

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

Printed: 06/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER East Haven Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 Eastchester Road Bronx, NY 10469	
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 - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18881</p> <p>Based on observation, record review and staff interview during the recertification survey, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, are reported immediately, but not later than 2 hours after the allegation, if the allegation involves abuse or results in serious bodily injury, to the state agency. This was evident for 1 (Resident #63) of 2 residents reviewed for accident. Specifically, an incident where Resident #62 was found on the floor, near the exit door, with a hematoma was not reported to New York State Department of Health (NYS DOH).</p> <p>The finding is:</p> <p>The facility policy on Accident and Incident Reporting, revised 7/13/22 documented: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>Resident #62 was admitted to the facility with diagnoses that included Depression, Non- Alzheimer's Dementia, and Difficulty in Walking.</p> <p>The Minimum Data Set (MDS) 3.0 assessment dated [DATE] documented the resident had intact cognition. Resident #62 required extensive assist of one person with walking, dressing, and using the bathroom.</p> <p>During an interview on 03/02/2023 at 12:16 PM, Resident #62 stated they did not remember having a fall. The resident had a very short attention span during the interaction.</p> <p>The Accident/Incident report documented Resident #62 was found on the floor near the exit door on 01/11/2023 at 6:05 AM, during unit staff regular rounding. Immediate assessment of the resident revealed swelling of the left forehead. The Attending Physician was immediately notified by the Nursing Supervisor, and the resident was transferred to the hospital emergency room . Resident #62 was received a Computer Tomography (CT) scan and was diagnosed with a hematoma to the forehead with no intracranial hemorrhage. Resident #62 was treated conservatively and transferred back to the facility with a diagnosis of syncope.</p> <p>There was no documented evidence this injury of unknown origin was reported to NYS DOH within 2 hours.</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: 335723	Facility ID: 335723 If continuation sheet Page 1 of 10

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/02/2023 at 3:00PM, the Assistant Director of Nursing(ADNS) stated the incident was investigated and statements were taken from staff. The ADNS further stated they were not aware the incident should be reported to the NYS DOH because Resident #62 fell and sustained a hematoma. 415.4(b)(2)		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on observation, record review, and interviews conducted during the Recertification and Complaints survey (NY#00311731) from 02/27/2323 through 03/06/2023, the facility did not ensure that (1) residents' Comprehensive Care Plans (CCP) were reviewed and revised after each assessment, and (2) each resident or resident representative was offered the opportunity to participate in the review of their CCP. This was evident for 5 of 8 residents reviewed for Abuse, 1 of 5 residents reviewed for unnecessary Medication, and 1 of 2 resident review for care planning out 41 residents. (Resident #12, #40, # 173, #181, and #390) Specifically: (1) Care plans for Abuse were not revised quarterly and as needed for Residents # 40, and # 173. (2) Care plan for behavior and abuse was not revised to reflect Resident #181 aggressive behavior. (3) Care plan for behavior and psychotropic drug use was not revised quarterly for Resident # 390. (3) Residents # 12 was not invited to their care plan meetings.</p> <p>The findings include but are not limited to:</p> <p>1.) Resident # 40 was admitted to the facility with diagnoses that include Parkinson's Disease, Bipolar Disorder, and schizoaffective disorder.</p> <p>The Quarterly Minimum Data Set 3.0 (MDS) assessment completed on 12/02/2022 identified Resident #40 as moderately cognitively impaired with a Brief Interview for Mental Status (BIMS) score of 11 out of 15.</p> <p>The Comprehensive Care Plan (CCP) titled Risk for Abuse, Neglect, Mistreatment was initiated on 05/19/2021 and was last revised on 09/29/2022.</p> <p>There was no documented evidence that the comprehensive care plan for abuse was reviewed and revised after the MDS assessment on 12/02/2022.</p> <p>A Nurse's Progress Note dated 12/05/2022 at 2:19 PM documented that Resident #40 got into a physical altercation with Resident #173 on the unit.</p> <p>There was no documented evidence that the risk-for-abuse care plan was revised after the physical altercation on 12/05/2022.</p> <p>The risk for abuse care plan was updated on 02/27/2023, two months after Resident # 40 had a physical altercation with Resident # 173.</p> <p>2) Resident # 173 was admitted to the facility with diagnoses that include Psychosis, and Dementia.</p> <p>The quarterly MDS dated [DATE] identified Resident # 173 as cognitively intact with a BIMS score of 13.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Altercation, Victimization, and Abuse CCP initiated on 10/17/2022 documented that Resident # 173 was involved in an altercation with another resident.</p> <p>A Nurse's progress Note dated 12/05/2022 at 2:44 PM documented that Resident # 173 had a physical altercation with another resident on the unit.</p> <p>There was no documented evidence that the abuse CCP was revised after the physical altercation on 12/05/2022.</p> <p>The abuse CCP was updated on 02/27/2023. Two months after, Resident # 173 had a physical altercation with Resident # 40.</p> <p>During an interview on 03/06/2023 at 9:45 AM, the Registered Nurse Supervisor #3 (RNS #3) stated that the nurses are responsible for updating the care plan. Resident # 173 had a physical altercation with Resident #40 on 12/05/2022. The abuse care plan was not updated. The care plan was updated on 02/27/2023. The CCP is updated as needed, quarterly and annually. The supervisors are responsible for ensuring that the CCP is updated. RNS #3 does not know why the CCP was not updated. The abuse care plan should have been updated when the incident occurred.</p> <p>During an interview on 03/06/2023 at 1:34 PM, RNS #2 stated that the incident happened during the day shift, and RNS #2 worked on the evening shift. RNS #2 initiated the incident report but did not update the care plan because the residents were already out of the facility.</p> <p>During an interview on 03/03/2023 at 12:26 PM, the Assistant Director of Nursing (ADNS) stated that the RNs are responsible for initiating and updating the care plan. The RNS on duty should have reviewed and revised the care plan. The care plans are reviewed and revised as needed and quarterly. Resident #40 and Resident #173 had an altercation on 12/05/2022, but their abuse care plan was not updated until 2/27/2023. The care plan should have been revised with new interventions when the incident occurred.</p> <p>During an interview on 03/06/2023 at 11:51 AM, the Director of Nursing (DON) stated that care plan revision and updates are done quarterly and as needed. Resident #40 and Resident #173 had an altercation on 12/05/2022, and their care plans were updated on 02/27/2023. There are no notes that the care plan was updated when the incident occurred on 12/5/2022. The ADNS is responsible for ensuring that the care plans are updated. It should have been updated when the incident occurred.</p> <p>3) Resident # 12 was admitted to the facility with diagnoses which include Diabetes Mellitus, Anxiety Disorder, and Major Depressive Disorder.</p> <p>The quarterly Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented that Resident #12 is cognitively intact with a BIMS score of 14 out of 15.</p> <p>On 02/28/2023 at 9:41 AM, an interview was conducted with Resident #12. Resident #12 stated they were not invited to the care plan meeting.</p> <p>A quarterly CCP meeting note dated 11/03/2021 documented that Resident #12 was discussed for review. The resident was alert and oriented and able to make needs and feelings known.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The attendance record had no documented evidence that the resident or the designated representative attended the CCP meeting.</p> <p>A quarterly CCP meeting note dated 01/26/2022 documented that Resident #12 was discussed in the CCP meeting.</p> <p>The attendance record has no documented evidence that Resident # 12 or the resident family representative attended the CCP meeting.</p> <p>A quarterly CCP meeting note dated 03/23/2022 documented that Resident # 12 is alert, oriented, and can make needs and feelings known. The resident was assessed and discussed.</p> <p>The attendance record has no documented evidence that Resident # 12 or the family representative attended the CCP meeting.</p> <p>A quarterly CCP meeting note dated 09/14/2022 documented that Resident # 12 was assessed and reviewed.</p> <p>The attendance record has no documented evidence that Resident # 12 or the resident family representative participated in the CCP meeting.</p> <p>A quarterly CCP meeting note dated 12/13/2022 documented that Resident # 12 is alert, oriented, and can make needs and feelings known. The resident was assessed and reviewed.</p> <p>The attendance record has no documented evidence that Resident # 12 or the resident family representative participated in the CCP meeting</p> <p>A review of the social service notes from 11/01/2021 to 12/31/2022 has no documented evidence that Resident #12 or their designated representative were invited to the care plan meeting.</p> <p>During an interview on 03/03/2023 at 3:40 PM, the Social Worker (SW) stated that residents and their families are invited to annual care plan meetings. Resident #12 was invited to the care plan meeting but declined to attend it and asked the SW to invite their designated representative.</p> <p>Resident #12's representative is in a different time zone, so they cannot invite them to the CCP meeting. The SW stated that they are unsure which care plan meeting Resident # 12 was invited to because it is not documented that the resident was invited to any of the care plan meetings. The SW further said it had not been their practice to invite residents to the quarterly CCP meeting.</p> <p>During an interview on 03/06/2023 at 12:11 PM, the Director of Nursing (DON) stated that there should be documentation that Resident #12 was invited to the care plan meeting. The attendance records show no documentation that Resident #12 participated in the CCP meeting. Resident #12 should have been invited to the care plan meeting.</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 03/06/2023 at 12:28 PM, the Director of Social Services (DSS) stated families and residents should be invited to participate in all care plan meetings. Care plan meetings are held upon admission, quarterly, significant change, and annually. The notes do not indicate that Resident # 12 or the family representative was invited to the CCP meeting. There should have been documentation regarding the invitation and attendance at the CCP meeting. The DSS ensures the residents, and their families are invited to the CCP meeting.</p> <p>415.11(c)(2) (i-iii)</p> <p>33315</p> <p>45351</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33315</p> <p>Based on observations, interviews, and record review conducted during a Recertification Survey, the facility did not ensure a resident who is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This was evident for 1 (Resident #114) out of 5 residents reviewed for Unnecessary Medications. Specifically, a Comprehensive Care Plans (CCP) related to Dementia was not developed for Resident #114.</p> <p>The findings are:</p> <p>The facility policy titled Dementia- Clinical Protocol last dated 02/15/23 documented the following: For individual with confirmed dementia, the interdisciplinary Team (IDT) will identify a resident-centered care plan to maximize remaining function and quality of life.</p> <p>Resident #114 had diagnoses which include Dementia, Depression, and Bipolar Disorder.</p> <p>The most recent Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #114's cognition was severely impaired. The MDS also indicated that the resident required extensive assistance with one person when performing Activities of Daily Livings (ADLS).</p> <p>On 03/01/23 at 11:04 AM, Resident #114 was observed participating in an activity titled the memory program Other residents were present during activities.</p> <p>On 03/03/23 at 12:07 PM, Resident #114 was observed participating in group activities at the memory program.</p> <p>The resident log book from 1/2/23 to 3/6/23 documented Resident #114 attended activities 5 times per week.</p> <p>The Physician's Order dated 2/2/23 documented orders for Aripiprazole 5 milligrams (mg) tablet, give 1 tablet (5 mg) by oral route once daily for Psychosis and Benztropine 0.5 mg tablet, give 1 tablet (0.5 mg) by oral route 2 times per day Extrapyramidal and movement disorder.</p> <p>A Physician Progress Note dated 2/10/23 documented that the resident was seen and examined after nursing requested an evaluation for behavioral disturbance. According to nursing, the resident becomes easily agitated, angry, was shouting at staff, and resisting care. Monitor mood and behavior changes. Psychiatry follow up as needed.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Psychiatric Consult dated 2/21/2023 documented that the resident with psychiatric history of Major Depressive Disorder with psychotic symptoms. The consult also documented that the resident expressed relating their depression to current medical/physical condition and being unable to walk or support themselves independently. Resident expressed their wishes to resume Physical Therapy to become more physically active. Staff reported intermittent mood/behavioral symptoms as the resident becomes agitated, angry and yells at staff. Occasionally resisting care. Resident will most likely benefit from psychotherapy to validate emotions and encourage verbalizing feelings and identify positive supports that are in place. Otherwise, support continuation of the current psychotropic regimen as it appears of benefit in addressing psychotic/mood/impulsive symptoms. Gradual Dose Reduction not indicated at this time. The psychiatrist recommended the following plans: Continue Abilify 5 mg daily, Mirtazapine 45 mg every hours of sleep, Wellbutrin 150 mg daily, Benztropine 0.5 mg 2 times a day, and Melatonin 5 mg every hour of sleep. Kindly refer to psychologist for further evaluation and psychotherapy per psychologist's discretion.</p> <p>There were no behavioral notes documented for Resident #114 in the medical record.</p> <p>There was no documented evidence that a person-centered comprehensive care plan for dementia care needs with individualized interventions related to the resident's symptoms and rate of progression was developed.</p> <p>During an interview on 03/03/23 at 11:42 AM, the RN supervisor (RN #3) stated that the RNs are responsible for the development of care plans and care plan updates. RN #3 stated care plans are developed and updated after the admission, quarterly, and significant change assessments by the interdisciplinary team. The RN #3 concluded by saying that they cover several units and could not tell who was responsible for creating and updating the care plan.</p> <p>During an interview on 03/06/23 at 10:47 AM, the assigned Certified Nursing Assistant (CNA #7) stated that the resident sometimes appeared depressed and was not willing to go out of the unit despite encouragement from staff. CNA #7 stated that the resident spends most of their time in the memory program downstairs.</p> <p>During an interview on 03/06/23 at 02:54 PM, the Recreational Director stated that the resident attended the memory program which runs 7 days a week. They stated that the memory program accommodates all residents with dementia and behavioral problems. The Recreation Director also stated that the resident attended the program very often and participated in the program.</p> <p>415.11(c)(2)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>33315</p> <p>Based on observations, record reviews and interviews conducted during the Recertification survey from 2/27/23 to 3/6/23, the facility did not ensure that medication error rates were not 5 percent or greater. This was evident for 2 of 26 medication observations conducted during the Medication Administration task. Specifically, medications were not administered as ordered by the physician: 1). Fluoxetine 20 mg 1 capsule was administered to resident #43 instead of 3 capsules (60 mg). and 2). Brimonidine/Alphagan P 0.15 % eye drops were omitted for Resident #87, leading to a medication error rate of 7.69%.</p> <p>The findings are:</p> <p>1.) Resident #43 was admitted to the facility with diagnoses that included Generalized Osteoarthritis and Pressure Ulcers.</p> <p>The Physician order dated 5/31/22, last renewed on 3/1/23 documented the following:</p> <p>Fluoxetine 20 mg capsule give 3 capsules (60 mg) by oral route once daily. The medication was scheduled for 09:00 AM</p> <p>On 03/02/23 at 10:12 AM during a medication administration observation conducted on Unit 2, the Licensed Practical Nurse (LPN) #3 administered Fluoxetine 20 mg 1 capsule to Resident #43 instead of 3 capsules (60 mg). LPN #3 signed the Medication Administration Record confirming 3 capsules of Fluoxetine 20 mg were administered.</p> <p>On 03/02/23 at 10:30 AM, the LPN# 3 was interviewed and stated that they were the regular LPN on the floor and familiar with every resident on the unit. LPN #3 explained medication administration protocols and stated that they follow the 5 rights of medication administrations, which include making sure they have the correct resident, time, dose and route and dates. The LPN #3 could not explain why they missed 2 capsules. They concluded by saying, Maybe I'm nervous,</p> <p>2)Resident #87 was admitted to the facility with diagnoses which include: Dementia, Schizoaffective disorder, Legal Blindness, Major depressive disorder.</p> <p>The Physician order dated 01/31/2023, last renewed on 3/1/23 documented the following: Brimonidine 0.15 % eye drops, instill 1 drop by Ophthalmic (eye) route in each eye 3 times per day. The medication was scheduled as followed: 10:00AM, 2:00 PM, and 6:00 PM.</p> <p>On 03/03/23 09:45 at AM, during a medication administration observation conducted on Unit 2, the Licensed Practical Nurse (LPN #4) did not administer Brimonidine/Alphagan P 0.15 % eye drops to Resident #87. It was omitted.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/03/23 at 10:15 AM, an interview was conducted with LPN #4. They stated they could not find the Brimonidine/Alphagan P 0.15 % eye drops for Resident #87. The LPN #4 stated that the medication was last administered on 3/2/23 and it ran out. The medication was reordered and should arrive later today. LPN #4 also stated that the medication should have been reordered when the nurse noticed the supply was low. They could not explain why it was not ordered.</p> <p>During an interview on 03/03/23 12:53 PM, RN Supervisor (RNS) #3 stated that they provide supervision to the nurses and do a medication pass competency check list at least every year. RNS #3 also stated that the Brimonidine/Alphagan P 0.15 % eye drops were actually in the medication cart, but the LPN# 4 failed to locate it them. Instead, LPN #4 reordered them. RNS #1 further stated that nurses have to check the 5 rights of medication administration before giving medication. RNS #1 stated they completed random observations of staff during medication administration in the past and did not identified any concerns.</p> <p>415.12(m)(1)</p>		