STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33315 Based on record review and interviews conducted during the Recertification and Abbreviated Survey (NY00325860, NY00304996) from 02/08/2023 - 02/15/2023, the facility failed to ensure that all alleged violations involving abuse were reported immediately, but not later than 2 hours after the allegation of abuse was made, to the administrator of the facility and to the State Survey Agency. This was evident in 4 residents (#57, #133, #150 and #165) of 38 total sampled residents. Specifically, 1.) On 10/05/2023, Resident #57 alleged they were hit by another resident. The facility reported the allegation to the New York State Department of Health on 10/11/2023. Additionally, The Administrator was made aware of the allegation on 10/10/2023. 2.) On 11/04/2022 at 11:05 PM, Resident #165 alleged Resident #133 hit them on their left eye. The facility reported the allegation to the New York State Department of Health on 11/05/2022 3:05 PM. The findings are: A facility policy titled Abuse, Involuntary Seclusion, Exploitation, Neglect, Misappropriation of Property and Injuries of Unknown Origin with revision date of 01/30/2024 stated the facility will ensure that all alleged violations involving abuse, neglect, exploitation, or misappropriation of property, are reported immediately, but not later than 2 hours after the allegation was made. Internal Reporting Employees must always report any abuse or suspicion of abuse immediately to the Administrator, Director of Nursing, Grievance Officer, and Supervisor. Resident # 57 was admitted to the facility with diagnoses of Mild Intellectual Disability, Atrial Fibrillation, and Deep Vein Thrombosis. The quarterly Minimum Data Set with Assessment Reference Date of 09/14/2023 documented that Resident #57 had moderately impaired cognition, no behaviors. Resident #150 was admitted to the facility with diagnoses of Dementia with other Behavioral Disturbance, Alzheimer's Disease, and Cerebral Ischemia. The quarterly Minimum Data Set assessment with Assessment Reference Date of 07/26/2023 documented that Resident #150 had intact cognition and had behavioral symptom not directed toward others that occurred in 1 to 3 days. An Accident/Incident Report form dated 10/07/2023 documented that Resident #57 was noted with redness to right chin, when Resident was asked, they stated they do not know. An undated Certified Nursing Assistant Accident/Incident Report form documented they were told by the housekeeping staff that Resident #57 stated they were punched by their roommate. (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
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A written statement by Licensed Practical Nurse #1 dated 10/12/2023 2:49 PM documented on the morning of 10/05/2023 they were told by the porter that Resident #57 was bleeding from the mouth and Resident stated they were hit. It was documented that Licensed Practical Nurse #1 immediately went to the Resident and provided mouth care and then reported the alleged incident to the supervisor. A written statement by Registered Nurse #1 who was the supervisor dated 10/12/2023 6:00 PM documented that on 10/05/2023, they were called by the nurse on duty who informed them that Resident #57 was bleeding from the mouth as per porter. Nurse on duty stated that porter reported that their roommate may have hit Resident #57. The Nursing Home Facility Incident Report for complaint NY00325860 documented that the allegation was reported to the New York State Department of Health on 10/11/2023 at 5:02 PM. It was documented that the Administrator was first made aware of the incident on 10/10/2023 at 11:30 am. Resident #133 was admitted to the facility with diagnoses of Dementia, Anxiety, and Major Depressive Disorders. The Minimum Data Set assessment dated [DATE] and the most recent assessment dated [DATE] documented Resident #133 had moderately impaired cognition. Resident #165 was admitted to the facility with diagnoses of Dementia, Major Depressive Disorder, and Schizoaffective disorders. The Minimum Data Set assessment dated [DATE], and the most recent MDS assessment dated [DATE] documented Resident #165 had moderately impaired cognition. An Accident/Incident Report form dated 11/04/2022 11:05 PM documented Resident #165 stated their roommate hit them in the left eye. Left eye was noted with purple discoloration. The report form documented that the incident was reported to the Department of Health on 11/05/2022. The facility Summary of Investigation dated 11/10/2022 documented there was alleged altercation between Residents #165 and #133. Resident #165 stated during interview that their roommate hit them because they wanted to turn off the light. Resident #133 stated during interview that it was Resident #165 who hit them in the face and that they only defended themselves. The altercation was unwitnessed. The facility summary concluded that based on the facility investigation, there was no evidence to support any policy or care plan violation. There was no evidence that either resident intended to harm each other. The Nursing Home Facility Incident Report for complaint #NY00304996 documented that the allegation was reported to the New York State Department of Health on 11/05/2022 at 03:05PM. During an interview on 02/14/2024 at 10:57 AM, the Quality Assurance Director, stated they were responsible for reporting allegations of abuse and other reportable incident to the Department of Health. They stated they were not around when the incident on 11/04/2022 occurred and that they communicated it with the Director of Nursing. The Quality Assurance Director stated that according to the Director of Nursing, there was a computer glitch on the day of the incident and that it was later submitted on 11/05/2022. The Quality Assurance Director also stated during an interview on 02/14/2024 at 4:43 PM that they were following the New York State protocol of investigation and that they have 5 days to report the allegations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/14/2024 at 11:01 AM, the Director of Nursing stated they were not made aware on 10/05/2023 of the allegation between Residents #57 and #150. They were made aware a couple of days later when Resident #57's bruising on the chin became apparent, and that was when a full-blown investigation was initiated. The Director of Nursing stated that nursing supervisors are required to immediately report any allegation of abuse and begin an investigation. They stated that the nursing supervisors have access to the Nursing Home Facility Incident Report system, and once they are notified of any allegation of abuse, supervisors are then given a go ahead to report the incident themselves. The Director of Nursing also stated during an interview on 02/14/2024 at 11:50 AM that an allegation of abuse must be reported to the Department of Health within 2 hours from the time they were made aware. They stated that for the incident on 11/04/2022, they attempted to submit the report timely but had a technical issue. During an interview on 02/13/2024 at 8:14 AM, the Administrator stated they were first made aware of the allegation that Resident #57 was hit by Resident #150 a few days later when Resident #57 had some right-side facial bruising that became apparent. They immediately started the investigation and reported the allegation to the New York state Department of Health on 10/11/2023. 10 NYCRR 415.4(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33315 Based on record review and interviews conducted during the Recertification Survey, the facility failed to ensure that services provided met professional standards of quality. This was evident for 1 (Resident #402) of 38 total sampled residents. Specifically, Licensed Practical Nurse #4 did not notify the physician when Resident #402 refused to take Carvedilol 25 milligrams and Hydralazine 50 milligrams on multiple occasions. In addition, Licensed Practical Nurse #5 held Carvedilol 25 milligrams and Hydralazine 50mg without a physician's order. The findings are: The New York State Education Law Article 139, Section 6902 stated the practice of the profession of nursing includes the executing of medical regimens prescribed by a licensed physician. It further states that nursing regimen shall be consistent with and shall not vary any existing medical regimen. Resident #402 was admitted to the facility with diagnoses of End Stage Renal Failure, Major Depressive Disorder, Hypocalcemia, Hypertension. The admission Minimum Data Set assessment dated [DATE] documented Resident #402's cognitive status was moderately impaired. A physician's order dated 01/24/2024 included Carvedilol 25 milligram tablet, give 1 tablet by oral route 2 times daily with food for hypertension and Hydralazine 50 milligram tablet, give 2 tablets (100 milligrams) by oral route 3 times daily with food for hypertension. The electronic Medication Administration Record dated 02/01/2024 - 02/12/2024 documented that Hydralazine 50 milligram tablet was not administered on 02/03/2024 10:00 AM, 02/03/2024 2:00 PM, and on 02/11/2024 6:00 PM; Carvedilol 25 milligram was not administered on 02/03/2024 8:00 AM. License Practical Nurse #4 documented Refused as the reason for not administering the medication. Further review of the electronic Medication Administration Record revealed that Hydralazine 50 milligram was not administered on 02/06/2024 2:00 PM, 02/08/2024 2:00 PM, and 02/09/2024 2:00 PM; Carvedilol 25 milligram was not administered on 02/08/2024 8:00 AM. Licensed Practical Nurse #5 documented Below Normal Parameters as the reason for not administering the medication. A nurse's note dated 02/03/2024 2:00 PM documented Resident refused all medications and treatment provided on tour. Education was given but not successful. A nurse's note dated 02/11/2024 11:14 PM documented Resident refused scheduled medication. Resident stated they were tired and wanted to sleep. A review of the Nurses' Progress Notes did not reveal documentation that the physician was notified of the missed medications and that medications were put on hold. A review of the Physician's Progress Notes did not reveal documentation that the physician was informed of the missed and held medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Physician's Orders did not reveal orders to hold Hydralazine 50 milligram and Carvedilol 25 milligram due to below normal parameters. During an interview on 02/13/2024 at 11:57 AM, Licensed Practical Nurse #4 stated Resident #402 was alert and oriented, and often refused medications. They stated they tried to re-offer the medications and Resident would still refuse. Licensed Practical Nurse #4 stated they did not notify the physician because they believed that Resident #402 was able to make decisions on their own. During an interview on 02/14/2024 at 01:53 PM, Licensed Practical Nurse #5 stated they held the Carvedilol and Hydralazine because Resident #402's blood pressure was too low. They stated they did not inform Resident #402's physician about putting the medications on hold. During an interview on 02/14/2024 at 02:29 PM, Registered Nurse #4, who was a Supervisor stated that the physician or the Nurse Practitioner must be notified when a resident refuses to take a medication. The Registered Nurse Supervisor stated they were not aware that Resident #402 was refusing their medications. During an interview on 02/15/2024 at 9:58 PM, the Nurse Practitioner stated they were not informed that Resident #402 refused their medications and that medications were put on hold. During an interview on 02/13/2024 at 02:48 PM, the Attending Physician stated they have not received information from nursing that Resident #402 was refusing medications and that medications were put on hold. During an interview on 02/14/2024 at 02:45 PM, the Director of Nursing stated they reviewed Resident #402's medical record and noted that medications were not administered on several occasions. The Director of Nursing stated that the Registered Nurse Supervisor and the Attending Physician must be notified when medications are not administered. 10 NYCRR 415.11(c)(3)(i)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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. 33315 Based on observation, interview, and record review conducted during the recertification survey, the facility failed to ensure that all drugs and biologicals were stored in locked compartments consistent with state or federal requirements and professional standards of practice. This was evident for 1 (3rd Floor) of 7 units. Specifically, a large bag containing discontinued medications was observed under a desk on 3rd floor nurses' station. Additionally, stock medications were stored on the 3rd floor nurses' station cabinet and were not locked. The findings are: A facility policy titled Medication Storage dated 06/2021 documented that it is the policy of the facility that all medications delivered to the facility are stored according to the federal and state guidelines. The policy documented that over-the-counter medications may be stored in the medication carts or a locked cabinet within the nursing station. On 02/08/2024 at 08:00 AM, a large clear plastic bag was observed under the 3rd floor nurses' station counter. The clear plastic bag had several envelopes containing residents' medications. There was no nursing staff present at the nurses' station at the time of this observation. On 02/08/2024 at 08:05 AM, stock medications were observed stored on the 3rd floor nurses' station cabinet. The cabinet was not locked. A housekeeping staff was observed opening the same cabinet and placed a stack of napkins and paper towels inside. On 02/08/2024 at 08:19 AM, a Pharmacy Technician came and removed the large bag of medications from the nurses' station. During an interview on 02/09/2024 at 10:47 AM, Licensed Practical Nurse #3 stated that their unit does not have a medication room. They stated that medications for return to the pharmacy were kept under the nurses' desk until a pharmacy staff comes to pick them up. During an interview on 02/09/2024 at 11:01 AM, the Director of Nursing stated all units does not have a medication room and stated they need to start locking up all medications after the State Surveyor brought it to their attention. 10 NYCRR 415.18(e)(1-4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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** 48876 Based on observations, interviews, and record review conducted during the Recertification survey from [DATE] to [DATE], the facility did not ensure food was stored in accordance with professional standards for food service safety. This was evident during kitchen observation and in 1 (7th floor) of 6 pantries. Specifically, 1) the kitchen walk-in refrigerator contained expired food items, and 2) the 7th floor pantry contained expired milk and undated, unlabeled food. The findings are: The facility policy titled Food Storage dated ,d+[DATE] documented perishable food items opened or prepared shall clearly be marked at the time of preparation and shall be discarded 48 hrs after the date opened. The facility policy titled Food Brought for Residents from the Outside dated ,d+[DATE] documented that all cooked or prepared food brought in for a resident and stored in the facilities refrigerator will be discarded after 48 hrs/2 days. Food or beverages brought in from the outside will be labeled with the resident's name, room number, and date. Employees are not to store their food in any refrigerators used by residents. 1) On [DATE] at 06:14 AM, the kitchen walk-in refrigerator was observed with 1 container labeled Chili Beans with a use-by date of [DATE], 1 undated container of chopped celery, carrots, and onions, 1 container labeled Chopped Chicken with use-by date of [DATE], 1 container labeled Meat Loaf' with use-by date of [DATE], 1 container labeled Fish with a use-by date of [DATE], 1 container labeled Chicken Parts for Soup with a use-by date of [DATE], and 1 container labeled Baked Chicken Breast with a use-by date of [DATE]. On [DATE] at 02:56 PM, the Dietary Supervisor was interviewed and sated the kitchen walk-in refrigerator contained expired food items. The cook and the dietary aides were not supposed to write dates on food that was leftover from meals at the end of the day. The proper procedure was for kitchen staff to attach stickers with a use-by date onto the plastic wrap of the leftover foods. Leftover food should be disposed of within 2 days. The Dietary Supervisor was responsible for discarding the leftovers from the refrigerator. 2) On [DATE] at 8:03 AM, Licensed Practical Nurse #1 and Registered Nurse #1 were present during observation of the 7th Floor pantry refrigerator. The refrigerator was observed with 1 unlabeled and undated beef patty ion a plastic bag, and 1 half pint of skim milk with an expiration date of [DATE]. On [DATE] at 08:03 AM, Licensed Practical Nurse #1 was interviewed and stated all food in the pantry refrigerator should be labeled, dated, and discarded after 3 days. On [DATE] at 8:05 AM, Registered Nurse #1 was interviewed and stated the pantry refrigerator was checked every 3 days and expired food were discarded. Nursing Supervisors were responsible for checking the pantry refrigerators once weekly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335673	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway Brooklyn, NY 11236

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	On [DATE] at 8:07 AM, the Dietary Supervisor was interviewed and stated they made daily rounds to check for unlabeled and undated food in refrigerators that needed to be discarded. On [DATE] at 03:13 PM, the Director of Food Service was interviewed and stated Housekeeping was responsible for checking the pantry refrigerators daily and discarding expired or undated, unlabeled food. The Dietary staff were only responsible for checking refrigerator temperatures and placing resident nourishments in the fridge. The Director of Food Service stated the kitchen walk-in refrigerators had a strict policy that leftover food was only kept for 48 hours and then discarded. The expired items in the walk-in refrigerators might have been left from the weekend. On [DATE] at 11:35 AM, the Director of Housekeeping was interviewed and stated Housekeeping was responsible for cleaning pantry refrigerators every Saturday and discarded expired and unlabeled items. 10 NYCRR 415.14(h)