

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/22/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER West Village Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 214 W Houston Street New York, NY 10014	
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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** 44843</p> <p>Based on record reviews and interviews conducted during the recertification survey from 07/31/2024 to 08/07/2024, the facility did not ensure that a Comprehensive Care Plan (CCP) was developed and implemented to meet a resident's needs. This was evident for 1 (Resident # 21) of 5 sampled residents reviewed for unnecessary medications. Specifically, a care plan for the use of Ambien (Zolpidem Tartrate) was not developed for Resident # 21.</p> <p>The findings are:</p> <p>The facility policy titled Care Planning Process with effective date 7/2022 documented a comprehensive care plan shall be developed for each resident within 7 days after the completion of the comprehensive assessment which includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psycho-social needs. It also documented the care plans are developed by the interdisciplinary team. It further documented the care plan shall address issues/problems pertinent to the individual resident.</p> <p>Resident # 21 was admitted to the facility on [DATE] and had diagnoses that included Insomnia, low back pain, and spinal stenosis.</p> <p>The Admission Minimum Data Set 3.0 dated 5/24/2024 documented Resident # 21 was cognitively intact. The Minimum Data Set also documented Resident # 21 had diagnoses of insomnia, spinal stenosis, and other low back pain. It further documented Resident # 21 was taking medications including Hypnotic. The Minimum Data Set documented only Resident # 21 participated in the assessment.</p> <p>On 08/05/24 at 12:11 PM, Resident # 21 was interviewed and stated they had to take the sleeping pill Ambien to fall asleep every night due to pain at low back.</p> <p>The Physician ordered Ambien (Zolpidem Tartrate) *Controlled Drug* 5 mg tablet at bedtime for difficulty sleeping from 5/24/2024 to 6/5/2024. The Physician ordered Ambien *Controlled Drug* 10 mg tablet at bedtime for difficulty sleeping starting on 6/7/2024.</p> <p>Consult Form - Psychiatry V3.2 dated 7/3/2024 documented Resident # 21 to continue taking Ambien 10mg at bedtime and Resident # 21 may refuse so.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER West Village Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 214 W Houston Street New York, NY 10014	
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Consult Form - Psychiatry V3.2 dated 7/26/2024 documented the non-psychiatric medication was to continue Ambien 10mg at bedtime and Resident # 21 may refuse.</p> <p>Medication Administration Record for July 2024 documented Ambien (Zolpidem Tartrate) 10 mg tablet was administered to Resident # 21 every day at bedtime in July 2024.</p> <p>Review of Resident # 21's medical record revealed there was no comprehensive care plan related to sleeping pill use of Ambien was developed and implemented for Resident # 21 since their admission to the facility.</p> <p>On 08/05/2024 at 10:13 AM, Client Care Associate # 3 was interviewed and stated Resident # 21 typically woke up between 10:00 AM and 10:30 AM. Client Care Associate # 3 also stated Resident # 21 told them that they had a problem falling asleep due to low back pain and concern for the spouse's health. Client Care Associate # 3 further stated Resident # 21 told them that they had to take a sleeping pill every night in order to fall asleep.</p> <p>On 08/05/2024 at 09:59 AM, Registered Nurse # 2 (the nurse supervisor on the 6th floor) was interviewed and stated, Resident # 21 is taking the sleeping pill Ambien every night due to insomnia. Registered Nurse # 2 also stated the sleeping pill was classified as a Controlled Substance. Registered Nurse # 2 further stated there should be a care plan for a resident taking the sleeping pill. Registered Nurse # 2 stated the nurse supervisor was responsible for initiating the comprehensive care plans based on a resident's need. Registered Nurse # 2 reviewed Resident # 21's medical record and was unable to locate a comprehensive care plan related to sleeping pill use. Registered Nurse # 2 stated there should be a comprehensive care plan to address Resident # 21's use of sleeping pill.</p> <p>On 08/05/2024 at 10:49 AM, Director of Nursing was interviewed and stated, the sleeping pill Ambien is a controlled substance and there should be a care plan to address its use. They reviewed Resident # 21's medical record and was not able to locate a comprehensive care plan related to sleeping pill use or insomnia. Director of Nursing was not able to explain why the care plan for Ambien use or sleeping problem was not initiated since Resident # 21 admission to the facility more than 2 months ago.</p> <p>10 NYCRR 415.3(h)(1)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/22/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER West Village Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 214 W Houston Street New York, NY 10014	
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)		
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Dispose of garbage and refuse properly.</p> <p>43350</p> <p>Based on observation and interviews made during a recertification survey from 7/31/24 to 8/7/24, the facility did not ensure that garbage and trash were disposed of properly. Specifically, garbage was not properly contained outside of the facility. The garbage dumpsters were not covered with lids.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled, Proper Disposal of Garbage and Refuse, last reviewed 09/2021, documents that, the garbage storage area will be kept in a sanitary condition to prevent the harboring and feeding of pests.</p> <p>On 08/06/2024 at 12:55 PM, the kitchen trash disposal procedure was observed. Dietary Aide #1 donned gloves, sealed the trash bags, placed them in a covered bin and brought the bin to the loading dock where a row of dumpsters were lined up to receive cardboard, other recyclables and food waste. The dumpsters were clean and in good repair and each had an attached lid, but the lids were in an open position. When questioned about this, the Dietary Aide deferred to the Director Food Services, who was interviewed at 1:01 PM and stated that they would call the Director Facilities Management.</p> <p>On 08/06/2024 at 1:05 PM, the Director Facilities Management was interviewed and stated that since the dumpster lids were attached and space was tight, the dumpsters were kept open 24 hours a day. The Director Facilities Management stated that even though the dumpsters had wheels and could be brought forward in order to access the lids, this was not practical given their constant use. When educated that open dumpsters invited pests, the Director stated, We don't have mice here.</p> <p>483.60(i)(4)</p>		