

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2024
NAME OF PROVIDER OR SUPPLIER  Buena Vida Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  48 Cedar Street Brooklyn, NY 11221	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48931</p> <p>Based on interviews and record review conducted during the recertification and complaint (NY00310615) survey from 2/21/2024 to 2/28/2024, the facility did not ensure all alleged violations involving injuries of unknown source, were reported immediately to the New York State Department of Health, but not later than 2 hours after the allegation is made. This was evident for 1 (Resident #24) out of 4 residents reviewed for Abuse out of 35 total sampled residents. Specifically, the facility did not report Resident #24's dislocated right shoulder of unknown origin within 2 hours of the occurrence.</p> <p>The findings include:</p> <p>The facility policy titled Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Residents' Property last dated 1/2024 documented the facility will report any incident and/or violation where abuse, neglect, mistreatment, or misappropriation of property is suspected to the New York State Department of Health.</p> <p>Resident #24 had diagnoses of Osteoarthritis, Dementia and Hypertension.</p> <p>The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #24 was severely cognitively impaired and required the assistance of 2 people to complete activities of daily living.</p> <p>The Nursing Note dated 2/11/2023 documented Certified Nursing Assistant #6 heard Resident #24 screaming in pain from the hallway, entered the resident's room, and observed Resident #24 in bed with right shoulder pain.</p> <p>The Medical Doctor Note dated 2/11/2023 documented Resident #24 was transferred to the hospital after bedside examination and X-ray report of a right shoulder dislocation.</p> <p>The Aspen Complaint Tracking System report documented the facility report of Resident #24's injury of unknown origin was dated 2/13/2023 at 9:34 AM, more than 2 hours after occurrence.</p> <p>There was no documented evidence the facility reported Resident #24's injury of unknown origin within 2 hours of occurrence on 2/11/2023 at 6:45 AM.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/27/2024 at 02:16 PM, an interview was conducted with the Director of Nursing who stated that they were employed by the facility in 9/2023 and was unaware of the reporting of Resident #24's injury of unknown origin to the New York State Department of Health. After reviewing the facility investigation, the Director of Nursing stated the facility was not in compliance with the reporting requirements that an injury of unknown origin must be reported within 2 hours of occurrence.</p> <p>On 02/27/2024 at 02:30 PM, an interview was conducted with the Administrator who stated they were hired by the facility 1/2024 and were unaware of the incident and reporting of Resident #24's injury of unknown origin.</p> <p>10 NYCRR 415.4(b)(2)</p>