was not readily accessible to residents.</p> <p>The finding is:</p> <p>The facility policy and procedure titled Residents' Rights with a last revision date of 03/2024 documented that residents has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>During multiple observations between 06/26/2024 to 06/28/2024 of prominent areas and resident units in the facility, the survey results or information about the whereabouts of the survey results could not be located. On 06/28/2024 at 11:46 AM, the facility security staff showed the Surveyor that the binder for survey results was in the lobby on a high shelf, residents on wheelchair would not be able to access and reach for the survey results. There was no signage in the area indicating where the survey results were.</p> <p>During the Resident Council meeting on 06/28/2024, none of the residents who attended knew where to find the facility survey results.</p> <p>On 07/01/2024 at 12:05 PM, the Administrator was interviewed and stated that the survey result book was always available to the public.</p> <p>10 NYCRR 415.3(1)(c)(1)(v)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observation and interview during the Recertification survey, the facility did not ensure that housekeeping and maintenance services were maintained. Specifically: 1) Seating furniture in resident room and in the common area were stained, soiled and faded. 2) Holes in the ceiling and walls in the staff bathroom and clean linen closet. 3) Dining room tables were wobbly. 4) Dining room walls and ceiling with dried food particles and stains. 5) Missing window panels. 6) Mechanical lifts, scales layered with accumulation of dust and dirt. 7) Wheelchairs with torn armrest and torn back sides. 8) Window blinds missing vertical panels. This was evident for three (3) of (6) six resident units. (units 4, 5 and 6).</p> <p>The findings are:</p> <p>The following was observed during the initial unit observations and subsequent dates on 06/26/24 at 10:37 AM on the 4th floor and on 06/27/19 at 7:18 AM on the 5th fl and 06/28/24 at 8:01 AM on the 6th floor.</p> <p>4th floor unit:</p> <p>Resident scale layered with dirt and stains which was located in the medication cart room.</p> <p>The armrest and back sides of wheelchairs were cracked and torn.</p> <p>Common area seating furniture with faded fabric, seating stained and soiled. Wooden frame heavily worn.</p> <p>The dining room area: walls and ceiling noted with dried food particles and stains.</p> <p>5th floor unit:</p> <p>room [ROOM NUMBER] bathroom with large brownish ceiling tile stain</p> <p>room [ROOM NUMBER] b with torn right arm rest</p> <p>room [ROOM NUMBER] bathroom door largely chipped and cracked.</p> <p>5th floor base of mechanical lift layered with dust and dirt.</p> <p>6th floor unit:</p> <p>Clean linen closet observed with large ceiling opening exposing inner pipes.</p> <p>Corridor moldings layered with accumulation of dirt and dust.</p> <p>Resident scale layered with dirt and dust in the medication cart room.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff bathroom with large holes in the ceiling, and walls above and below the sink.</p> <p>room [ROOM NUMBER] a bed frame layered with accumulation of dirt and dust and encrusted food particles.</p> <p>room [ROOM NUMBER] b missing window shade panels</p> <p>Dining room: wobbly dining tables</p> <p>Corridor moldings layered with accumulation of dust and dirt</p> <p>Clean linen cart covers with torn and tattered mesh.</p> <p>On 07/03/24 at 09:28 AM housekeeper # 1 was interviewed and stated that they perform routine housekeeping chores for the safety and cleanliness of all residents and staff. If there is an issue that needs repair we communicate in person to our supervisor and a maintenance log book is located on each unit.</p> <p>On 07/03/24 at 10:05 AM the Director of Maintenance was interviewed and stated that they are covering for the Director of Operations today. The Maintenance Director stated I am responsible for ensuring that the residents physical environment is safe functional and in good condition and good repair. The Director of Operations makes daily early morning rounds. We have another staff from housekeeping who comes in early who makes early morning rounds to ensure environmental safety and cleanliness. I have a maintenance log book located on each unit for reporting issues. There is a staff who checks the maintenance log book daily to ensure that issues are addressed. Six to eight wheelchairs are powered washed nightly by the night housekeeping staff. The cleaning of hooyer lifts and scales are the responsibility of housekeeping and need to be cleaned and maintained.</p> <p>415.5(h)(4)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on observations, interviews, and record reviews conducted during the Recertification Survey, the facility did not ensure that a comprehensive person-centered care plan was developed and implemented for each resident. This was evident for 1 (Resident # 134) of 38 sampled residents. Specifically,) Resident #134 had no care plan in place for antibiotic therapy.</p> <p>The findings are:</p> <p>The facility policy and procedure titled Comprehensive Care Planning, with the last revised date of March 2024, documented that the registered nurse coordinator is responsible for seeing that the comprehensive care plan correlates with the care area assessment. The care plan must be kept current, and problems well stated.</p> <p>Resident #134 was admitted to the facility with diagnoses that include Respiratory Failure and Hypertension.</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #134's cognition as severely impaired with a Brief Interview for Mental Status score of 6.</p> <p>A Physician Order dated 06/24/2024 documented the application of Erythromycin 5 mg/gram (0.5 %) eye ointment 1 centimeter by ophthalmic (eye) route 3 times per day for 7 days for Hordeolum Extermum left upper eyelid.</p> <p>A review of the Medication Administration Record dated 6/26/2024 to 07/02/2024 documented that Erythromycin eye ointment was administered to Resident #134.</p> <p>A review of Resident #134's medical records revealed no documented evidence that a comprehensive care plan with interventions for Resident #134's antibiotic therapy was initiated and implemented.</p> <p>On 07/02/2024 at 11:15 AM, Registered Nurse #6 was interviewed and stated that Resident #134 is on Erythromycin eye ointment for swelling of the left eyelid; it was started on 06/26/2024 for seven days. I do not see an antibiotic care plan for the resident. Usually, once we place an order for antibiotics, we put in a care plan. The nurse who enters the order creates the care plan.</p> <p>On 07/02/2024 at 3:18 PM, the Director of Nursing was interviewed and stated that there was no care plan for the antibiotic use. Resident #134 is receiving erythromycin eye ointment for redness and swelling in the eye. Whoever picked up the order should have initiated the care plan. Every medication needs a care plan. There should have been a care plan in place for the antibiotic use.</p> <p>415.11 (c) (1)</p>