

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  33A081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  St Marys Hospital for Children		STREET ADDRESS, CITY, STATE, ZIP CODE 29 01 216 Street Bayside, NY 11360	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33315</p> <p>Based on observation, record review, and interviews during the Recertification Survey conducted from 02/05/2025 to 02/12/2025, the facility did not ensure a resident with limited mobility received appropriate services, equipment, and assistance to maintain, improve, or prevent avoidable decline in range of motion and mobility. This was evident in 1 (Resident #18) of 3 residents reviewed for Limited Range of Motion, out of 25 sampled residents. Specifically, Resident #18 who had a physician's order to apply bilateral wrist cock-up splints was observed on multiple occasions without the splint applied.</p> <p>The findings are:</p> <p>The facility's policy titled Osteopenia with a revised date of 06/2024 documented that the facility will screen and provide assessments upon admission and at least quarterly of all residents with potential/actual diagnosis of osteopenia. Safe handling guidelines, as outlined, should be always practiced. The policy documented that appropriate physical and occupational therapy evaluation will be ordered. The Rehabilitation Services Department will make recommendations regarding orthotic and/or positioning devices such as splints, braces, supine stander, wedges and followed by physician's orders. Nursing will ensure that appropriate care plans are identified, and interventions are implemented.</p> <p>Resident #18 had diagnoses which include Spastic Quadriplegic Cerebral Palsy, Epilepsy, and Encounter for Attention to Tracheostomy.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #18's cognitive status was severely impaired. The Minimum Data Set assessment also documented that Resident #18 had impairments on both sides of upper extremity and required total assistance with grooming.</p> <p>A Comprehensive Care Plan for Musculoskeletal Care dated 06/25/2023 with a last reviewed date of 12/22/2024 documented the following interventions: perform musculoskeletal assessment every shift, implement osteopenia protocol, assess for sign and symptom of functional weakness/paralysis, and perform restorative nursing care, such as the use of assistive devices.</p> <p>A physician's order dated 08/09/2024 documented orders for right and left wrist cock-up splints to apply all daytime, from 8:00 AM to 8:00 PM.</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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NAME OF PROVIDER OR SUPPLIER  St Marys Hospital for Children		STREET ADDRESS, CITY, STATE, ZIP CODE  29 01 216 Street Bayside, NY 11360	
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observations made on 02/05/2025, 02/06/2025, 02/07/2025 and 02/10/2025, between the hours of 09:45 AM to 12:00 PM. Resident #18 was observed in bed, alert and awake. The Resident was confused and nonverbal, was observed with weakness to bilateral wrists. There was no bilateral wrist cock-up splints applied.</p> <p>On 02/10/2025 at 11:15 AM, an interview was conducted with Certified Nursing Assistant #1 who was assigned to Resident #18. Certified Nursing Assistant #1 stated they were aware of the order for the wrist splint and that it was not applied because it was communicated by the Rehabilitation Services Department to only apply the wrist splint when Resident #18 is out of bed.</p> <p>On 02/10/2025 at 11:21 AM, an interview was conducted with Registered Nurse #1 who stated they are responsible for clinical aspects of resident care. Registered Nurse #1 stated that Resident #18's wrist cock-up splint is normally applied when the Resident is out of bed. They stated that Resident #18 cannot have the splint for 12 hours because their skin was too fragile.</p> <p>On 02/10/2025 at 11:45 AM, an interview was conducted with Occupational Therapist #1. They stated they recommend splint devices after conducting assessments. Occupational Therapist #1 stated that the cock-up splints are to be applied to the resident's wrist to maintain joint integrity and to prevent further contractures.</p> <p>On 02/11/2025 at 10:10 AM, an interview was conducted with the Director of Nursing who stated that the Rehabilitation Service Department and physicians are responsible for the assessment and recommendation of splint devices and nursing staff implements them. The Director of Nursing stated if a resident cannot tolerate the splint, it needs to be communicated with the physician so the order can be adjusted. The Director of Nursing stated that the wrist cock-up splints order for Resident #18 has to be applied all day from 8:00 AM - 8:00 PM as stated in the physician's order.</p> <p>10 NYCRR 415.12 (e)(2)</p>		