

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER The Phoenix Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 St Edwards Street Brooklyn, NY 11201	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</p> <p>Based on observation, record review, and interviews conducted during the Recertification Survey from 09/16/2024 and 09/23/2024, the facility did not ensure that a resident who needs respiratory care including tracheostomy care, was provided such care consistent with professional standards of practice. This was evident in 1 resident (Resident #193) reviewed for tracheostomy care out of 38 total sampled residents. Specifically, Resident #193's family member was observed performing tracheostomy care to the resident without training and staff supervision.</p> <p>The findings are:</p> <p>The facility policy titled Tracheostomy with a revision date of 10/2023 documented that the purpose of the policy was to guide tracheostomy care and cleaning of reusable tracheostomy cannulas. The policy documented that aseptic technique must be used during tracheostomy dressing changes and enhanced barrier precautions must be followed. The procedure guidelines documented that resident's skin must be assessed and resident must be assessed for respiratory distress during tracheostomy dressing change. The policy documented that in cleaning the removable inner cannula, the supplies must be set-up in a sterile field.</p> <p>On 09/18/2024 at 09:49 AM, Resident #193's family member was observed performing tracheostomy care to the resident in the room without supervision or observation by any licensed staff. The family member used regular gloves to remove Resident #193's dirty tracheostomy collar, dirty dressing, tracheostomy mask, and inner cannula. The family member washed the dirty tracheostomy items in the sink inside Resident #193's room and placed them back on the resident's tracheostomy site without changing their gloves. Using the same gloves, the family member applied a new gauze on the tracheostomy site, replaced the inner cannula and the tracheostomy collar and mask.</p> <p>Resident #193 was admitted to the facility with diagnoses that included Coronary Artery Disease, Non-Alzheimer's Dementia, and Tracheostomy Status.</p> <p>The Quarterly Minimum Data Set, dated dated dated [DATE] documented the resident had severe impairment in cognition, is on suctioning, on oxygen therapy, on tracheostomy care, and was totally dependent on staff for all activities of daily living.</p> <p>A comprehensive care plan for tracheostomy related to impaired breathing mechanics was initiated on 02/01/2022. The facility interventions included tracheostomy / stoma care every shift and as needed and suction as necessary.</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: 335516
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order dated 06/07/2023 documented to apply gauze pads to neck topically every shift for tracheostomy care, to cleanse skin under trach collar with soap and water and apply gauze pads, and to change inner cannula every shift and as needed.</p> <p>A review of the Treatment Administration Record from 09/01/2024 - 09/17/2024 revealed that the physician's order on tracheostomy care was transcribed and were signed off by the licensed nurses.</p> <p>During an interview on 09/18/2024 at 09:50 AM, Resident #193's family member stated that they perform Resident #193's tracheostomy care every day because the staff were not doing it. The family member refused to answer when they were asked by the Surveyor if they had been trained by the licensed nurse in the facility on how to perform tracheostomy care.</p> <p>During an interview on 09/18/2024 at 02:24 PM, Certified Nursing Assistant #1 stated they had been assigned to Resident #193. They stated that Resident 193's family visits daily and that the family member performs the tracheostomy care for the Resident.</p> <p>During an interview on 09/18/2024 at 10:04 AM, Licensed Practical Nurse #1 stated that Resident #193's family member has been doing the Resident's tracheostomy care every day. They stated they do not know if the family member has been trained to perform tracheostomy care.</p> <p>During an interview on 09/18/2024 at 1:20 PM, Registered Nurse #1 stated that the unit nurse is responsible in performing tracheostomy care for Resident #193. They stated they had been seeing the family member visit daily but was not aware that they had been doing the tracheostomy care for the Resident.</p> <p>During an interview on 09/20/2024 at 09:26 AM, the Director of Nursing stated that the unit nurse is responsible in performing tracheostomy care. They stated they were not aware that Resident #193's family member had been doing the Resident's tracheostomy care. The Director of Nursing stated that if the family is interested in performing tracheostomy care, they need to be educated by the nurse on the proper way of doing it.</p> <p>10 NYCRR 415.12(k)(5)(4)</p>		