

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

Printed: 07/02/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335817	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2020
NAME OF PROVIDER OR SUPPLIER Garden Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Franklin Avenue Franklin Square, NY 11010	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34798</p> <p>Based on observation, record review, and interviews during the Recertification Survey the facility did not ensure that care was implemented to meet each resident's medical and nursing needs for 2 (Resident #17 and Resident #88) of 2 residents reviewed for Pressure Ulcers. Specifically, 1) Resident #17 had an ulcer to the right heel and previously had a boggy area to left heel that resolved. The resident had a physician's order for booties to both feet when in bed. Resident #17 was observed on 11/18/2020 in bed with only a heel boot on the right foot and on 11/19/2020 in bed with no heel boots on; and 2) Resident # 88 has multiple Pressure Ulcers of the ankles and feet. The resident had a Physician's Order and current Wound care plan that documented Heel booties at all times, to be removed for hygiene. During two resident observations on 11/16/2020 and 11/18/2020, the Heel booties were not observed in place.</p> <p>The findings are:</p> <p>1) Resident #17 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Peripheral Vascular Disease, and Malnutrition. The 9/1/2020 Significant Change Minimum Data Set (MDS) Assessment documented a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview. The MDS documented that the resident had one Stage 2 pressure ulcer and one venous/arterial ulcer.</p> <p>A Physician's order dated 8/26/2020, and last renewed on 9/25/2020, ordered booties to both feet when in bed.</p> <p>A Physician's order dated 10/15/2020 ordered to cleanse the right heel with normal saline, pat dry, and apply Xeroform gauze. The physician's order included to Pad the heel and top of the foot with combine (a wound dressing), abdominal pads, or gauze 4 inch x 4 inch and wrap loosely with kling/rolled gauze.</p> <p>A Comprehensive Care Plan (CCP) dated 8/12/2020 titled Wound Care-Skin Impairment-Right Heel-Arterial/Venous/Diabetic, had an intervention for heel pads while in bed.</p> <p>The Resident Nursing Instructions, which provides direction to the Certified Nursing Assistant (CNA) for the resident care needs, documented booties to both feet when in bed.</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: 335817	Facility ID: 335817
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing progress note dated 8/12/2020, written by the Registered Nurse (RN) wound care nurse, documented the following: Called by nurse to assess resident's heels. Right heel has suspected deep tissue injury (DTI) with boggy texture and reddish/purple ecchymosis measuring 3 centimeters (cm) X 3 cm. Left heel has redness and boggy texture. MD notified and orders placed for normal saline, skin prep and dry protective dressing. Float heel booties placed and offloading with rolled towel.</p> <p>On 11/18/2020 at 9:52 AM Resident #17's sacrum wound care was observed. The resident was in bed. The resident had a foam heel boot on the right foot. There was no heel boot on the left foot.</p> <p>On 11/19/2020 at 8:40 AM Resident #17 was in bed having breakfast. An observation was made with the Licensed Practical Nurse (LPN) medication nurse. A foam boot was observed on the resident's bedside table. The resident had a dressing on the right foot. There were no heel boots on either foot. The heels were resting on the mattress. The LPN stated she was not sure if both heels should have heel boots. The LPN opened the resident's closet and there was an additional heel boot in the closet. The LPN left room and did not apply the foam heel boot to the right foot.</p> <p>The resident's CNA was interviewed on 11/19/2020 at 8:45 AM. She stated the foam heel boot is for the right foot only because there is a wound on the right heel. She stated the left foot does not have a wound and there is no heel boot necessary for the left foot.</p> <p>The Registered Nurse (RN) wound care nurse was interviewed on 11/19/2020 at 9:17 AM. She stated the resident has diabetic and vascular issues. She stated both heels were boggy and the right heel was worse with a DTI. She stated that is why there was an order for heel boots for both heels. She further stated the left heel had healed and she did not change the order to right heel boot only.</p> <p>The resident's CNA was re-interviewed on 11/19/2020 at 12:25 PM. She stated she was not aware the resident was not wearing the right heel boot during breakfast. She stated the resident never complained about having the boot on when she ate breakfast.</p> <p>The Director of Nursing Services (DNS) was interviewed on 11/20/2020 at 8:15 AM. She stated the left heel boot was not necessary because the left heel healed and the wound care nurse made a mistake by not cancelling the order.</p> <p>25691</p> <p>2) Resident # 88 has diagnoses which include Dementia and multiple Pressure Ulcers. The Minimum Data Set (MDS) assessment dated [DATE] documented the resident had severely impaired cognition and was totally dependent on staff for all activities of daily living. The MDS documented the resident had two Stage IV Pressure Ulcers and three Unstageable Pressure Ulcers, not present on admission.</p> <p>The Physician's Order dated 10/30/2020 and renewed on 11/10/2020 documented Protective Heel booties at all times. Remove for skin check, hygiene and dressing change.</p> <p>The resident's Comprehensive Care Plan (CCP) dated 6/23/2020 titled Wound Care, Pressure Ulcer, Actual-documented interventions that included booties at all times.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the initial tour on Unit 2 on 11/16/2020 at 9:50 AM, the resident was observed in bed positioned on the left side. There were no protective Heel booties in place. No resident care was being rendered.</p> <p>A subsequent resident observation was made on 11/18/2020 at 1: 45 PM with the Registered Nurse/Unit Manager (RN) present. The resident was positioned in a geri recliner. The Heel booties were not observed on the resident. The RN Manager was interviewed at that time and stated that the Heel booties are removed for lunch so that the resident would have some freedom of movement during the meal. The RN stated that removal of the booties during lunch should have been made part of the resident plan of care.</p> <p>Review of the resident's Activity of Daily Living CCP, effective 10/30/2020 and Wound Care-Actual Pressure Ulcer CCP's effective 10/30/2020, did not document the removal of the Heel booties during the resident's meals.</p> <p>The resident's Certified Nursing Assistant (CNA #1) was interviewed on 11/19/2020 at 11:45 AM. The CNA stated that the Heel booties are removed during morning care and for treatments.</p> <p>The Physician (MD) was interviewed on 11/20/2020 at 10:00 AM The MD stated that Resident # 88's Pressure Ulcers are unavoidable and the result of the severe leg contractures. The MD stated that Resident # 88 should have the Heel booties applied all times related to the need for offloading as much as possible.</p> <p>415.11(c)(1)</p>		