STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335821	A. Building B. Wing	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Catherine of Siena Nrsg and Rehab Care Center	52 Route 25a Smithtown, NY 11787

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review and interviews during the recertification survey initiated on 08/12/2025 and completed on 08/18/2025, the facility did not ensure that all comprehensive Minimum Data Set Assessments were completed within 14 calendar days after admission and not less than once every 12 months. This was identified for 10 (Residents #81, #87, #88, #100, #109, #127, #148, #291, #302, and #303) of 47 residents reviewed for the Resident Assessment Facility Task. Specifically, Residents #81, #87, #88, #100, #109, #127, #148, #291, #302, and #303's Minimum Data Set Assessments were not completed within 14 days from the assessment reference date. The finding is: The facility's policy titled Minimum Data Set (MDS) Assessment Schedule & Completion, effective Date 05/28/2025, documented each resident admitted to this facility will be assessed using the Minimum Data Set tool. Information gathered on the Minimum Data Set will be encoded and electronically transmitted to the State survey agency. The Minimum Data Set (MDS) will be completed based on Centers for Medicare and Medicaid Services guidelines. The facility policy did not include specific guidance related to the timeframes for completion of the comprehensive Minimum Data Set Assessment. A review of the Minimum Data Set (MDS) 3.0 Nursing Home Validation Report (the report that confirms the completed assessments were transmitted to the Centers for Medicare and Medicaid Services) provided by the facility revealed that the comprehensive assessments for Residents #81, #87, #88, #100, #109, #127, #148, #291, #302, and #303 were not completed within 14 days from the assessment reference date.During an interview on 08/18/2025 at 2:27 PM, Registered Nurse #2, who was the former Minimum Data Set Coordinator, stated that the Minimum Data Set assessments should be completed according to the regulatory requirements, within fourteen (14) days of the assessment reference date. Registered Nurse #2 stated that they did not notice the late completion error messages upon receiving the Validation Reports. During an interview on 08/18/2025 at 2:49 PM, the Director of Nursing Services stated they did not know there were Minimum Data Set assessments that were completed late. The Director of Nursing Services stated that the Minimum Data Set Coordinator should have notified them and the Administrator of the issues related to the Minimum Data Set.During an interview on 08/18/2025 at 3:20 PM, the Administrator stated that they were not informed of the late Minimum Data Set assessments, nor had any issues ever been discussed at a Quality Assurance meeting. 10 NYCRR 415.11(a)(3)(i)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335821	A. Building B. Wing	08/18/2025

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St Catherine of Siena Nrsg and Rehab Care Center	52 Route 25a Smithtown, NY 11787

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident?s assessment is updated at least once every 3 months. Based on record review and interviews, during the recertification survey initiated on 08/12/2025 and completed on 08/18/2025, the facility did not ensure that all quarterly review Minimum Data Set Assessments were completed not less frequently than once every three (3) months. This was identified for 12 (Resident #46, #51, #54, #71, #74, #78, #82, #85, #189, #227, #235, and #285) of 47 residents reviewed for the Resident Assessment Facility Task. Specifically, Resident #46, #51, #54, #71, #74, #78, #82, #85, #189, #227, #235, and #285's Quarterly Minimum Data Set assessments were not completed within 14 days of the assessment reference date. The finding is: The facility's policy titled Minimum Data Set (MDS) Assessment Schedule & Completion, effective Date 05/28/2025, documented each resident admitted to this facility will be assessed using the Minimum Data Set tool. Information gathered on the Minimum Data Set will be encoded and electronically transmitted to the State survey agency. The Minimum Data Set (MDS) will be completed based on Centers for Medicare and Medicaid Services guidelines. The facility policy did not include specific guidance related to the timeframes for completion of the comprehensive Minimum Data Set Assessment. A review of the Minimum Data Set (MDS) 3.0 Nursing Home Validation Report (the report that confirms the completed assessments were transmitted to the Centers for Medicare and Medicaid Services) provided by the facility revealed that the Quarterly Minimum Data Set assessments for Resident #46, #51, #54, #71, #74, #78, #82, #85, #189, #227, #235, and #285 were not completed within 14 days from the assessment reference date. During an interview on 08/18/2025 at 2:27 PM, Registered Nurse #2, who was the former Minimum Data Set Coordinator, stated that the Minimum Data Set assessments should be completed according to the regulatory requirements, within fourteen (14) days of the assessment reference date. Registered Nurse #2 stated that they did not notice the late completion error messages upon receiving the Validation Reports. During an interview on 08/18/2025 at 2:49 PM, the Director of Nursing Services stated they did not know there were Minimum Data Set assessments that were completed late. The Director of Nursing Services stated that the Minimum Data Set Coordinator should have notified them and the Administrator of the issues related to the Minimum Data Set. During an interview on 08/18/2025 at 3:20 PM, the Administrator stated that they were not informed of the late Minimum Data Set assessments, nor had any issues ever been discussed at a Quality Assurance meeting. 10 NYCRR 415.11(a)(4)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interview, during the recertification survey initiated on 08/12/2025 and completed on 08/18/2025, the facility did not ensure that all completed Minimum Data Set assessments were electronically transmitted to the Center for Medicare and Medicaid Services within 14 days of the resident assessment completion date. This was identified for 28 (Residents #303, #37, #40, #42, #46, #54, #65, #71, #78, #81, #85, #87, #89, #109, #116, #127, #157, #171, #189, #211, #215, #220, #222, #223, #235, #256, #259, and #285) of 47 residents reviewed for the Resident Assessment Facility Task. Specifically, all 28 resident assessments were not transmitted to the Center for Medicare and Medicaid Services within 14 days of the resident assessment completion date. The findings include but were not limited to: The facility's policy titled Minimum Data Set (MDS) Assessment Schedule & Completion, effective Date 05/28/2025, documented each resident admitted to this facility will be assessed using the Minimum Data Set tool. Information gathered on the Minimum Data Set will be encoded and electronically transmitted to the State survey agency. The Minimum Data Set (MDS) will be completed based on Centers for Medicare and Medicaid Services guidelines. The facility policy did not include specific guidance related to the timeframes to transmit the Minimum Data Set Assessment to the Center for Medicare and Medicaid Services. A review of the Minimum Data Set (MDS) 3.0 Nursing Home Validation Report provided by the facility revealed the following:Resident #303's admission Minimum Data Set Assessment, with an assessment reference date of 03/31/2025, was completed on 04/07/2025 and was not transmitted to the Center for Medicare and Medicaid Services until 04/30/2025. Resident #303's Minimum Data Set Assessment was transmitted nine (9) days late.Resident #291's Significant Change Minimum Data Set Assessment with an assessment reference date of 06/02/2025 was completed on 06/11/2025 and was not transmitted to the Center for Medicare and Medicaid Services until 08/13/2025. Resident #291's Significant Change Minimum Data Set Assessment was transmitted 49 days late. Resident #285's Quarterly Minimum Data Set Assessment, with an assessment reference date of 06/02/2025, was completed on 06/11/2025 and was not transmitted to the Center for Medicare and Medicaid Services until 08/13/2025. The Quarterly Minimum Data Set Assessment was transmitted 49 days late. During a concurrent interview with Registered Nurse #2, who was the former Minimum Data Set Coordinator and current Minimum Data Set Coordinator on 08/18/2025 at 2:27 PM, Registered Nurse #2 stated that the Minimum Data Set assessments should be submitted to the Center for Medicare and Medicaid Services according to the regulatory requirements; within fourteen (14) days of the assessment completion date. Registered Nurse #2 stated that they did not notice the late submission error messages upon receiving the Validation Reports (the report that confirms the completed assessments were transmitted to the Centers for Medicare and Medicaid Services). The current Minimum Data Set Coordinator stated that there was a computer issue, and they did not realize that the records had not properly transmitted to the Centers for Medicare and Medicaid Services.During an interview on 08/18/2025 at 2:49 PM, the Director of Nursing Services stated they did not know there were Minimum Data Set assessments that were submitted late to the Centers for Medicare and Medicaid Services. The Director of Nursing Services stated that the Minimum Data Set Coordinator should have notified them and the Administrator of the computer issues. During an interview on 08/18/2025 at 3:20 PM, the Administrator stated that they were not informed of the late Minimum Data Set assessments, nor had any issues ever been discussed at a Quality Assurance meeting. 10 NYCRR 415.11

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews conducted during the Recertification Survey initiated on 08/12/2025 and completed on 08/18/2025, the facility did not maintain accurately documented medical records on each resident that were in accordance with accepted professional standards and practices. This was identified for one (1) (Resident #46) of five (5) residents reviewed for Respiratory Care. Specifically, the facility staff mistakenly created a preset physician order in the electronic record for the Certified Nursing Assistants to check and replace the oxygen tank when the oxygen supply was low; therefore [NAME] resident who was utilizing the oxygen tank for supplemental oxygen had a physician's order for the Certified Nursing Assistants to change the oxygen tank which was not in the Certified Nursing Assistant's scope of practice. The finding is:The facility's policy titled Oxygen Therapy, last revised on 03/04/2025, documented that oxygen therapy requires a Physician's Order and only Licensed Nurses are permitted to adjust oxygen flow rate per the Physician's Order. The facility's policy titled Certified Nursing Assistant Activities of Daily Living and Point of Care Documentation last revised on 03/20/2025, documented that only Licensed Nurses are permitted to adjust oxygen flow rate per the Physician's orders. Certified Nursing Assistant confirms the tank is present and (the gauge needle) is not within the red (low oxygen supply in the tank). Resident #46 was admitted with diagnoses including Chronic Obstructive Pulmonary Disease, Hypertension, and Congestive Heart Failure. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 99, which indicated that Resident #46 refused to participate during the interview. The Quarterly Minimum Data Set assessment documented that Resident #46 had respiratory treatment, including oxygen therapy, for Chronic Obstructive Pulmonary Disease. The current Physician's order documented oxygen therapy continuous at three (3) liters per minute for shortness of breath every shift. The current physician's order documented for the Certified Nursing Assistants to check the oxygen tank each shift. Replace the tank if the tank reads in the red area of the meter (the oxygen gauge needle is in the red area, indicating a low oxygen supply). A Comprehensive Care Plan titled, Respiratory History of COPD and Shortness of Breath, dated 06/25/2025, documented interventions including positioning for optimal breathing, administer medications and oxygen therapy as per the Physician's Order, and observe and report for any signs of respiratory distress, including difficulty in breathing. A review of the Certified Nursing Assistant Accountability Record revealed that Certified Nursing Assistants signed every shift that they followed the physician's order to replace the tank and to ensure the tank was turned off when not in use.During an interview on 08/13/2025 at 8:50 AM, Licensed Practical Nurse #1 stated that all nursing staff were responsible for monitoring the oxygen tanks for all residents. Licensed Practical Nurse #1 stated that the Certified Nursing Assistant should call the Nurse if the oxygen tank needs replacement and calibration according to the Physician's Order. Licensed Practical Nurse #1 stated that the Certified Nursing Assistants are not responsible for replacing the oxygen tanks. During an interview on 08/13/2025 at 8:59 AM, Certified Nursing Assistant #1 stated they only monitor the oxygen tank for the oxygen supply. Certified Nursing Assistant #1 stated that when the needle on the oxygen tank gauge is in the red zone, they take a new tank from the storage room and have the Nurse replace and calibrate the oxygen tank. During an interview on 08/15/2025 at 12:00 PM, Registered Nurse #1, the Unit Manager, stated had never questioned the order because they were aware that only Licensed Nurses can change oxygen tanks. During an interview on 08/15/2025 at 12:16 PM, the Staff Educator stated that they had created the preset order for oxygen therapy in the electronic medical record. The Staff Educator stated the order should have directed the Certified Nursing Assistants to retrieve the oxygen tank instead of replace the oxygen tank, and to inform the Nurse. During an interview on 08/15/2025 at 1:36 PM, the Medical Director stated that Certified Nursing Assistants are not allowed to change oxygen tanks. The Medical (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Director stated that all Physicians and physician extenders should review the resident's orders at each visit. During an interview on 08/18/2025 at 8:52 AM, Attending Physician #1 stated they were not sure if Certified Nursing Assistants can replace oxygen tanks and that they should have reviewed the facility's policy. Attending Physician #1 stated that they (Attending Physicians and Nurse Practitioners) should have reviewed the order and clarified whether Certified Nursing Assistants can replace oxygen tanks. During an interview on 08/18/2025 at 11:28 AM, the Director of Nursing Services stated that Certified Nursing Assistants are allowed to retrieve oxygen tanks and should inform the Nurses to replace the tank. The Director of Nursing Services stated that the Physicians should review their orders.10 NYCRR415.22(a)(1-4)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and staff interviews during a Recertification Survey initiated on 08/12/2025 and completed on 08/18/2025, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infections. This was identified for one (1) (Resident #307) of eight (8) residents reviewed for the Infection Control Task. Specifically, Resident #307 tested positive for COVID-19 infection on 08/12/2025 and was placed on Droplet Precautions. Certified Nurse Assistant #4 was observed not wearing appropriate Personal Protective equipment (eye protection) while serving the resident their lunch meal in their room.The finding is:The facility's Droplet Precautions policy, dated 03/20/2025, documented Droplet Precautions should be used in addition to standard precautions for residents with infections that can be transmitted by droplets. Droplets may be generated by the resident's coughing, sneezing, talking, or during the performance of a procedure (e.g., suctioning).Resident #307 was admitted to the facility with diagnoses including COVID-19 infection, Allergic Rhinitis (runny and itchy nose with sneezing), and Alzheimer's disease. The admission Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, which indicated the resident had intact cognition. The assessment documented that the resident utilized a wheelchair and walker for ambulation.The Comprehensive Care Plan for COVID-19 infection dated 08/12/2025 documented Resident #307 tested positive for COVID-19 infection and was at risk for Pneumonia, Respiratory Distress, Respiratory Failure, and other COVID-19 related symptoms. The interventions included to maintain transmission-based contact and droplet precautions and encourage and educate the resident to follow COVID-19 infection control protocols, such as wearing a face covering during care, during visitation, and while out of their room; quarantine as required to minimize transmission and or exposure.The nursing progress note dated 08/12/2025 at 08:09 AM documented that the resident complained of not feeling well and had nasal congestion.The nursing progress note dated 08/12/2025 at 09:51 AM documented the resident was placed on increased COVID-19 symptom monitoring and transmission-based precautions due to a positive Rapid COVID-19 swab. During an observation on 08/12/2025 at 12:53 PM, Certified Nurse Assistant #4 was inside Resident #307's room without an eye shield while serving the resident their lunch meal. The resident was sitting in their wheelchair next to their bed, coughing and not wearing a mask. Certified Nurse Assistant #4 was immediately interviewed and stated they did not use the eye shield because there was no eye shield in the personal protective equipment cart. The personal protective equipment station was observed outside the door; there was no eye shield available in the personal protective equipment station. Certified Nurse Assistant #4 stated they should have called the environmental services or gone to the other personal protective equipment carts to get the face shield before entering the room.During an interview on 08/12/2025 at 12:57 PM, the Infection Preventionist (Registered Nurse #4 stated that Certified Nurse Assistant #4 should have put on an eye shield while in Resident #307's room. The Infection Preventionist stated there was a signage posted outside the resident's door with instructions to wear an eye shield.During an interview on 08/18/2025 at 1:29 PM, the Director of Nursing Services stated Certified Nurse Assistant #4 should have used an eye shield to care for the resident who was positive for COVID-19 infection. 10 NYCRR 415.19(a)(1-3)