

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335840	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Medford Multicare Center for Living		STREET ADDRESS, CITY, STATE, ZIP CODE 3115 Horseblock Road Medford, NY 11763	

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>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** 20757</p> <p>Based on observation of the facility videotape, record review and interviews, during an abbreviated survey (Complaint # NY00378355), the facility did not ensure one of three residents (Resident#1)) reviewed for abuse were free from physical abuse by a staff member. The review of video surveillance dated 04/09/25 at 11:00:56 AM showed Certified Nursing Assistant #1 using both hands to hold Resident #1's shoulders while seated in wheelchair and the Certified Nurse's Aide was pulling the resident back and forth in a shaking motion. There was no other staff or resident present in view of the surveillance video at the time of the incident.</p> <p>Findings include:</p> <p>The Review of the facility policy dated 9/2024 entitled Abuse documented Physical abuse is defined as hitting, slapping, punching, and kicking.</p> <p>Resident #1 was admitted on [DATE] with diagnosis that include neurocognitive disorder with Lewy bodies, chronic obstructive pulmonary disease, and Parkinson's Disease. Resident #1 had a Minimum Data Set Brief Interview of Mental Status score of 99 on 03/19/2025 indicating resident could not be assessed due to cognitive decline.</p> <p>The review of the Comprehensive Care Plan (CCP) documented, dated 4/18/2025 at risk for being a victim due to inability to understand surroundings, secondary to cognitive impairment, disruptive behavior, the interventions documented assess resident for signs of abuse and or neglect.</p> <p>The review of the Comprehensive Care Plan (CCP) documented, elopement, a wanderer risk secondary 11/15/2023 and the interventions distracts resident from wandering by offering pleasant diversions, structured activities, food conversation, television or book.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The review of the facility investigation dated 4/18/2025 for Allegation Type: Physical Abuse documented there is reasonable cause to believe that abuse, neglect or mistreatment occurred. The report further documented the event was unwitnessed and therefore not reported (Resident #1 is cognitively impaired and not interview able or able to self-report). The accused Certified Nurse's Aide #1 appears to approach Resident #1 who seated in wheelchair outside of a room from behind and repositions Resident#1 roughly in chair, almost appearing to be shaking Resident #1. Resident #1 did not exhibit any change in behavior after this incident nor were there any report of injury or skin impairment from staff caring for the resident post incident. Medical Doctor made aware, facility notifying Next of Kin and law enforcement informed.</p> <p>During an interview with Certified Nursing Assistant #1 on 4/28/2025 at 3:00 PM they stated Resident #1 was trying to go into the room of two residents of the opposite sex. They further stated Resident #1 leans forward and propels themselves and could fall. The Certified Nurse's Aide stated to reposition Resident #1, they held the residents' shoulders to pulled Resident #1 back. Certified Nursing Assistant denied pulling them back and forth stating they never saw the video.</p> <p>During an interview with Administrator on 04/28/2025 at 1:02 PM they stated on 4/18/2025 while reviewing the camera for another incident. The footage of Certified Nursing Assistant #1 handling of Resident #1 was observed. They stated they immediately suspended Certified Nursing Assistant and subsequently terminated them. They stated on interview Certified Nursing Assistant #1 stated it was a playful exchange with Resident #1. The Administrator stated Certified Nursing Assistant #1's actions constituted abuse because of how they approached the resident from behind and handled them.</p> <p>415.4(b)</p>		