

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Isabella Geriatric Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 515 Audubon Avenue New York, NY 10040	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview during the Abbreviated Survey (ID# 2685553) the facility did not develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and time frames to meet each resident's medical, nursing, mental, and psychosocial needs. This was evident in one (1) of six (6) residents (Resident #1) sampled for comprehensive care plan. Specifically, Resident #1 who was receiving medications to prevent constipation did not have a person-centered care plan with interventions in place. The findings are: The facility policy titled Comprehensive Care Plan effective 12/2023 documented the facility develops and maintains an individualized person-centered comprehensive plan of care to meet identified needs/goals. The Comprehensive Care Plan is initiated on the day of admission and completed within 7 days after Care Area Assessments completion. Resident #1 was admitted to facility with diagnoses including chronic pulmonary embolism (a blood clot that blocks and stops blood flow to an artery in the lung), coronary heart disease, moderate pericardial effusion (refers to collection of excess fluid in the pericardial sac surrounding the heart) and small cell cancer of the Lung complicated by superior vena cava syndrome (occurs when blood flow through the heart vessels was obstructed, often due to tumors or blood clots, leading to symptoms like swelling and difficulty breathing). The Minimum Data Set, dated [DATE] documented Resident #1 had moderately impaired cognition. A review of Resident #1's Physician's Order dated 09/02/2025, revealed orders for MiraLAX 17 grams oral powder packet daily and Senna 8.6 milligram two times per day as needed for slow transit constipation. There was no documented evidence a person-centered care plan was implemented. During an interview on 12/11/2025 at 12:14 PM, Registered Nurse Supervisor #1 stated the admitting nurse should not have retrieved Resident #1's old care plan dated (12/11/2024) because Resident #1 was a newly added resident. Registered Nurse Supervisor #1 stated Resident #1 did not have an at risk for constipation care plan initiated upon admission. Registered Nurse Supervisor #1 stated the admitting nurse is responsible for initiating new care plans. Registered Nurse Supervisor #1 stated they were not aware Resident #1 did not have a current care plan in place. During an interview on 12/15/2025 at 10:42 AM, the Director of Nursing stated Resident #1 was admitted on [DATE] and the admitting nurse should have initiated a new care plan for at risk for constipation. The Director of Nursing stated that the registered nurses, head nurses, and registered nurse supervisors are responsible for completing the care plans. 10 NYCRR 415.11(c)(1)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335100
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The findings are: The facility policy titled 'Consultations' dated 10/2021 documented after consultation is completed, the nurse reviews recommendations and contacts attending physician to report recommendations or changes in treatment plan. Resident #1 was admitted to facility with diagnoses including chronic pulmonary embolism (a blood clot that blocks and stops blood flow to an artery in the lung), coronary heart disease, moderate pericardial effusion (refers to collection of excess fluid in the pericardial sac surrounding the heart) and small cell carcinoma of the Lung complicated by superior vena cava syndrome (occurs when blood flow through the heart blood vessel is obstructed, often due to tumors or blood clots, leading to symptoms like swelling and difficulty breathing).The Minimum Data Set, dated [DATE], documented Resident #1 had moderately impaired cognition.A review of a Hematology/Oncology consult dated 09/10/2025, documented Resident #1 was seen by the oncologist on 09/10/2025, and the oncologist recommended to stop cyclobenzaprine (muscle relaxant), consider reducing olanzapine ten (10) milligram to five (5) milligram if tolerated and to start Dexamethasone (anti-inflammatory) four (4) milligrams. A Physician's order dated 09/19/2025 revealed Olanzapine ten (10) milligram was changed to five (5) milligrams and Dexamethasone four (4) milligrams were ordered.A review of the nursing progress notes from 09/10/2025 to 09/19/2025, revealed no documented evidence Medical Doctor #1 was notified of the oncologist's recommendations.During an interview on 12/09/2025, Resident #1's adult child #1 stated that they accompanied Resident #1 to an oncology appointment on 09/10/2025 and that the oncologist made some recommendations that the facility did not carry out timely. Resident #1's adult child stated that on 09/19/2025 they accompanied Resident #1 to another oncologist appointment and the oncologist asked them why Resident #1 did not receive the Dexamethasone they prescribed on 09/10/2025. Resident #1's adult child stated that the oncologist called the facility on 09/19/2025 and spoke to them about the medication that was recommended.During an interview on 12/11/2025 at 10:40 AM, Licensed Practical Nurse #2 stated they received the oncology consult dated 09/10/2025, but that they had just looked at the consultation. Licensed Practical Nurse #2 stated that they notified the nursing supervisor (unsure of name), but was do not recall notifying the Medical Doctor. During an interview on 12/11/2025 at 12:14 PM, Registered Nurse Supervisor #1 stated they were not aware of the oncologist recommendations of 09/10/2025. Registered Nurse Supervisor #1 stated that the unit nurses are responsible for reviewing the consults when a resident returned from their appointments. Registered Nurse Supervisor #1 stated that Licensed Practical Nurse #2 should have notified Medical Doctor #1 of the oncologist's recommendations.During an interview on 12/11/2025 at 1:02 PM, Medical Doctor #1 stated they received a call from a facility nurse (unsure of name) on 09/19/2025 stating that the oncologist had recommendations on 09/10/2025 that was not prescribed. Medical Doctor #1 stated that they gave a telephone order on 09/19/2025 for the medication (Dexamethasone) that was ordered by the oncologist on 09/10/2025. Medical Doctor #1 stated they reviewed the oncology consult on 09/22/2025 when they visited the facility. 10 NYCRR 415.12</p>		