

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335833	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Jefferson's Ferry		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Mather Drive South Setauket, NY 11720	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews during the abbreviated survey (NY00374255) the facility did not ensure the resident's right to be free from abuse and neglect for one (Resident #1) of three residents reviewed. Specifically, During Activities of Daily living care Resident #1 fell from their chair to the floor and sustained an injury of a skin tear to the right lower extremity. Additionally, the resident struck their head on the floor and sustained a hematoma with an abrasion to their left forehead. Resident #1 was transported to the hospital for an evaluation.</p> <p>The finding is:</p> <p>The facility's policy titled, Resident Abuse and Reporting of Abuse dated 10/24/2022 documented, it will be the policy of the facility to ensure that each resident's rights will be free and protected from abuse, neglect, and mistreatment. Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a resident. Neglect typically means the refusal or the failure to provide a resident with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed upon responsibility to a resident.</p> <p>The facility's policy titled, Assist for Ambulation and Transfers dated 11/30/2009 documented staff will use the proper level of assistance indicated in the plan of care.</p> <p>Resident #1's diagnoses included Dementia with Mood Disturbance, Heart Failure, and anxiety disorder. The Minimum Data Set assessment dated [DATE] documented Resident #1 had severe cognitive impairment. The Minimum Data Set Assessment also documented Resident #1 had no upper or lower extremity impairment, used a wheelchair for mobility, and was dependent for transfer.</p> <p>A Comprehensive Care Plan titled activities of daily living dated 4/7/2021 documented Resident #1 required the use of a mechanical lift with two people from bed to chair transfer.</p> <p>Resident #1's Certified Nursing Assistant Resident Nursing Instructions dated 4/11/2024 documented Resident #1's mode of transfer as, lifted mechanically with two people.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An Accident and Incident Report dated 3/7/2025 documented Certified Nursing Assistant #4 provided a written statement dated 3/6/2025 stated Certified Nursing Assistant #4 used a mechanical lift to assist Resident #1 into their recliner chair then straitened the resident in the recliner. Certified Nursing Assistant #4 then proceeded to put the resident in an upright position, and Resident #1 fell forward and to the right.</p> <p>The Accident and Incident Report's facility summary documented, Resident #1 was seated in their recliner chair, Certified Nursing Assistant #4 attempted to raise the reclining seat to an upright position, as Certified Nursing Assistant #4 adjusted the pitch of the seat Resident #1 unexpectedly fell forward out of the recliner chair to the floor. Resident #1 was transferred to the hospital for evaluation.</p> <p>A Nursing Progress Note dated 3/6/2025 documented Resident #1 was assessed after a fall from their chair to the floor. Resident #1 complained of bilateral shoulder pain (both shoulders) and a skin tear was noted to right lower extremity. Resident #1 struck their head and a hematoma with an abrasion was noted to their left forehead. The Medical Doctor was notified and ordered Resident #1 to be transferred to the hospital.</p> <p>Resident #1's hospital discharge date d 3/7/2025 documented that Resident #1 was evaluated by the trauma team after a fall and striking her head on the floor. Resident #1 was admitted to the hospital for a urinary tract infection. The hospital Medication Administration Record documented to apply Aquaphor to the right lower extremity skin tear.</p> <p>During an interview on 4/17/2025 at 4:46 PM, the Director of Nursing Services stated Certified Nursing Assistant #4 improperly transferred Resident #1 into the reclining chair from their bed with a mechanical lift without assistance from another staff member. The Director of Nursing Services stated Certified Nursing Assistant # 4 did not follow the Comprehensive Care Plan for Resident #1, they should have had a coworker assist them with the transfer.</p> <p>During an interview on 4/25/2025 at 10:31 AM, Certified Nursing Assistant #4 stated they transferred Resident #1 from their bed to their reclining chair using a mechanical lift. Certified Nursing Assistant #4 stated once they placed Resident #1 in their reclining chair, they (Certified Nursing Assistant #4) stood behind the reclining chair to straighten the chairback. Certified Nursing Assistant #4 stated while they were behind the reclining chair they used the chair lever to straighten the chairback and Resident #1 suddenly fell forward onto the floor.</p> <p>During an interview on 6/13/2025 at 2:28 PM with Registered Nurse #2, Registered Nurse #2 stated that on 3/6/2025 they heard screaming from Resident #1's room. Registered Nurse #2 stated they entered Resident #1's room and observed Resident #1 on the floor. Registered Nurse #2 stated they observed Resident #2 laying on the floor in front of their reclining chair receiving care from another Registered Nurse.</p> <p>10NYCRR 415.4(b)(1)(ii)</p>		