

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335871	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Mount Sinai South Nassau T C U		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Healthy Way Oceanside, NY 11572	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17585</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 10/17/2024 and completed on 10/22/2024, the facility did not ensure that each resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of quality of life. This was identified for one (Resident #64) of 10 sampled residents. Specifically, Nurse Practitioner # 1 was observed on 10/17/2024 walking into Resident # 64's room without knocking on the resident's door.</p> <p>The finding is:</p> <p>The policy and procedure titled Privacy During Care, revised October 2022 documented that the resident/patient is entitled to privacy during care and all staff is to knock on a closed door and ask to enter before entering the resident/patient's room (unless the staff just left the room momentarily and is returning to complete care, etc.).</p> <p>Resident #64 was admitted with diagnoses that include Diabetes and Cellulitis (skin infection). The Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident had intact cognition.</p> <p>During an observation and interview on 10/17/2024 at 11:00 AM, while the surveyor was interviewing Resident #64, Nurse Practitioner # 1 walked into the resident's room without knocking on the resident's door or asking permission to enter. Resident # 64 stated staff walks into their room without knocking. Resident # 64 stated they were dissatisfied and that the staff could provide better customer service.</p> <p>During an interview on 10/17/2024 at 11:02 AM, Nurse Practitioner # stated they didn't knock on the resident's door because they saw the Surveyor talking to the resident in the room.</p> <p>During an interview on 10/18/2024 at 12:02 PM, the Director of Nursing Services was interviewed and stated all staff should knock on the resident's door before entering the room. The Director of Nursing Services stated Nurse Practitioner #1 was a hospital employee who should have knocked on the resident's room before entering.</p> <p>10 NYCRR 415.3(d)(1)(i)</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48827</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 10/17/2024 and completed on 10/22/2024 the facility did not ensure that each resident had a Baseline Care Plan that included instructions to provide effective person-centered care that meets professional standards. This was identified for one (Resident #165) of one resident reviewed for skin conditions. Specifically, Resident #165 was assessed as at risk for falls and was placed on tele-sitter remote visual monitoring using a camera in the resident's room. The resident's care plan interventions did not include the tele-sitter remote visual monitoring.</p> <p>The finding is:</p> <p>The facility's policy titled, Continuous Visual Monitoring Using Remote Tele-Sitter Technology or Virtual Safety Companion Technology, last revised 9/2022 documented that the initiation of continuous visual monitoring is a nursing intervention. It can be utilized to ensure patient safety as an additional tool in the plan of care for patients at high risk for falls, confusion, impaired mobility, etc. Communication shall be entered in the Patient Care Record as a nursing intervention to include tele-sitter monitoring continuous and the reason for monitoring.</p> <p>Resident #165 was admitted with diagnoses that included Lower Left Leg Cellulitis (skin infection), Dementia, and Type 2 Diabetes Mellitus. The Admission Minimum Data Set assessment dated [DATE] documented the Brief Interview for Mental Status score of 9, indicating the resident had moderate cognitive impairment. The Minimum Data Set assessment documented Resident #165 required partial to moderate assistance for standing from a sitting position. Resident #165 had a fall within the past month and in the past 2-6 months before admission.</p> <p>The Baseline Care Plan dated 10/10/2024 documented the resident was at risk for falls due to poor balance related to Lower Left Extremity Cellulitis. The interventions did not include the use of a tele-sitter remote visual monitoring.</p> <p>A nursing progress note dated 10/10/2024 at 2:37 AM documented Resident #165 presented with confusion and poor safety awareness. Resident #165 was non-compliant with the use of the call bell and bed alarm; a tele-sitter camera was requested for remote visual monitoring.</p> <p>The nursing progress notes dated 10/13/2024, 10/16/2024, and 10/22/2024 documented the use of the tele-sitter remote visual monitoring for enhanced safety.</p> <p>On 10/17/2024 at 11:28 AM, Resident #165 was observed sitting in their wheelchair watching television in their room. The tele-sitter remote visual monitoring camera was observed in the corner of the room.</p> <p>During an interview on 10/17/2024 at 11:28 AM, Resident #165 pointed to the tele-sitter remote visual monitoring camera in the room and stated Did you meet ET? Resident #165 further stated they were not sure why the camera was in the room.</p> <p>(continued on next page)</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/22/2024 at 10:43 AM, Resident #165 stated that the camera is a spy. Resident #164 stated staff told them that they were not the only resident with the spy camera.</p> <p>During an interview on 10/22/2024 at 10:38 AM, Registered Nurse #1 stated the monitor in Resident #165's room is to keep an eye on a resident who is getting up out of bed and is in danger of falling or pulling at the intravenous lines. The use of a tele-sitter remote visual monitoring is a nursing intervention. Registered Nurse #1 checked Resident #165's Medical Record and stated the resident's care plan did not document the tele-sitter remote visual monitoring as an intervention.</p> <p>During an interview on 10/22/2024 at 02:14 PM, the Director of Nursing Services stated the use of the tele-sitter remote visual monitoring should be documented in the fall care plan as an intervention.</p> <p>10 NYCRR 415.11</p>		