| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335254 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2024 |
|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER Acadia Center for Nursing and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 1146 Woodcrest Avenue Riverhead, NY 11901 | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact 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 | (Each deficiency must be preceded by full regulatory or LSC identifying information) 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. 44925 Based on observations, record review, and interviews during the Recertification Survey initiated on 9/11/2024 and completed on 9/18/2024, the facility did not ensure medications were properly stored in medication carts. This was identified for two (Unit A and Unit C) of four units reviewed during the Medication Storage Task. Specifically, loose unidentifiable medications were observed in medication carts in Unit A and Unit C; and the Unit C Medication Storage Room refrigerator had a dried pink substance spilled on the refrigerator shelf. The findings are: The facility Medication cart policy, revised in March 2024, documented all medication carts will remain free from all non-medication items (i.e. hearing aids, hair of pipers). The nursing staff is responsible for checking the medication cart for any loose medications every shift. The Medication comes policy, revised in March 2024, documented all medication rooms will be maintained in a state of cleanliness and ensure the refrigerator is clean and the freezer is defrosted as per schedule. The Blister Packs and Newly Opened Medications policy, revised in 1/2023, documented that nurses should initial and date the blister pack as the first dose of medication is administered. The new bottle of liquid medication cart. Unit A Medication Cart #2 was observed on 9/12/2024 at 4:58 PM with Licensed Practical Nurse #3. There were three large nail clippers, hearing aids, and hearing aid batteries stored in the top drawer of the medication cart. Licensed Practical Nurse #3 was interviewed immediately after the observation on 9/12/2024 at distated the na | | |

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

Facility ID: 335254

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335254 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2024 | |
|--|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| Acadia Center for Nursing and Rehabilitation | | 1146 Woodcrest Avenue Riverhead, NY 11901 | | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact 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 | Unit A Medication Cart #1 was observed on 9/12/2024 at 5:04 PM with Licensed Practical Nurse #4. There were 18 unidentified loose medications, including capsules and tablets, observed on the base of the second drawer of the medication cart. Licensed Practical Nurse #4 was interviewed immediately after the observation on 9/12/2024 and stated there should not be any unidentified loose pills in the cart. Licensed Practical Nurse #4 stated they did not know there were loose tablets and capsules in the medication cart before the observation. The Unit C Medication Cart was observed on 9/12/2024 at 5:13 PM with Licensed Practical Nurse #5. There were 24 unidentified loose medications, including capsules and tablets noted on the base of the second drawer of the medication cart. There were two large nail clippers, hearing aids, and hearing aid batteries stored in the first drawer of the medication cart. The Unit C Medication Storage Room was observed on 9/12/2024 at 5:15 PM with Licensed Practical Nurse | | | |
| | | | | |
| | #5. There was an opened and undated 12-ounce bottle of Geri Lanta (an antacid medication) on the shelf in the medication storage room. The medication storage room refrigerator was observed with a pink dried substance spilled at the bottom of the second shelf. Licensed Practical Nurse #5 was interviewed immediately after the observation on 9/12/2024 and stated the pink residue in the refrigerator must be from a medication stored in the refrigerator. Licensed Practical Nurse #5 stated the nurses should have cleaned the refrigerator. Licensed Practical Nurse #5 stated they didn't know who opened the undated Geri Lanta and it should have been discarded after a month from when it wa first opened. Licensed Practical Nurse #5 stated they should not have kept any items other than the medications in the treatment carts. Licensed Practical Nurse #5 stated they did not realize the medication cart had loose medications. Licensed Practical Nurse #5 stated all nurses should make sure there are no loose medications in the medication carts. The Director of Nursing Services was interviewed on 9/18/2024 at 12:30 PM and stated it was not acceptable. | | | |
| | to have loose medications, nail clip and the hearing aid batteries shoul the nurses should keep the medica | as interviewed on 9/18/2024 at 12:30 F pers, and hearing aid batteries in the n d be stored in the treatment cart. The I tion carts and medication storage roon ottles should be labeled to determine w | nedication cart. The nail clippers Director of Nursing Services stated ns clean. The Director of Nursing | |
| | | | | |

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY | |
|--|--|---|-------------------------|---------------------------------------|
| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: 335254 | A. Building B. Wing | COMPLETED 09/18/2024 | |
| | | | | |
| NAME OF PROVIDER OR SUPPLIER Acadia Center for Nursing and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 1146 Woodcrest Avenue Riverhead, NY 11901 | | |
| | | | | For information on the nursing home's |
| (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 | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. | | | |
| potential for actual harm | **NOTE- TERMS IN BRACKETS H | IAVE BEEN EDITED TO PROTECT CO | ONFIDENTIALITY** 45349 | |
| Residents Affected - Some | Based on observations, record review, and interviews, during the recertification survey initiated on [DATE and completed on [DATE], the facility did not ensure that food was stored in accordance with professional standards for food service safety. This was identified during the Kitchen Task. Specifically, expired and opened containers of food were observed in the refrigerator; The freezer was observed with frozen food products out of their original packaging with no label or date. Additionally, stored dry goods were unlabeled and undated in the basement dry storage area. | | | |
| | The finding is: | | | |
| | An undated facility policy titled Food Storage documented foods received shall be properly stored to maintan high quality and sanitary conditions. Items may be utilized until the date of expiration, based on the production date and item shelf life. Dry bulk foods such as flour, rice, or pasta, once opened, shall be store in a plastic container with a cover. All items should be dated and labeled. All goods will be rotated properly using the first in, first out method. | | | |
| | A kitchen tour was conducted with the Food Service Director on [DATE] at 10:15 AM. The refrigerator section of the combination walk-in refrigerator/freezer was observed with three expired, open containers of cottage cheese. Two containers were observed with an expiration date of [DATE] and one container with an expiration date of [DATE]. The freezer section of the combination walk-in refrigerator/freezer was observed with three packages of French toast sticks which were out of the original packaging and had no label or date additionally, six bags of frozen broccoli that were out of the original packaging were observed without a date date. | | | |
| | The basement dry storage area and a basement walk-in combination refrigerator/freezer were observed wit the Food Service Director on [DATE] at 10:29 AM. In the dry storage area, six bags of cake mix were observed that were removed from their original packaging and had no date. In the refrigerator section of the walk-in combination refrigerator/freezer, there were unlabeled and undated packages of chicken, three bags of shredded pizza cheese, and five bags of shredded cheddar cheese. In the freezer section of the walk-in refrigerator/freezer, there was an open bag of pancakes and an unidentified bag of food without a label and date. | | | |
| | The Food Service Director was interviewed on [DATE] at 10:50 AM and stated that the containers of expired cottage cheese were left in the refrigerator because the dietary aides did not rotate or take out the old containers. The Food Service Director stated that the dietary aides and the cooks should read the expiration dates and discard the outdated items. The Food Service Director stated the person who placed the chicken in the basement refrigerator/freezer should have labeled and dated the packages or the tray they were stored on. The Food Service Director stated the dietary aide assigned to the storeroom or any person who takes something out of the original packaging is responsible for labeling and dating the food items. The Food Service Director stated it is important for food items to be labeled and dated so that kitchen staff know what the food item is and when to prepare the food item. The Food Service Director stated food should not be left open in the freezer because the food item can get freezer burn if not properly stored. The Food Service Director stated it is important to check the expiration dates of food to ensure that the food is not spoiled. | | | |
| | (continued on next page) | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335254 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2024 | | | |
|--|---|--|---|--|--|--|
| | | b. wing | | | | |
| NAME OF PROVIDER OR SUPPLIE | R | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| Acadia Center for Nursing and Rehabilitation | | 1146 Woodcrest Avenue Riverhead, NY 11901 | | | | |
| 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 | 10 NYCRR 415.14(h) | | | | | |
| Level of Harm - Minimal harm or potential for actual harm | | | | | | |
| Residents Affected - Some | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |