STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45988 Based on observation, record review, and interviews conducted during a Recertification Survey from 5/9/23 to 5/16/23, the facility did not ensure a safe, clean, comfortable, and homelike environment for residents. This was evident for 1 (Unit 7) of 6 units observed. Specifically, Resident #67 and Resident #47 had wheelchairs that were in disrepair. The findings are: The facility policy titled Wheelchair Cleaning and Repair dated 9/2018 documented all resident wheelchairs will be maintained clean and in good working order. Resident #67 had diagnoses of non-Alzheimer's dementia and seizure disorder. The Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #67 had severe cognitive impairment and used a wheelchair. Multiple observations of Resident #67 were made between 05/09/23 at 10:03 AM and 05/12/23 at 11:07 AM of the resident on the Unit 7 in their wheelchair. The armrest pad on the right side was missing and had been filled with gauze and medical tape. The plastic mold where the armrest pad usually sits was still attached to the chair, but the pad was missing, leaving a void and a raised edge that was partially covered by the gauze. On 05/11/23 at 12:08 PM, Resident #67 was interviewed and stated the armrest had been broken for a while and that they avoid using it because it is sharp and they could get cut. Resident #47 had diagnoses of dementia and Parkinson's disease. The MDS assessment dated [DATE] documented Resident #47 had severe cognitive impairments and used a wheelchair. On 05/11/23 at 10:46 AM, 05/12/23 at 10:09 AM, and 05/16/23 at 09:03 AM, Resident #47 was observed in the Unit 7 dining room, sitting in their wheelchair. There was no armrest on the right side of the wheelchair. Gauze and medical tape had been attached to create a padding. The tape was falling off and dirty. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Maintenance Logbook for Unit 7 did not document requests to repair the armrest for Resident #67 and #47. On 05/12/23 at 10:50 AM, Certified Nursing Assistant (CNA) #3 was interviewed and stated that if they notice something not working properly, they report it to the nurse. There is a logbook for environmental issues on the floor. The environmental department people come every day and look in the book and fix the issues. There is a dedicated person who cleans and fixes the wheelchairs. On 05/12/23 at 11:20 AM, Licensed Practical Nurse (LPN) #8 was interviewed and stated that if they see something broken, they report to a supervisor, who will get the appropriate person to fix the issue. For wheelchairs, LPN #8 calls the Rehab Department. LPN #8 was not sure of the status of Resident #67's or Resident #47's wheelchairs. On 05/16/23 at 10:51 AM, the Maintenance Worker (MW) was interviewed and stated the wheelchair mechanic was not at the facility or available for an interview. If there is an issue with a wheelchair and the mechanic is not in, other maintenance workers take a look and try to fix it. If they cannot fix it, they report it to the Director. There is a Maintenance Logbook on each unit that should be used to log any repair request. 415.5(h)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41709 Based on observation, record review, and interviews conducted during the Recertification survey from 5/9/23 to 5/16/23, the facility did not ensure person-centered care plans (CCP) was developed and implemented to meet resident needs. This was evident for 3 (Resident #190, #86, and #47) of 38 total sampled residents. Specifically, 1) a CCP related to wandering and elopement was not developed for Resident #190, 2) a CCP related to seizure disorder was not developed for Resident #86, and 3) a CCP related to behavior was not developed for Resident #47. The findings are: The facility policy titled CCP dated 2/2023 documented the Comprehensive Care Plan will include measurable objectives and timeframes, to meet a resident medical, nursing and mental and psychosocial needs that were identified in the comprehensive assessment. 1) Resident #190 had diagnoses of psychotic disorder and anxiety disorder. The Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #190 had moderately impaired cognition. On 05/11/23 at 03:57 PM, 05/12/23 at 08:50 AM, 05/15/23 at 2:20 PM, and 5/16/23 at 11:09 AM Resident #190 was observed with a Wander Elopement Device (WED) applied to their right ankle and was on 1:1 staff observation. The Physician's order dated 02/27/2023 documented Resident #190 have their WED monitored and checked for placement every shift. The Medication Administration Record (MAR) for May 2023 documented Resident #190 had their WED placement checked according to Physician's order. Nursing note dated 5/15/2023 documented Resident #190 continues on 1:1 monitoring and WED is functional. No aggressive behavior noted. There was no documented evidence a CCP related to wandering or elopement was developed to include Resident #190's WED use. On 05/15/23 at 12:09 PM, an interview was conducted with License Practical Nurse (LPN) #4 who stated Resident #190 had a WED to their right ankle, wanders, and has made several attempts to elope by going to the elevator. On 05/15/23 at 10:05 AM, an interview was conducted with LPN #6 who stated they are responsible for completing CCPs related to wandering and elopement. LPN #6 did not have time to complete the CCPs for Resident #190 because they assist with medication administration. Resident #190 does wander and has attempted to elope. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 - Some	2) Resident # 86 had diagnoses of diabetes and seizure disorder. The Minimum Data Set 3.0 (MDS) assessment dated [DATE] Resident #86 was cognitively intact and had a diagnosis of seizure disorder. Physician order dated 5/8/2023 documented order for Resident #86 to receive Levetiracetam 750 mg 2 tablets (1500 mg) by oral route every 12 hours for seizure disorder. Nursing note dated 5/13/2023 documented Resident #86 had a diagnosis of seizure disorder. There was no documented evidence a CCP related to seizure disorder was developed and implemented to address Resident #86's diagnosis seizure disorder. On 05/15/23 at 09:18 AM, an interview was conducted with Licensed Practical Nurse (LPN) #3 who stated Resident #86 is on Keppra and has a diagnosis of seizure disorder. 45988 3) Resident #47 had diagnoses of dementia and Parkinson's disease. The Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #47 had severe cognitive impairments. Behavior notes dated 11/11/22, 11/17/22, and 11/23/22 documented Resident #47 had recurring disruptive behaviors such as screaming, rolling out of bed onto a mat on the floor, and being physically aggressive with staff. A psychiatry consult dated 12/20/22 documented staff reported Resident #47 was agitated, often disrobing, restless and combative during care. On evaluation, Resident #47 was irritable, hostile, disorganized and unable to respond to interview questions. A nursing note dated 3/1/23 documented Resident #47 was very combative, cursing, hitting, and spitting at staff. Resident #47 also attempted to hit and pinch staff when they attempted to redirect the resident. Behavior notes dated 3/20/23, 3/22/23 and 3/23/23 documented Resident #47 continued exhibiting disruptive behaviors such as disturbing roommate's sleep with noise, becoming verbally and physically abusive towards staff when redirected, kicking, spitting, shouting, rolling off the bed onto a mat and then crawling on the floor. A psychiatry consult dated 4/18/23 documented Resident #47 was noted with increased bizarre behaviors and extreme agitation. A CCP related to dementia, effective 04/07/2023, documented a goal that Resident #47 will maintain a level of cognitive function within the next 90 days. Interventions included anticipate needs and provide care, introduce self with each visit, monitor for changes and report to physician, and provide reality orientation each shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 - Some	There was no documented evidence a CCP related to inappropriate behavior was developed and implemented for Resident #47. On 05/16/23 at 9:06 AM, the Certified Nursing Assistant (CNA) #4 was interviewed and stated Resident #47 becomes aggressive during care, screams, and hits staff. On 05/16/23 at 09:42 AM, Licensed Practical Nurse (LPN) #8 was interviewed and stated Resident #47 exhibits behaviors such as screaming, having outbursts, and being disruptive. CCPs are initiated by the Registered Nurses (RN) upon admission and if there are new issues. On 5/16/23 at 11:09 AM, LPN #3 was interviewed and stated the RNs initiate the CCPs and the nursing staff work together to update the CCPs every 90 days. On 05/16/23 at 12:21 PM, the RN supervisor was interviewed and stated the RNs initiate the CCPs and the LPNs update the CCPs. Resident #47 does not have a CCP for behavior in place and this should have been done. On 05/16/23 02:47 PM, the Director of Nursing Services (DNS) was interviewed and stated the RN Supervisors initiate the CCPs. At times, there is not always a RN Supervisor on duty. The DNS gave no specific reason for CCPs not being initiated completed, and or reviewed and revised. 415.11(c)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101 Based on observations, interviews, and record review conducted during the recertification survey from [DATE] to [DATE], the facility did not ensure biologicals were stored in accordance with professional principles. This was evident for 1 (6th Floor medication room) of 5 medication storage areas reviewed. Specifically, emergency medications were stored in a plastic emergency box missing the tamper proof seal. The findings are: The undated pharmacy policy titled Emergency Boxes (EBOX) documented each E-box will be locked with a tamper resistant lock indicating if the box has been opened. Each box that is opened is sent to the Nursing office for return to the pharmacy for replenishment. Each box sent to the nursing office will be replaced immediately with a current in date box (swing box). On [DATE] from 12:47 PM to 01:00 PM, the medication room on the 6th floor was observed with Licensed Practical Nurse (LPN) # 1. The red emergency medication box was unlocked and did not have a tamper proof seal. When the box was opened, the emergency medications and two intact tamper proof seals were inside (#s 5796015, 5796016). The broken tamper proof seal for the emergency box was noted on the counter. On [DATE] at 1:00 PM, LPN #1 was interviewed and stated the emergency box should be sealed for safety because any staff can access the medications. LPN #1 stated that they usually look at it, and that the supervisor also checks the emergency box. They stated they have never used the emergency box. During an interview on [DATE] at 1:21 PM, the Registered Nurse Supervisor (RN #3) stated the emergency box was last checked by the pharmacy on [DATE]. They stated the emergency box was sealed yesterday. The pharmacy consultant was here in [DATE]. RN #3 stated they were working on [DATE] and all emergency boxes were checked and seals intact. If a medication in the box is used, the nurse has to fill out the bottom of the paper and the box is put in the nurses' office so that it can be sent back to the pharmacy and replaced with a new one. Nursing staff should check the emergency box every morning to make sure the medications are not expired by looking at the attached medication list. The emergency box checks are not documented anywhere by nursing but when a medication is used, it is initialed on the inventory sheet for the box. On [DATE] at 5:37 PM, the Director of Nursing (DON) was interviewed and stated they found several emergency boxes with open tamper seals which may have popped from being too tight. DON stated that after the issue was identified that the seals were checked and found to be broken. The pharmacy always provides locked emergency boxes to the facility. 415.18(e)(,d+[DATE])

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42101 Based on observations, record review, and staff interviews conducted during the Recertification survey (T37011), the facility did not ensure safe food storage was practiced. This was evident during the Kitchen Observation facility task. Specifically, (1) expired honey thickened orange juice and enteral feeding bottles were observed in the dry food storage area. (2) the emergency food storage area was observed with expired thickened orange juice and multiple bottles and boxes of expired enteral feeding. The findings are: The facility policy titled Standard Operating Procedure Receiving/FIFO Policy, revised [DATE], documented use first in, first out (FIFO) inventory rotation of products in all storage areas to assure that oldest dated products in all storage areas to assure that oldest dated products are used first, products with easiest date use by or expiration date and stored in front of product with later dates . The facility Dietary Competency Rotation documented food items must be dated upon receiving and stock must be rotated First in, first out. Food items with older receiving dates will be placed in front or on top of newly dated delivery. All dates on food items should be checked before use in order for proper rotation FIFO. Check all food items on a regular basis for expiration date. During the initial tour of the kitchen and dry food storage on [DATE], from 09:29 AM to 11:01 AM, the following expired items were observed: Two boxes of 24 count 4-ounce (oz.) cups of honey thickened orange juice with a use by date of [DATE]. Twelve 50.7 fluid (fl) oz. bottles of Glucerna 1.2 (enteral feeding) with a use by date of [DATE] were on the shelf in the dry storage room. During an observation of the emergency food storage on [DATE] from 03:28 PM to 03:45PM, the following expired items were observed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	One box of 48 count 4 oz cups of honey thickened orange juice with a best by date [DATE], one bottle of Glucerna 1.2 with a use by date of [DATE], two bottles of Glucerna 1.2 enteral feeding with use by date of [DATE], one 33.8 fl oz bottle of Glucerna with carb steady with a use before date of [DATE], two 33.8 fl oz bottles of Glucerna 1.2 enteral feeding with a use by of [DATE], four bottles of Nepro 1.8 calorie enteral feeding with a use by date of [DATE], six 33.8 fl oz bottles of Two Cal HN enteral feeding with a use by date of [DATE], five 33.8 fl oz bottles of Nepro carb steady 1.8 calorie enteral feeding with a use by date of [DATE], 1 box containing six 50.7 fl oz- bottles of Glucerna 1.5 with use by date of [DATE], twelve 33.8 fl oz bottles of Glucerna 1.2 enteral feeding with a use by date [DATE], 5 bottles of enteral feeding with use by date of [DATE]. 1 bottle of Glucerna 1.2 calorie enteral feeding with use by date of [DATE], twelve 50.7 fl oz bottles of Glucerna 1.2 enteral feeding with use by date of [DATE], 1 bottle of Jevity 1.2 enteral feeding with use by date of [DATE], 3 bottles of Glucerna 1.2 enteral feeding with use by date of [DATE], 1 bottle of Glucerna with carb steady 1.5 cal with use before date of [DATE], 32 bottles of 33.8 fluid ounce Jevity 1.2 enteral feeding with use by date of [DATE], 2 boxes containing 8 bottles of Jevity 1.2 enteral feeding with use by date of [DATE], 2 bottles of Jevity 1.2 enteral feeding with use by date of [DATE], 1 bottle of 1 Glucerna 1. 2 enteral feeding with use by date of [DATE], six 33.8 fl oz bottles of Glucerna 1.5 carb steady enteral feeding with use by date of [DATE], 1 box of eight bottles of Jevity 1.5 enteral feeding with use by date of [DATE], 1 box of 8 bottles of Jevity 1.2 enteral feeding with use by date of [DATE], 1 bottle of Jevity 1.2 enteral feeding with use by date of [DATE]. On [DATE] at 11:07 AM, the Dietary Associate was interviewed and stated that they look at items on the shelf daily and when they restock items. They use First In First Out (FIFO). When the enteral feedings are delivered on Wednesday, they try to rotate them. They removed expired items last month from shelves. Thickened juice- comes in on Tuesdays. They write the date and rotate items to bring forward items on the shelf. They have noticed items close to expiration. They are not supposed to use expired items, which is why items are rotated. Residents cannot be given expired foods. On [DATE] at 11:1 4 AM, an interview was conducted with the Food Service Supervisor who stated when items are received, they look to see if the storeroom person rotated items on the shelf. Items should be rotated using First in First Out for utilization to prevent using foods with mold and bacteria to prevent foodborne illness. When food is delivered on Tuesday, storeroom person does random checks to make sure there is no expired food. On [DATE] at 2:55 PM, the Dietary Associate was interviewed and stated the emergency food was last stocked in [DATE], and items were rotated. The looked at the expiration dates and used FIFO. Expired items are brought to management's attention. Any expired items in the room were discarded in [DATE]. The Acting Food Service Director was present when the storeroom was stocked. On [DATE] at 03:00 PM, the Food Service Supervisor (FSS) was interviewed and stated they have not looked at the emergency food stock for expiration dates and only checked the dry storage area. On [DATE] at 03:01 PM, the acting Food Service Director was interviewed and stated they periodically check expiration dates. Every 6 months they rotate the old stock, and they rotate when new stock is ordered. Some items came in [DATE]. When items are within 1 month of expiration/use by date, we put it in use. Once in a while, there are expired items. Expired items are not good for residents and should not be consumed as they are a health hazard. There is no system to track expired items. They check boxes, and they take old ones out and put new ones in. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	415.14 (h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42101 Based on observations, record review, and interviews during the recertification survey (T37011), the facility did not ensure that infection control practices were maintained. This was evident for 1 of 6 floors (Unit - 4) observed for Infection Control. Specifically, a Licensed Practical Nurse (LPN #3) was observed using a blood pressure cuff (BPC) on multiple residents without sanitizing the BPC between residents. The findings are: The policy titled Reprocessing Reusable Equipment, last reviewed 02/23/2023, documented resident care equipment can be a source of indirect contact transmission of infectious agents. When equipment is used on a resident, infectious agents from that resident can be transferred to the equipment. Proper use, including the reprocessing of reusable resident care equipment is necessary to break the chain of infection. BPC is a multi-use equipment intended to be used for more than one resident and non-critical equipment that comes into contact with intact skin. During an observation on 05/12/2023 from 10:19 AM to 10:41 AM, LPN #3 entered Resident #115's room and took Resident #115's blood pressure (BP) on the left arm. After completing the BP, LPN #3 placed the BPC in the caddy without cleaning it. LPN #3 administered medications to Resident #115, went back to the medication cart, made entries in the computer, handled their personal phone, prepared medications for the next resident, poured water into a cup, and grabbed gloves from the cart. I hope they did handwashing since you do not mention that as a concern, but it is not mentioned here either LPN #3 took the BP machine caddy and entered Resident #38's room. LPN #3 took Resident #38's BP on the left arm using the same BPC without cleaning it. Afterwards, LPN #3 donned gloves and administered eye drops to Resident #38. LPN #3 washed their hands at the sink and placed the BPC in the caddy without cleaning it. LPN #3 then administered medications to Resident #38. LPN #3 then walked over to the roommate seated in their wheelchair by the window, Resident #105. LPN #3 took the BPC from the caddy and applied it to Resident #105's left arm without cleaning it. LPN #3 exited the room, prepared medication at the med cart, and re-entered the room, and removed the BPC from Resident #105's arm. At 10:41AM, LPN #3 cleaned the BPC with disinfecting wipes. During an interview on 05/12/2023 at 10:44 AM, LPN #3 stated BPCs should be sanitized between each resident to prevent spreading infections between residents. On 05/16/2023 at 1:17 PM, the Infection Preventionist was interviewed and stated shared equipment has to be disinfected before and after use with the purple top wipes. Each machine caddy has a container of wipes. Staff were in-serviced this year. The BPC should be cleaned for infection control to prevent the spread of infection. They do random infection control checks. On 05/16/2023 at 1:55 PM, the Director of Nursing (DON) was interviewed and stated there are sanitary wipes on the unit, and staff should be wiping in between residents. In-services and random checks are done to remind staff of infection control. Cleaning equipment for infection control is important in general due to monkeypox and other infections. They have to be proactive to keep residents safe. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335070	A. Building B. Wing	05/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brooklyn Gardens Nursing & Rehabilitation Center	835 Herkimer Street Brooklyn, NY 11233

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	415.19 (a)(1),(b)(4)