

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  06/02/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews during the Abbreviated Survey (NY00377991) initiated on 6/2/2025 the facility did not ensure that all incidents including allegations of abuse were thoroughly investigated. This was identified for one (Resident #1) of three residents reviewed for abuse. Specifically, on the morning of 4/14/2025 Resident #1 stated they had been punched in the ribs by nursing staff. There was no documented evidence that the facility obtained statements from the overnight staff to rule out abuse.</p> <p>The finding is:</p> <p>The facility's policy titled, Abuse Prevention Program with a revised date of September 2024 documented the residents have the right to be free from abuse and all alleged or suspected incidents will be thoroughly investigated and findings documented in a report format. The investigative process will include, but is not limited to, statements from staff, witness, resident, interviews with staff, witness, resident, medical record review if applicable and review of employee records.</p> <p>Resident #1 had diagnoses that included a Fractured Rib, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease. The 5-Day Minimum Data Set assessment dated [DATE] documented that the resident had a Brief Interview for Mental Status score of 11, indicating the resident had a moderate cognitive impairment.</p> <p>Resident #1 had Comprehensive Care Plan for an alteration in musculoskeletal status related to a right rib fracture. Interventions included to monitor, document and report, as needed signs and symptoms or complications related to but not limited to pain, decline in mobility, and pain after exercise.</p> <p>A Nursing Progress Note dated 4/14/2025 documented Resident #1 reported they were punched in the ribs on both sides. A full body assessment was completed, and no bruising, discoloration, or redness was noted. Resident #1's next of kin was notified and the next of kin stated Resident #1 has done this (made allegations) a few times in the past while at two other facilities.</p> <p>Resident #1's Visual/Bedside Kardex Report (a nursing tool for recording patient information) documented Resident #1 was a two-person approach for care.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's investigation summary dated 4/21/2025 documented it was determined through the investigation that the facility did not substantiate abuse, neglect or mistreatment. The conclusion was made from employees who were interviewed, a physical assessment by the Registered Nurse Supervisor, and through the resident recanting their statement and a pattern of behavior that was confirmed by Resident #1's next of kin. There was no documented evidence that the overnight staff persons were interviewed to rule out abuse.</p> <p>The facility's accident and incident report was reviewed. A statement from the Occupational Therapist #1 to whom Resident #1 reported that nursing staff had punched them in the ribs four times was included in the incident report. A statement from Resident #1's assigned Certified Nursing Assistant on the morning of the allegation (Certified Nursing Assistant #1) documented that Resident #1 said they were punched last night. A statement from the assigned Licensed Practical Nurse (Licensed Practical Nurse #1) documented they were made aware by the therapist that Resident #1 was punched in the ribs by nursing staff.</p> <p>An addendum dated 6/4/2025 was submitted by the Director of Nursing Services. The addendum documented that verbal interviews were conducted with the night shift. The addendum did not include documented evidence of the verbal interviews.</p> <p>During an interview on 6/2/2025 at 10:48 AM, Certified Nursing Assistant #1 stated they were the assigned Certified Nursing Assistant for Resident #1 on 4/14/2025 during the 7AM-3PM shift. Certified Nursing Assistant #1 stated they did not recall exactly what day but Resident #1 reported they were punched in the ribs by nursing staff during the night. Certified Nursing Assistant #1 stated they reported it to Registered Nurse #1 and they may have also spoken to Licensed Practical Nurse #1.</p> <p>During an interview on 6/2/2025 at 1:17 PM, Licensed Practical Nurse #1 stated Resident #1 went to rehabilitation therapy on 4/14/2025 and when they returned from therapy the Occupational therapist reported they were punched. Licensed Practical Nurse #1 could not recall any more details about the allegation. Licensed Practical Nurse #1 stated they reported the incident to Registered Nurse #1.</p> <p>During an interview on 6/2/2025 at 1:34 PM, Registered Nurse #1 stated they did not have a clear memory of the incident. Registered Nurse #1 stated Resident #1 reported they were beat up by a gang of boys and later Resident #1 stated it was a gang of girls that beat them up. Registered Nurse #1 stated they assessed Resident #1 and there was no bruising or redness to the skin identified.</p> <p>During an interview on 6/2/2025 at 2:12 PM, the Occupational Therapist stated on the morning of 4/14/2025 they went to Resident #1's room to take them to therapy. The Occupational Therapist stated they asked Resident #1 if they wanted pain medications prior to therapy and Resident #1 declined. The Occupational Therapist stated when they completed therapy Resident #1 stated their ribs hurt and nursing staff punched them four times in the ribs. The Occupational Therapist stated Resident #1 did not identify what day or time alleged abuse occurred.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/2/2025 at 2:26 PM, the Director of Nursing Services stated the Occupational Therapist reported to the Unit Manager that Resident #1 stated they had been hit the night before. The Director of Nursing Services stated they recalled the concerns taking place on the overnight shift, but they did not recall who reported that. The Director of Nursing Services stated they interviewed the nursing staff from the overnight shift, but they did not document or include the interviews in the investigation report and should have. The Director of Nursing Services stated they believed they did a thorough investigation even though they did not document the overnight staff's interviews.</p> <p>During an interview on 6/2/2025 at 2:26 PM, the Administrator stated the overnight staff were interviewed and because they had to get the investigation completed and out to the Department of Health in a two-hour time frame, they did not document the interviews even though they were conducted.</p> <p>10NYCRR 415.4 (b) (3)</p>		