

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335847	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Hopkins Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  155 Dean Street Brooklyn, NY 11217	

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 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>41709</p> <p>Based on interviews and record review conducted during the Recertification Survey conducted from 04/07/2024 through 04/12/2024, the facility did not ensure that the direct care staffing information based on payroll data was submitted based on the schedule specified by the Centers for Medicare and Medicaid Services. Specifically, the facility failed to submit the direct care staffing data for 10/01/2023 - 12/31/2023 timely.</p> <p>The findings are:</p> <p>The Centers for Medicare &amp; Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal, Long Term Care Facility Policy Manual version 2.6 dated 06/2022 documented Section 6106 of the Affordable Care Act requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate. Staffing and census data will be collected for each fiscal quarter. The deadline for submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely.</p> <p>The facility policy titled Payroll-Based Journal with a last revised date of 09/13/2023 documented that the Payroll Based Journal report will be submitted electronically to the Centers for Medicare and Medicaid Services via the designated submission portal by the 45th day following the close of each fiscal quarter by the facility designated person.</p> <p>The Centers for Medicare and Medicaid Services Payroll Based Journal Staffing Data Report documented that there was no data submitted by the facility for the fiscal year quarter 1 2024 (10/01 - 12/31).</p> <p>An email correspondence that was addressed to the Administrator of the facility dated 02/15/2024 at 12:07 am documented that the facility's Payroll Based Journal submission had failed because Centers for Medicare and Medicaid Services was no longer accepting submissions for the reporting quarter. The report was submitted to CMS on 02/15/2024 at 12:01 am.</p> <p>An email correspondence from Centers for Medicare and Medicaid Services Nursing Home Staffing that was addressed to the Administrator dated 02/15/2024 at 10:30 am documented it was not possible to submit or correct Payroll Based Journal data once a submission deadline had passed.</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 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/07/2024 at 1:55 pm, the Administrator stated they were responsible for submitting the staffing data to Centers for Medicare and Medicaid Services. They stated they tried to submit the staffing data for the first quarter a minute late, but it did not go through. The Administrator stated they attempted to resubmit and contacted the Centers for Medicare and Medicaid Services, but they received a message that it was too late to submit the quarterly staffing. The Administrator stated they were aware of the deadline to submit the data but did not give a reason why the staffing data was submitted late.</p> <p>10 NYCRR 400.2</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42101</p> <p>Based on observations, record review, and interviews conducted during the Recertification Survey from 04/07/2024 to 04/12/2024, the facility did not ensure infection control practices were followed. This was evident during the Dining Task for 1 of 4 dining rooms. Specifically, Certified Nursing Assistant #8 did not perform hand hygiene in between residents while assisting multiple residents with hand hygiene prior to lunch being served.</p> <p>The findings are:</p> <p>The facility policy titled Hand Washing/Hand Hygiene that was revised on 02/2023 documented that facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. The policy stated to use an alcohol-based hand rub containing at least 62% alcohol or alternatively soap (antimicrobial or nonantimicrobial) and water before and after direct contact with residents, after contact with a resident's intact skin, before and after assisting a resident with meals.</p> <p>During dining observation on 04/09/2024 between 12:54 PM and 12:59 PM, Certified Nursing Assistant #8 was observed passing out hand wipes and assisting residents with hand hygiene in the dining room with bare hands. Certified Nursing Assistant #8 assisted Resident #61 in cleaning their hands with wipes, then proceeded to clean Resident #163's hands without performing hand hygiene in between residents. Certified Nursing Assistant then took clean hand wipes from the container and passed the wipes to Residents #221, #40, and #212. Certified Nursing Assistant #8 picked up a used hand wipe from the table and cleaned their hands with a hand sanitizer.</p> <p>During an interview on 04/09/2024 at 1:06 PM, Certified Nursing Assistant #8 stated they were supposed to clean their hands in-between residents to prevent the spread of germs from one resident to another. Certified Nursing Assistant #8 stated they did hand hygiene after they noticed they had not performed hand hygiene in between residents.</p> <p>During an interview on 04/10/2024 at 03:47 PM, Assistant Director of Nursing #1, who was the Infection Preventionist, was interviewed and stated staff should perform hand hygiene before contact with each resident. They stated hand hygiene should be performed to prevent the spread of infection to staff and residents in the facility.</p> <p>415.19(b)(4)</p>		