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

Printed: 05/09/2025 Form Approved OMB No. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
San Simeon by the Sound Center for Nursing & Rehab		61700 Route 48 Greenport, NY 11944			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0684	Provide appropriate treatment and care according to orders, resident's preferences and goals.				
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41051				
Residents Affected - Few	Based on observations, record review, and interviews during the Recertification Survey initiated on 8/26/2024 and completed on 9/5/2024, the facility did not ensure that all residents received treatment and care in accordance with professional standards of practice. This was identified for one (Resident #256) of one resident reviewed for Pain Management. Specifically, Resident #256 reported left-hand pain on 8/4/2024. The medical provider was contacted and ordered an x-ray of the left hand. Registered Nurse #6 wrote the telephone order in the medical record and erroneously indicated an x-ray order for the right hand The x-ray of the right hand was completed; however, neither the Medical Doctor nor the Nurse Practitioner reviewed the x-ray results. The facility staff were not aware of the transcription error until it was brought to the facility's attention by the surveyor.				
	The finding is:				
	The facility's untitled and undated policy statement regarding medication administration documented, that the Licensed Nurse may obtain orders from a Physician, a Nurse Practitioner, or a Physician Assistant. Telephone orders must be read back to the medical practitioner to ensure that the order is correct.				
	The facility's undated policy titled, Radiology Services documented, it is the Attending Physician's responsibility to provide a written order for an x-ray. The Licensed Nursing staff are responsible for completing the x-ray requisition form ensuring all pertinent diagnoses and the physician's rationale for ordering the diagnostic services. The Licensed Nurse presents the results to the medical doctor.				
	Resident #256 had diagnoses that included Morbid Obesity, Type 2 Diabetes, and Unspecified Pain. The Quarterly Minimum Data set assessment dated [DATE] documented Resident #256 had a Brief Interview for Mental Status score of 15, indicating the resident was cognitively intact. The Quarterly Minimum Data set documented Resident #256 did not have an upper extremity impairment.				
	The Musculoskeletal Disease Comprehensive Care Plan effective 8/29/2024 documented Resident #256 was diagnosed with gout as evidenced by pain. Interventions included to monitor for pain or swelling of joints, to administer medications as per the medical doctor's orders, and to obtain diagnostic services as per the medical doctor's orders.				
	(continued on next page)				

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: 335274

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with arthritic changes. There ian or nurse practitioner. ant #256 was interviewed on ant #256 stated they received they could not recall how lor tated they were told by a nu could cause the pain and the se Practitioner's note dated & nd. Resident #256 was to co licator of gout). and interview was conducted aving pain in their left hand. buld not bend the finger, could received acetaminophen th ed Practical Nurse #6 was in	her's note dated 8/5/2024 documented they saw Resident #256 to assess the left index ama (swelling caused by fluid trapped in the body's tissues). The assessment and plan matory osteoarthritis (a type of osteoarthritis that is characterized by inflammation and middle and last joints of the fingers) and mild gout (a form of arthritis that occurs when cid in the blood cause crystals to form and accumulate in and around a joint). The as to wait for the x-ray of the left hand. ad 8/5/2024 documented an x-ray of the right hand with three views. The right hand was changes. There was no documented evidence that the x-ray report was reviewed by the oractitioner. interviewed on 8/26/2024 at 11:21 AM and stated they often had pain in their hands. ad they received acetaminophen (Tylenol-drug used to treat pain) for pain. Resident #256 to recall how long they had the hand pain and did not recall injuring their hands. Resident are told by a nurse (they did not know the nurse's name) that they had Gout and Arthritis he pain and they received medication for Gout and acetaminophen for pain. r's note dated 8/28/2024 documented that Resident #256 had a complaint of pain to their #256 was to continue acetaminophen and have bloodwork to check their uric acid level t). was conducted with Resident #256 on 9/4/2024 at 10:30 AM. Resident #256 stated they their left hand. Resident #256 stated the index finger on their left hand hurt the most and the finger, could not grip anything, or close their hand. Resident #256 stated they asked			
Practical Nurse #6 stated the resident has a physician's order for acetaminophen and Resident #256 would ask for their pain medication when they are experiencing pain. (continued on next page)				
	they could not recall how lot tated they were told by a nu- could cause the pain and the e Practitioner's note dated & d. Resident #256 was to co- icator of gout). Ind interview was conducted aving pain in their left hand. uld not bend the finger, cou- received acetaminophen the ed Practical Nurse #6 was in in their left hand and was g al Nurse #6 stated the resid their pain medication when	they could not recall how long they had the hand pain and did not related they were told by a nurse (they did not know the nurse's name could cause the pain and they received medication for Gout and act e Practitioner's note dated 8/28/2024 documented that Resident #26. Resident #256 was to continue acetaminophen and have blood icator of gout). Ind interview was conducted with Resident #256 on 9/4/2024 at 10: aving pain in their left hand. Resident #256 stated the index finger uld not bend the finger, could not grip anything, or close their hand received acetaminophen that morning for their left-hand pain.		

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NAME OF PROVIDER OR SUPPLIER San Simeon by the Sound Center for Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 61700 Route 48 Greenport, NY 11944		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Tylenol was administered and the nursing supervisor was notified. Orders were placed for an x-ray of the left hand. A Nurse Practitioner's progress note dated 9/4/2024 documented Resident #256 reported pain to their left hand. There was trace edema (swelling caused by fluid trapped in the body's tissues) of #1-#4 digits (the thumb, index finger, middle finger, and the ring finger) of the left hand, no erythema (redness of the skin), and decreased active range of motion (movement using their own muscles) to digits (fingers) at metacarpophalangeal joint (knuckle joint). The Nurse Practioner recommend to obtain an x-ray of the left hand. The Nurse practitioner documented to adding ibuprofen (a nonsteroidal anti-inflammatory drug) 400 milligrams every lwelve hours for forty-eight hours and starting Methylprednisone (a steroidal medication used to treat arthritis) in the morning. A nursing progress note dated 9/4/2024 documented the x-ray results of Resident #256's left hand were received and documented left-hand Arthritis. The Nurse Practitioner was notified of the findings. Registered Nurse #6 was interviewed on 9/4/2024 at 12:39 PM and stated they could not recall Resident #256 reporting pain in their left hand on 8/4/2024, whether or not they contacted the Nurse Practitioner, and entered an order for the x-ray of the right hand instead of the left hand. Nurse Practitioner #1 was interviewed on 9/4/2024 at 1:21 PM and stated Resident #256 had chronic pain in their left hand. On 8/4/2024 they gave Registered Nurse #6 a telephone order for an x-ray of the resident's left hand. Nurse Practitioner #1 stated they should have ensured the correct order had been placed when they signed off on the order. Nurse Practitioner #1 stated they did not review the right-hand x-ray report when it was received from the Radiologist because they were no liformed of the receipt of the results. Nurse Practitioner #1 stated they are supposed to be notified by unit nurses that a radiology report was received. The Nurse Practitioner #1 st			