

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335819	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER PARK AVENUE EXTENDED CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 425 NATIONAL BOULEVARD LONG BEACH, NY 11561	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and staff interviews during the COVID-19 Infection Control Focus onsite Survey (Case # NY 553), the facility did not ensure resident medical records were complete and accurately documented in accordance with the professional standards of practice for 2 (Resident #3 and #4) of 5 residents reviewed. Specifically, Resident #4's treatment orders for stage 4 pressure ulcers were not signed as completed for 34 of 48 treatments and Resident #3's blood glucose level monitoring was not signed as completed 8 times in one month. The findings are: 1) Resident #4 was admitted to the facility with a [DIAGNOSES REDACTED]. The Minimum Data Set (MDS-an assessment tool) dated 3/27/20 documented the resident had a Brief Interview of Mental Status (BIMS) score of 0 indicating severely impaired cognition and two stage 4 pressure ulcers that were present upon admission. The physician's orders [REDACTED]. strength twice daily from wet to dry to the sacral area and cover with dry dressing. The physician's orders [REDACTED]. A review of the Treatment Administration Record dated April 2020 revealed 34 out of 48 opportunities for the above treatments were not signed as having been administered. During an interview on 05/19/2020 at 11:00 AM the Licensed Practical Nurse (LPN) #4 stated he was assigned to Resident #4 to do treatments and medications and was overwhelmed with both tasks. LPN #4 stated he did the treatments for the resident and probably forgot to sign for treatment administration. During an interview on 5/19/20 at 11:15 AM LPN #5 stated she was assigned to Resident #4 for 5 shifts. LPN #5 stated she was overwhelmed to do treatments and medications at the same time. She stated that she did the treatments and did not feel it was as important to document that treatments were completed. 2) Resident #3 was diagnosed with [REDACTED]. The physician's orders [REDACTED]. During an interview on 05/11/2020 at 12:00 PM Licensed Practical Nurse # 2 (who was assigned to resident #3 for 4 shifts with missing signatures) stated she did all her blood glucose checks immediately when she started her shift and may have forgotten to document them because she was overwhelmed. The Administrator was interviewed on 5/12/20 at 3:40 PM. The Administrator stated that the facility had difficulties dealing with the pandemic and the challenges of staffing were reported. The Administrator stated that all care provided to the resident by staff should be documented in the medical record. 415.22(a)(1-4)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.