

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER TERENCE CARDINAL COOKE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1249 FIFTH AVENUE NEW YORK, NY 10029	
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**</p> <p>Based on observations, record reviews, and interviews conducted during the third Focused Infection Control Survey (FICS) and Complaint Investigation Survey (#NY 029), the facility did not ensure that an alleged violation involving abuse was reported to the NYSDOH (New York State Department of Health) and ensure that the results of the investigation were reported to the Administrator or designated representative and other officials in accordance with State law, including to the State Survey Agency (NYSDOH), within five working days of the incident. Specifically (1.) There was no documented evidence that the facility reported to NYSDOH of the allegation of abuse within the time frame. (2) The results of the investigation concerning abuse/mistreatment of [REDACTED].#2) was not reported. This was evident for 1 of 2 residents investigated for abuse. The findings are: The Facility policy titled: Clinical, Resident Abuse Reporting and Investigation Protocol, Policy and procedure dated 06/27/2019 documented that the facility will ensure that all alleged violation involving abuse, neglect, exploitation, or mistreatment including injuries of an unknown source, misappropriation of resident property are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involved abuse or result in serious bodily injury, or not later than 24 hours if the events that cause allegation do not involve abuse, and do not result in serious bodily injury, to the Administrator of the facility and to other officials (including to the State Survey Agency, and Adult Protective Services where state law provides for jurisdiction in long term care facilities) in accordance with State Law through established procedures. In addition, local law enforcement will be notified of any reasonable suspicion of a crime against a resident in the facility. Resident #2 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) 3.0 dated 6/30/2020 documented that the resident has a Brief Interview for Mental Status (BIMS) Summary Score of 9/15 (moderate impairment). The resident displayed rejection of care 1 to 3 days during the assessment period. On 08/05/2020 at 2:30 PM, an interview was conducted with Resident #2. Resident #2 stated that the Licensed Practical Nurse (LPN)#1 came inside the room while Resident #2 was about to eat his breakfast and forced him to take his medication. The resident took the medication cup and set it aside, then the LPN hit his hand two times and pushed the medication cup back towards his mouth. The resident stated that he was starving and needed to eat first before taking his medication, but the LPN#1 insisted and grabbed his hand. After the resident took the medication, the nurse left the room. Resident #3 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. The Quarterly MDS 3.0 dated 7/22/2020 documented that the resident has a BIMS summary score of 9/15 (moderate impairment). Resident # 3 did not exhibit any mood indicators nor adverse behaviors during the assessment period prior to MDS being completed. On 08/05/2020 at 2:35 PM, an interview was conducted with Resident #2 roommate (Resident #3). Resident #3 stated that on the day of the incident, he was inside the room, and the curtains were open. Resident #3 stated that the nurse came into the room and observed talking to Resident#2 disrespectfully and saw the nurse grabbed Resident #2 left hand and said, eat, eat'. Resident #2 hit the nurse's hand, and the nurse replied, don't hit me, don't hit me. The nurse left the room after. The Physician order [REDACTED]. by oral route once daily every day at 9 AM, Multivitamin tablet 1 table by oral route once daily every day at 9 AM and Memantine 5 mg tablet 2 tablets (10mg) by oral route 2 times per day every day at 10 AM. The Medication Administration Documentation Audit Detail Report dated 7/4/2020 at 10:28 AM documented that LPN #1 gave Resident #2 the following medications: [REDACTED]. The nursing progress notes dated 7/1/2020 to 8/4/2020 was reviewed and observed that there is no written evidence that the incident was reported by Resident #2 and Resident #3. On 8/5/2020 at 10:24 AM, the Director of Risk Management entered a nursing progress note as a late entry. The note documented that on 7/5/2020, the resident alleged he was hit on his hands by the nurse giving medications. The resident was assessed. No signs of injury were noted, and an investigation was initiated. Social Services progress note dated 07/09/2020 documented that the Social worker and 1199 delegate met with the resident regarding complaint made. The resident was interviewed and asked to identify the staff member, and the resident was unable to identify the staff from the photos provided. The resident's roommate was interviewed and stated he heard the staff member ask the resident not to grab her and heard a slap on the wrist following that as indicated by the example shown by the resident's roommate. The Comprehensive Care Plan (CCP) dated 7/5/2020 documented that the resident is at risk for physical abuse as the resident complains of the alleged abuse. Intervention includes identifying patterns of behavior, monitoring residents for complaints of abuse, neglect, and mistreatment. The Facility Occurrence Report dated 7/5/2020 documented that the alert resident, oriented with a BIMS score of 9 reported an alleged assault by the LPN who hit his hand. The alleged nurse was suspended with the pending outcome of the investigation. LPN Employee Disciplinary Action notice dated 7/4/2020 documented that Resident #2 stated that a Jamaican nurse hit his left hand when giving medication before breakfast. LPN #1 was immediately suspended from duty pending an investigation. The facility sent a letter to the alleged LPN dated 07/10/2020 documented that her employment at that facility has been terminated due to alleged resident abuse, jeopardizing the safety and welfare of a resident, and is an unacceptable work performance and unacceptable conduct. The termination was effective on 07/4/2020. A document titled; Confidential for Facility Risk Management Internal Investigation only, the final outcome dated 7/22/2020 documented that even though the resident and roommate were not able to identify the nurse involved, the nurse was terminated, and the staff was in serviced on abuse and neglect. On 8/5/2020 at 12:40 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that the Assistant Director of Nursing (ADON) #2 called her on 7/4/2020 when she was off regarding the incident. The DON directed the ADON to suspend the alleged LPN and start the investigation. The DON also stated that she was responsible for reporting the incident to NYSDOH, and it was her fault for not reporting the incident to NYSDOH. As per DON, in her absence, three people have access for NYSDOH, and those are the ADON #1, facility Administrator and the Executive Director. The DON stated that any alleged abuse, including Resident #2's incident should be reported to NYSDOH on a specific time frame. On 8/5/2020 at 12:50 PM, an interview was conducted with the ADON #2. The ADON stated that she had reported the incident to the DON, and the incident was immediately investigated. As per ADON #2, she did not report the incident since there was no credible evidence that there was abuse, and the LPN was terminated. The ADON #2 added that she does not have access to report the incident to NYSDOH but has already informed the incident to the DON. On 8/5/2020 at 1:17 PM, an interview was conducted with the Executive Director. The Executive Director stated all alleged abuse should be reported to NYSDOH. Still, we did not report the incident to NYSDOH since it appears that there is no inclusive evidence that the nurse hit the resident, there was no eyewitness, as though there was nothing conclusive that something happened. On 8/5/2020 at 12:50 PM, an interview was conducted with the facility Administrator. The Administrator stated that when an allegation is reported to nursing and the DON, it is investigated immediately and the person involved is suspended. The investigation is completed and sent to HR for review. There was no credible evidence that abuse occurred, so the incident was not reported to NYSDOH. 415.4</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER TERENCE CARDINAL COOKE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1249 FIFTH AVENUE NEW YORK, NY 10029	
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)		
<p>F 0609</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	(continued... from page 1)		