

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER New York Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 26-13 21st Street Astoria, NY 11102	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during an Abbreviated Survey (NY00348238 and NY00348669), the facility failed to provide adequate supervision to a resident to prevent accidents. This was evident for two (2) out of five (5) residents (Resident #2 and Resident #5). Specifically,</p> <ol style="list-style-type: none"> On 07/15/2024 at 3:28 PM, Resident #2 was observed on the floor into the dining room after being left unsupervised by Certified Nursing Assistant #3. Resident #2 was assessed by Registered Nurse #1 and was observed with an abrasion to the right elbow and right hip. On 08/24/2024 at 3:20 AM, Resident #5, who was at high risk for fall, was observed on the bathroom floor after being left unattended in the bathroom. Resident #5 reported that they hit their head. Resident #5 was assessed by Registered Nurse Supervisor #2 with no visible injuries. Resident #5 was transferred to the hospital emergency room for further evaluation. Resident #5 was admitted to the hospital with diagnosis of left frontal acute subdural hematoma (bleeding inside the head). Additionally, on 09/08/2024 at 4:10 PM, Resident #5 was observed on the floor in the dining room after being left unsupervised. Resident #5 did not sustain any visible injuries. <p>The findings include:</p> <p>The facility's policy titled Fall Prevention dated 08/18/2020, documented it is the policy of the facility to provide a safe environment for all residents. The Fall Prevention protocol documented dining room/television room assignment to ensure supervision of residents while positioned in the said areas.</p> <p>The facility's policy titled Resident Safety Program dated 02/08/2024, documented that an Accident is defined an unexpected, unintended event that can cause a resident injury. Examples of accidents include, but are not limited to the following: fractures, lacerations, burns, hematoma, ecchymosis greater than four centimeter and head injuries. An Incident defined as an unexpected, unintended event that can cause a resident superficial or no injury. Examples of incidents may include but not limited to the following falls with no injury or minor injury, soft tissue injury or hematoma less than four-centimeter, superficial scratches, scrapes, blisters resulting from actual occurrence and altercation with another resident with or without injury.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335838
		If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER New York Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 26-13 21st Street Astoria, NY 11102	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy titled Dining Room Assignment dated 03/2024, documented Certified Nursing Assistant assigned shall be responsible for maintaining a safe environment in the dining area to prevent falls, injuries, or other incidents during mealtime assignments and fulfilling dining room watch duty for a-30-minute period, as assigned by the charge nurse, to actively monitor and support resident safety.</p> <p>Resident #2 was admitted to the facility with diagnoses including Dementia, Mood Disorder and Anxiety Disorder.</p> <p>The Minimum Data Set, a resident assessment tool, dated 06/28/2024, documented Resident #2 had severely impaired cognition.</p> <p>A Fall Care plan dated 06/21/2024, documented interventions to place Resident #2 in the dining room/television room with staff supervision.</p> <p>The Resident Nursing Instructions dated 06/21/2024 documented Resident #2 was on monitoring for fall precaution, safety, and behavior every day at 6:00 AM to 8:00 AM, 2:00 PM to 4:00 PM, and 10:00 PM to 12:00 AM.</p> <p>An Alteration in Behavior Care Plan dated 06/24/2024, documented Resident #2 had agitation with restlessness. The interventions documented to use behavioral monitoring flow record to document behavior.</p> <p>A Fall Risk assessment dated [DATE] documented showed that Resident #2 was assessed for fall and scored 19 denoting high risk for fall. According to the form a score of seven (7) or greater - the resident is at High Risk.</p> <p>A Behavior/Mood progress notes dated 07/07/2024 through 07/15/2024 documented Resident #2 observed with restlessness, attempting to get up from their wheelchair multiple times, and attempting to walk without assistance.</p> <p>An Accident Report dated 07/15/2024, documented Registered Nurse #1 responded to a chair alarm in the dining room and observed Resident #2 laying on the dining room floor on their right side. Resident #2's wheelchair was also laying on its side on floor in the dining room. Resident #2 was unable to provide details of event due to impaired cognition. Resident #2 was assessed by Registered Nurse #1, Registered Nurse Supervisor #1, and Medical Doctor #1, and was observed with mild redness, swelling to the right elbow area, an abrasion to the right elbow, and right hip. Certified Nursing Assistant #3 was assigned to monitor the residents in the dining room, but Certified Nursing Assistant #3 responded to a call bell on the unit and left the dining room unsupervised. Resident #2 had fallen on to the floor. An x-ray of the right elbow was performed, -and the result revealed no acute fracture. The investigation concluded that there was no abuse or neglect occurred.</p> <p>The Nursing Situation Background Assessment Recommendation notes dated 07/15/2024 at 4:25 PM, by Registered Nurse Supervisor #1 documented that Registered Nurse #1 and them responded to the chair alarm and observed Resident #2 lying on the floor on their right side in the dining room. The wheelchair was also laying on its side. Resident #2 was assessed with abrasions to right elbow and right hip.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER New York Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 26-13 21st Street Astoria, NY 11102	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/05/2025 at 10:35 AM, Certified Nursing Assistant #3 stated they do not recall the incident.</p> <p>During an interview on 05/05/2025 at 11:57 AM, Registered Nurse #1 who worked on 07/15/2024 on the day shift (8:00 AM-4:00 PM), stated they were at the nursing station when they heard a chair alarm in the dining and responded. Registered Nurse #1 stated they observed Resident #2 and their wheelchair lying on the floor on the right side. Registered Nurse #1 stated that Certified Nursing Assistant #3 was assigned to monitor the residents in the dining room, but Certified Nursing Assistant #3 left the dining room to answer a call bell. Registered Nurse #1 stated that Certified Nursing Assistant #3 should not have left the residents in the dining room unsupervised. Registered Nurse #1 stated that Registered Nurse Supervisor #1 and them assessed Resident #2 and observed with a bruise and abrasions to right elbow and right hip.</p> <p>During an interview on 05/05/2025 at 12:46 PM, the Director of Nursing stated they were notified by Registered Nurse Supervisor #1 of the incident on 07/15/2024 (unsure of the time). The Director of Nursing stated that Resident #2 had severe cognitive impairment and behavioral problems, and that Certified Nursing Assistant #3 left the dining room unsupervised. The Director of Nursing stated they do not know why Certified Nursing Assistant #3 left the dining room unsupervised to answer a call bell. The Director of Nursing stated the incident was investigated and concluded that neglect did not occur because Certified Nursing Assistant #3 answered the call bell for a resident that they were assigned to and when they returned to the dining room Resident #3 had fallen onto the floor. The Director of Nursing stated they had enough staffing in the unit.</p> <p>During an interview on 05/05/2025 at 2:20 PM, the Administrator stated they were notified of the incident by the Director of Nursing on 07/15/2024 (unsure of the time). The Administrator stated that Certified Nursing Assistant #3 received dining room assignment in-service in 07/2023 and that the dining room should always have a Certified Nursing Assistant monitoring the residents. The Administrator stated Certified Nursing Assistant #3 should have had another staff monitor the dining room. The Administrator stated Certified Nursing Assistant #3 was not suspended because they felt it was not intentionally done.</p> <p>Resident #5 was admitted to the facility with diagnoses including Non-Alzheimer's Dementia, Hypertension and Depression.</p> <p>The Minimum Data Set, a resident assessment tool, dated 07/24/2024 documented Resident #5 had severely impaired cognition.</p> <p>A Fall Risk assessment dated [DATE] documented Resident #5 was high risk for fall.</p> <p>A Fall Care Plan dated 07/17/2024 documented interventions for staff to provide assistance with activities of daily living, provide appropriate footwear, and provide bed/chair alarm.</p> <p>A Resident Nursing Instructions dated 07/17/2024 documented instructions for extensive assistance of one-person for toileting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER New York Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 26-13 21st Street Astoria, NY 11102	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An Accident Report dated 08/24/2024 at 3:20 AM, documented Certified Nursing Assistant #4 left Resident #5 into the bathroom by themselves to get an incontinent brief. When Certified Nursing Assistant #4 returned to the bathroom they observed Resident #5 lying on the bathroom floor next to the toilet. Resident #5 was assessed by Registered Nurse Supervisor #2 with no visible injuries, no change in level of consciousness, or range of motion. Resident #5 reported that they hit their head. The Primary Medical Doctor was informed and ordered to transfer Resident #5 to the hospital for further evaluation. The facility concluded that there was no reasonable cause to believe any alleged resident abuse, neglect or mistreatment occurred.</p> <p>A Nursing Progress note dated 08/24/2024 at 4:11 AM, by Registered Nurse Supervisor #2 documented Resident #5 had an unwitnessed fall. There was no visible injury noted. Resident #5 claimed they hit their frontal head with complaints of headache. Tylenol 650 milligram was given. The Medical Doctor was informed and ordered to transfer Resident #5 to the hospital to rule out head injury. Resident #5 left on 08/24/2024 at 4:10 AM with the emergency medical technicians.</p> <p>A Nursing Progress note dated 08/24/2024 at 5:28 AM, written by Registered Nurse Supervisor #2 documented received a call from the emergency room reporting that Resident #5 had slight bleeding on the brain.</p> <p>A Physical Therapy Acute Care Evaluation and Treatment Plan (Hospital Summary) dated 08/27/2024, documented a computed tomography scan of the head revealed left frontal 4-millimeter convexity acute subdural hematoma (blood between the brain and covering).</p> <p>An Accident Report dated 09/08/2024 at 4:10 PM, documented Registered Nurse #2 responded to Certified Nursing Assistant #5's cry for help and observed Resident #5 lying on the floor in the dining room next to their wheelchair. Resident #5 was assessed with no visible injury at the time. Resident #5 complained of headache. The Primary Medical Doctor #1 was informed and ordered to transfer Resident #5 to the hospital for further evaluation. Resident #5 was admitted at the hospital for subdural hematoma. The facility concluded that there was no reasonable cause to believe any alleged resident abuse, neglect or mistreatment occurred because Resident #5 has poor safety awareness due to their impaired cognition.</p> <p>A Nursing Progress note titled, Situation, Background, Assessment, and Recommendation Documentation dated 09/08/2024 at 7:08 PM, written by Registered Nurse #3 documented Resident #5 was found lying on the floor in the dining room. Resident #5 was assessed with no injuries noted. Resident #5 was alert and oriented with confusion and could not relate to what happened. Resident #5 stated they wanted to get up from their wheelchair. There were no changes to Resident #5's level of consciousness or range of motion. Resident #5 complained of headache. The Primary Medical Doctor #1 was notified and ordered to send Resident #5 to the hospital for further evaluation. Resident #5 left the unit with emergency medical technicians at 5:30 PM.</p> <p>A statement dated 09/08/2024, by Certified Nursing Assistant #5 documented they were in front of the dining room arranging their linen cart when they heard a scream and an alarm sound. They entered the dining room and observed Resident #5 lying on the floor.</p> <p>The 6th floor Assignment 4:00 PM-12:00 AM shift dated 09/08/2024, documented Certified Nursing Assistant #5 was on Assignment 1 and dining/television room coverage was scheduled for 4:00 PM-4:30 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER New York Center for Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 26-13 21st Street Astoria, NY 11102	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>After Visit Summary (Hospital Summary) dated 09/09/2024-09/11/2024, documented issues that were addressed were frequent falls and subdural hematoma. Summary documented recommendations to follow up with Neurosurgeon on 11/06/2024.</p> <p>During a telephone interview on 05/12/2025 at 10:16 AM, Certified Nursing Assistant #4 stated they were assigned to Resident #5 and at approximately 3:20 AM on 08/24/2024, they assisted Resident #5 onto the toilet and left them there to get an incontinent brief. They stated Resident #5 was observed on the floor when they returned. They stated they check the Resident Instructions and read the plan of care for all residents but cannot recall if Resident #5 was a fall risk.</p> <p>During a telephone interview on 05/12/2025 at 3:15 PM, Registered Nurse Supervisor #2 stated they assessed Resident #5 and there were no visible injuries, however, Resident #5 was complaining of headache and was transferred to the hospital. Resident #5 had history of falls and the facility's protocol was for the staff to stand by the bathroom door to provide Resident #5 privacy while in the bathroom. They stated Certified Nursing Assistant #4 should not have left Resident #5 unattended.</p> <p>During a telephone interview on 05/12/2025 at 2:46 PM, Registered Nurse #2 stated Resident #5 had an unwitnessed fall on 09/08/2024 at approximately 4:10 PM. They stated while they were receiving endorsement report Certified Nursing Assistant #5 informed them that Resident #5 was on the floor in the dining room. They stated Resident #5 was assessed and there were no visible injuries or changes in range of motion or consciousness, but Resident #5 was sent to the hospital for further evaluation.</p> <p>During a telephone interview (regarding the fall on 08/24/2024)348 on 05/12/2025 at 1:33 PM, Assistant Director of Nursing stated on 08/24/2024 at 3:20 AM, Resident #5 had periods of restless and was getting out of bed unassisted. They stated Certified Nursing Assistant #4 was monitoring Resident #5 in the dining room when Resident #5 requested to use the bathroom. The Assistant Director of Nursing stated Certified Nursing Assistant #4 assisted Resident #5 to the bathroom and left them there briefly to get an incontinent brief. They stated Certified Nursing Assistant #4 observed Resident #5 on the floor when they returned. They stated Resident #5 was transferred to the hospital because they complained of headache and was admitted with a hematoma. Assistant Director of Nursing stated the investigation revealed that abuse and neglect did not occur.</p> <p>Regarding the fall that occurred on 09/08/2024, the Assistant Director of Nursing stated on 09/08/2024 at 4:10 PM, Certified Nursing Assistant #5 was assigned to monitor the dining room from 4:00 PM-4:30 PM, but instead they were packing their linen cart outside of the dining room. Certified Nursing Assistant #5 overheard an alarm, responded and observed Resident #5 on the floor in the dining room. Assistant Director of Nursing stated Certified Nursing Assistant #5 received verbal counseling for not being attentive during their schedule dining room coverage. They stated Resident #5 was transferred to the hospital and admitted for intracranial hemorrhage. They stated they are not certain if the hemorrhage is from the previous fall. They stated the facility concluded abuse and neglect did not occur.</p> <p>10 NYCRR 415.12(h)(2)</p>		