

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	

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 - Some</p>	<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** 43368</p> <p>Based on observation, interviews and record review conducted during the Recertification/Complaint/Extended survey (NY00257457, NY00266488, NY00290720, NY00291433, NY00291683, and NY00291833) conducted from 02/23/2022 through 03/04/2022 the facility failed to report all alleged violations involving abuse, neglect, including injuries of unknown source, immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse or do not result in serious bodily injury. This was evident for 5 out of 10 residents reviewed for Abuse, Neglect, and Mistreatment (Resident #24, Resident #367, Resident #211, Resident #10, and Resident #192).</p> <p>Specifically:</p> <ol style="list-style-type: none"> On 05/21/2020 at 6:05AM, Licensed Practical Nurse (LPN #1) witnessed Resident #24 being punched in the right thigh area by Certified Nursing Assistant (CNA) #1. The facility reported this to The New York State Department of Health (NYSDOH) on 05/22/2020 at 03:20 PM. On 10/28/2020 at 07:30PM, LPN #2 witnessed Resident #367 being punched on the right arm by CNA #2. While CNA #2 was in the process of exiting Resident #367's room, CNA #2 threw a pillow that hit Resident #367 on the face. Resident #367 was observed with slight redness with dry yellow drainage to corner of the right eye and was later observed with bruise on the right hand. The facility reported this to the NYSDOH on 10/29/2020 at 04:42 PM. On 02/22/2022, (time not documented) Resident #10 was observed with increased swelling and pain to the right elbow. An x-ray result dated 02/22/2022 documented that Resident #10 had an acute mildly displaced transverse fracture across the right distal humeral metadiaphysis (elbow). Resident #10 was transferred to the hospital on 02/22/2022. On 02/23/2022, in the morning, the Medical Director notified the Director of Nursing (DON) #1 that Resident #10 accused CNA #5 of abuse, potentially causing a fracture to the right elbow. This allegation of abuse was reported to NYSDOH on 2/23/2022 at 7:05 PM. On 02/12/2022, Resident #211's child reported that Resident #211 was abused by a staff member between 6pm and 7pm. The facility reported this to the NYSDOH on 02/17/2022 at 08:41 PM. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>5. On 02/23/2022 at 10:42 AM, Resident #192 reported that CNA #3 called him/her a fat little elephant every night between Midnight and 4:00 AM to the state agent (SA) who immediately informed the facility. The facility reported this to the NYSDOH on 02/25/2022 at 07:05 PM after being directed to do so by the NYSDOH.</p> <p>The findings include but are not limited to:</p> <p>A review of the facility policy dated 07/2010 titled Reporting/Response of Alleged Abuse documented that The Administrator, after consultation with the Administrative Investigating team determines if abuse, neglect, mistreatment or misappropriation of property has occurred. The policy further documents that actions to be taken if there is reasonable cause that abuse, neglect, mistreatment has occurred: report to New York State Office of Health Systems Management ([NAME]) or Central Office or State Health Department's Hotline. The policy documents that all alleged and all substantial incidents will also be reported to all other agencies as required.</p> <p>1) Resident #24 was admitted to the facility with diagnoses which include Dementia and Muscle Wasting.</p> <p>The Minimum Data Set 3.0 (MDS) assessment dated [DATE] documented Resident #24 had severely impaired cognition. The MDS further documented Resident #24 required supervision with setup help only for most areas of Activities for Daily Living (ADLs).</p> <p>The Physical Abuse Allegations Investigation Report dated 05/26/2020 documented that on 05/21/2020 at about 6:05 AM, the LPN #1 heard commotion coming from Resident #24's room. LPN #1 entered the room and observed CNA #1 hit Resident #24 on the right thigh twice with a closed fist. LPN #1 yelled out I saw you. CNA #1 proceeded to complete care that was being provided. LPN #1 remained in the room and later informed the supervisor. An investigation was initiated, and the Police were called. LPN #1 looked at Resident #24's right thigh area and there was no redness or visible injury. The nurse manager and the Medical Doctor (MD) assessed the resident and there was no visible injury to the right thigh area. Resident #24 was observed with discoloration to the left finger. CNA #1 reported that Resident #24 was resistive to care and kicked CNA #1 who instinctively pushed back on Resident #24's right leg to prevent being struck. The facility investigation concluded although LPN #1 was an eyewitness to an actual physical encounter between Resident #24 and CNA #1, it is questionable if this interaction was actual abuse or an instinctive response by CNA #1. There were no findings of abuse or assault by the police. Both LPN #1 and CNA #1 were re-educated on abuse.</p> <p>A Nursing Progress Note dated 05/21/2020 documented that the unit nurse (LPN #1) reported that they had observed Resident #24 being "punched with closed fist twice in upper right thigh by CNA. Body assessment was done, and no visible injury was noted to the area. CNA #1 was instructed to leave the unit and wait downstairs. The Police were called and responded.</p> <p>A Medical Progress Note dated 05/21/2020 documented that Resident #24 alleged to have been punched by aide into Right thigh. Appears to have no recollection and appears to be at baseline. No acute distress noted. No injury noted to right thigh.</p> <p>Review of the HERDS submission report revealed that the facility reported this to The New York State Department of Health (NYSDOH) on 05/22/2020 at 03:20 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>This allegation of physical abuse was not reported to NYSDOH within 2 hours.</p> <p>Multiple attempts were made to contact CNA #1, but all were unsuccessful.</p> <p>LPN #1 is no longer employed at the facility. An attempt was made to contact LPN #1, but the phone number was disconnected.</p> <p>During an interview on 01/31/2022 at 03:15 PM, the Director of Nursing (DON) stated that he/she was not familiar with the case related to Resident #24 since they were not the DON at the time of the incident.</p> <p>2) Resident #367 was initially admitted with diagnoses which include Unspecified Dementia without behavioral disturbance and schizoaffective disorder.</p> <p>The MDS dated [DATE] documented Resident #367 had a Brief Interview of Mental Status (BIMS) score of 6/15, indicating severely impaired cognition. The resident required extensive assistance with one-person physical assist for most areas of ADLs.</p> <p>The Investigation Summary Report for Occurrence dated 10/28/2020 documented LPN #2 observed CNA #2 punching Resident #367 on the right arm. Resident #367 was trying to kick CNA #2 and CNA #2 pushed the resident's feet away towards the resident's face. LPN #2 immediately intervened. CNA #2 left the room, but on the way out threw a pillow that hit Resident #367 on the face. Resident #367 had slight redness to the right eye and a bruise noted on the top of the right hand. CNA #2 reported that LPN #2 asked them to assist Resident #367 and the resident was kicking and punching CNA #2. CNA #2 reported that the nurse entered the room and asked CNA #2 to be patient and nice. CNA #2 proceeded to leave the room and noticed that a pillow was on the floor. CNA #2 picked up the pillow and threw it on the bed. The Police were contacted. The investigation concluded that it was reasonable to conclude that there was an altercation between CNA #2 and Resident #367. CNA #2 agreed with most of what LPN #2 stated other than punching Resident #367. There was no reasonable cause to believe that LPN #2 would lie. CNA #2 was counseled and reeducated.</p> <p>A Nursing Progress Note dated 10/28/2020 documented that at approximately 7:30PM the nurse stated that CNA #2 was abusing Resident #367. Resident #367 stated that CNA #2 threw a pillow at me. No injury was noted, just slight redness with yellow dry drainage to corner of Right eye. The resident denied any pain.</p> <p>A Nursing Progress Note dated 10/29/2020 documented Status Post Incident, day 1: Resident #367 was observed with a bruise on right hand.</p> <p>A review of the HERDS submission report revealed that the facility reported this to the NYSDOH on 10/29/2020 at 04:42 PM.</p> <p>This allegation of Physical abuse was not reported to NYSDOH within 2 hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>During an interview on 01/31/2022 at 03:13 PM, CNA #2 stated that he/she was sitting close to the nursing station when LPN #2 told him/her that Resident #367's legs were hanging off the bed and that he/she should help the resident. CNA #2 stated that when he/she attempted to repositioned Resident #367, the resident began to kick him/her. CNA #2 stated he/she was trapped between the wall and the bed and was trying to get away from Resident #367 so he/she would not be kicked. CNA #2 stated that he/she yelled help, help. CNA #2 stated that he/she ran out of the room as soon as LPN #2 entered the room. CNA #2 stated that while running out of the room, the pillow fell from the bed, and he/she picked up the pillow and threw it back on the bed. CNA #2 stated that the pillow might have hit Resident #367. CNA #2 stated that he/she did not hit or punch Resident #367.</p> <p>LPN #2 is no longer employed by the facility. Multiple attempts were made to contact LPN #2, but all were unsuccessful.</p> <p>During an interview on 01/31/2022 at 03:15 PM, the Director of Nursing (DON) #1 stated that he/she was not familiar with the cases related to Resident #24 and Resident #367 since they were not the DON at the time of the incident.</p> <p>During an interview with on 02/25/2022 at 04:20 PM, DON #1 stated that either the Assistant Director of Nursing of the DON are responsible for submitting cases to the NYSDOH (HERDS) system. DON #1 stated that cases that involve abuse and result in serious injury are reported with in 2 hours, cases without serious injury are reported within 24 hours.</p> <p>3) Resident #10 was admitted with diagnoses which include Rheumatoid Arthritis, Osteoarthritis, and Cellulitis of Right Upper Limb.</p> <p>The MDS dated [DATE] documented that Resident #10 had a BIMS score of 14/15, indicating intact cognition. Resident #10 required extensive assistance with one-person physical assist for most areas of ADLs.</p> <p>The Accident/Incident Investigation Report - Summary dated 02/27/2022 documented Resident #10 was diagnosed with cellulitis of the right elbow since 02/08/2022 and was treated with antibiotic. On 02/22/2022, Resident #10 was noted with increased swelling and pain to the site. RNS #4 evaluated the resident and notified the Medical Doctor who ordered x-ray which in turn resulted in right elbow fracture. An X-Ray of the Right elbow was done on 02/22/2022 and revealed a fracture to the right elbow and Resident #10 was transferred to the hospital. The next morning, on 02/23/2022 (time unknown) the Medical Director reported to the DON that Resident #10, while at the hospital, had stated to staff that he/she was abused at the facility. Resident #10 claimed that CNA #5 twisted their arm behind their back and hurt him/her. The CNA who worked with the resident was identified (CNA #5). CNA #5 was interviewed and described CNA's interaction with the resident on that day. CNA #5 stated that the resident was guarding his/her right elbow, both elbows are very contracted, and resident does not allow staff to properly clean around the area. CNA #5 stated that he/she was providing care with nurse on that day and did not touch the resident's elbow and did not manipulate the arm in any way other than just cleaning the hand. Resident #10 would not allow it otherwise. The nurse who assisted CNA #5 was identified as LPN #4. The LPN was interviewed and confirmed the statement of CNA #5. The investigation concluded that there is no reasonable cause to believe that any alleged resident abuse, neglect, or mistreatment regarding this resident had occurred.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>A Nursing Note Progress Note dated 02/22/2022 documented that Resident #10 complained of right shoulder pain. An x-ray was ordered for right shoulder, arm, and elbow.</p> <p>A Nursing Progress Note dated 02/22/2022 documented that x-ray of Resident #10's right shoulder and right elbow revealed acute mildly displaced transverse fracture across the distal humeral metadiaphysis with severe Osteoporosis. Resident #10 has severe pain to right elbow area. The Nurse practitioner (NP) ordered to send the resident to the hospital.</p> <p>A Patient Report dated 02/22/2022, revealed that an x-ray of Resident #10's right shoulder was done and documented acute displaced transverse fracture across the distal humeral metadiaphysis and severe Osteoporosis.</p> <p>There was no documented evidence in the medical record that Resident #10 had any accident or injury prior to the injury being identified on 2/22/2022. There was no documented evidence in the medical record that the facility interviewed the resident and/or staff about the possible cause of the injury on 2/22/2022.</p> <p>Review of the HERDS submission report revealed that the facility reported this to the NYSDOH on 02/23/2022 at 07:05 PM.</p> <p>This serious injury of unknown origin was not reported to NYSDOH within 2 hours on 2/22/2022 when the fracture was identified.</p> <p>Once the facility became aware of the allegation of abuse connected to the injury, the facility still did not report the allegation to NYSDOH within 2 hours.</p> <p>During telephone interview on 03/02/2022 at 11:03 PM, Resident #10 stated that staff have always been rough with him/her and their roommate. Resident #10 stated that on 02/22/2022 (does not recall the time) CNA #5 and LPN # 4 came to the room to clean Resident #10's right arm. Resident #10 stated that CNA #5 lifted their right arm so that the nurse could clean it and at that point Resident #10 stated that he/she heard a crack in the bone. Resident #10 stated that CNA #5 also twisted their left arm behind their back, however, could not elaborate as to why CNA #5 did this or the exact date and time that it occurred. Resident #10 stated that CNA #5 has anger management problems and yells at the residents when he/she gets mad.</p> <p>During an interview on 03/01/2022 at 02:58 PM, CNA #5 stated that if a resident is resistive to care, they step away and inform their supervisor, they do not continue to provide care. CNA #5 stated that if a resident has contractures, they start dressing them on the non-contracted side first. CNA #5 stated that Resident #10 had bilateral contractures - clothing could be put onto the left side and then draped over the right side due to severe contractures. CNA #5 stated that Resident #10's right arm is contracted close to the resident's chest. CNA #5 stated that Resident #10 would frequently resist care - never forced to receive care. CNA #5 stated that they would step away, inform the supervisor and re-attempt later. CNA #5 stated that on 02/22/2022 they assisted LPN #4 in providing treatment #10. CNA #5 stated that he/she held Resident #10's wrist - pulling the arm open slightly 1-2 inches (CNA re-enacted) so that LPN #4 could do the treatment to the resident's antecubital area. CNA #5 stated that LPN #4 instructed him/her to do this. CNA #5 stated that Resident #10 did not scream during this interaction. CNA #5 stated that this was the only time CNA #5 assisted LPN #4 in doing this procedure. CNA #5 stated that Resident #10 had no reaction at the time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>During an interview on 03/02/2022 at 12:02 PM, LPN #4 stated that on 02/22/2022 they had to do a treatment on Resident #10 during which they had to pour saline on the antecubital area of the right arm then wipe it dry with gauze. LPN #4 stated that they asked CNA #5 to assist and hold Resident #10's right arm in place so that arm doesn't move - and saline doesn't get everywhere. LPN #4 stated that CNA #5 held Resident #10's right arm by the elbow area. LPN #4 stated that CNA #5 was not instructed to pull Resident #10's arm and at no point did CNA #5 do such a thing. LPN #4 stated that for residents that are contracted, they would never pull their extremities or asked a CNA to pull the residents extremities.</p> <p>During an interview on 03/02/2022 at 04:08 PM The DON #1 stated that they conducted the investigation for Resident #10 regarding the broken elbow. The DON stated that local law enforcement was contacted on 03/02/2022 as a part of IJ Removal Plan. The DON could not state why the case was not submitted to the NYSDOH within 2 hours of receiving the allegation. The DON stated that I am new in this role and was not familiar with all the regulation.</p> <p>39136</p> <p>4) Resident #192 was admitted to the facility on [DATE] with diagnoses which include Chronic Obstructive Pulmonary Diseases, Heart Failure, and Hypertension.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] identified Resident # 192 cognition as moderately impaired with a Brief Interview for Mental Status a (BIMS) score of 12. Resident # 192 requires extensive assistance of one person for personal hygiene.</p> <p>During an interview on 02/23/2022 at 10:15 AM, Resident #192 reported Certified Nursing Assistant # 3 (CNA) # 3 verbally abused them at approximately 4:30 AM on 02/23/2022. The Surveyor reported the allegations to the Nursing Supervisor immediately as the resident had not reported the incident.</p> <p>A Nurse's Progress Note dated 02/23/2022 at 10:42 AM documented that Resident # 192 reported one of the workers calls me a fat little elephant every night between 12 midnight and 4:00 AM. The resident denied any physical abuse the social worker and Administration were notified.</p> <p>A review of the facility records revealed as of 02/25/2022 at 4:20 PM, the allegation had not been reported to NYSDOH.</p> <p>This allegation of verbal abuse was not reported to NYS DOH within 2 hours.</p> <p>A Social Service Progress Note dated 02/25/2022 at 5:39 PM documented as per Department of Health (DOH) surveyor advice, the Police were called, and Officers arrived at the facility. The Officers interviewed Resident # 192. The Officers informed Resident # 192 the occurrence was not a crime but inappropriate.</p> <p>A review of the facility Investigation Findings Summary dated 02/27/2022 revealed Law Enforcement was informed on 02/25/2022. The Director of Social Services called the Police Precinct and reported the allegation as per the advice of the Department of Health. The facility reported the incident to NYSDOH via the HERDS system on 02/25/2022 at 8:09 PM after being directed at 5:45 PM by State Agency.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 - Some</p>	<p>During an interview on 03/03/2022 at 12:22 PM, the Nursing Supervisor stated that administration was notified immediately. Social service, the Director of Nursing (DON), and the Assistant Director of Nursing (ADON) were informed of the allegation immediately on 02/23/2022 at around 10:30 AM.</p> <p>During an interview on 03/01/2022 at 10:30 AM, the Director of Nursing (DON) stated the nursing supervisor informed them of the alleged abuse allegation on 02/23/2022 at approximately 10:30 AM. The DON initiated an investigation immediately and concluded that a crime did not occur. The case was not reported to NYSDOH because they did not see the severity and did not see severe injury or serious harm. The incident was reported to NYSDOH on 02/25/2022 at 8:09 PM after being directed by State Agency.</p> <p>415.4(b)(1)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 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 record review and interviews conducted during the Recertification survey, the facility did not ensure that each resident or resident representative was offered the opportunity to participate in reviewing and revising of the comprehensive care plan. Specifically, cognitively intact residents were not invited to quarterly care plan meetings. This was evident for 4 of 4 residents reviewed for Care Planning Participation out of 44 sampled residents (Resident #200, 185, 110, and 203).</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Comprehensive Care Planning (CCP) dated 10/01/2016 documented both the resident and the resident representative are vital members of Comprehensive Care Planning and will therefore be invited to participate in the Comprehensive Care Plan meetings for all comprehensive assessments, including special review.</p> <p>1) Resident #200 was admitted to the facility on [DATE] with diagnoses which include Atrial Fibrillation, Cerebral Infarction, and Diabetes Mellitus.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] identified Resident # 200 cognition as intact with a brief Interview for Mental Status (BIMS) score of 15.</p> <p>A Quarterly Care Plan Meeting Note dated 02/17/2021, 11/17/2021, and 02/16/2022 contained no documented evidence Resident # 200 was invited to the quarterly care meeting.</p> <p>An Annual Plan Meeting Note dated 08/18/2021 had no documented evidence Resident #200 was invited to the annual care plan meeting. There were no documentation of the people who attended the Annual Care Plan Meeting.</p> <p>There was no documented evidence in the medical record that Resident # 200 was invited to the care plan meetings held on 02/17/2021, 02/18/2021, 11/17/2021, and 02/16/2022.</p> <p>During an interview on 02/23/2022 at 1:57 PM, Resident # 200 stated they were not invited to participate in any care plan meetings.</p> <p>During an interview on 03/02/2022 at 12:04 PM, the Director of Social Service stated care plan meetings are done initially after admission, quarterly, annual, and significant change. The residents and or families are invited to the initial, significant change and the annual care plan meeting. Residents and or families are not invited to the quarterly meeting. It has always been the facility policy not to invite residents and families to the quarterly care plan meeting.</p> <p>During an interview on 03/03/2022 at 3:31 PM, the Director of Nursing stated that residents are invited to the initial, quarterly, annual, and significant change care plan meeting. They are supposed to invite residents and family to all care plan meetings</p> <p>41227</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) Resident # 185 was admitted to the facility on [DATE] with diagnoses that included Down Syndrome, Adult Failure to Thrive, and Sepsis.</p> <p>The Quarterly Assessment Minimum Data Set (MDS) assessment dated [DATE] identified Resident #185 cognition as severely impaired with a brief Interview for Mental Status (BIMS) score of 99. The MDS further documented Resident #185 was short- and long-term memory impaired.</p> <p>A Quarterly Care Plan Meeting Notes dated 1/6/21, 2/3/21, 5/19/21, 7/7/21, 10/13/21, 2/10/22 contained no documented evidence Resident #185 nor the resident's representative /attended or were invited to quarterly care plan meetings.</p> <p>There was no documented evidence in the medical record that Resident # 185 nor their resident representative were invited to the care plan meetings held on 1/6/21, 2/3/21, 5/19/21, 7/7/21, 10/13/21 and 2/10/22.</p> <p>3) Resident # 110 was admitted to the facility with diagnoses that included Gastro Esophageal Reflux disease, Colostomy, and Diverticulitis.</p> <p>The Annual Assessment Minimum Data Set (MDS) assessment dated [DATE] identified Resident # 110 cognition as intact with a brief Interview for Mental Status (BIMS) score of 15.</p> <p>The Quarterly Care Plan Meeting Notes dated 4/22/21, 7/22/21, 10/21/21, 2/10/22 had no documented evidence Resident #110 nor the resident representative attended or were invited to the quarterly care meeting.</p> <p>On 2/23/22 at 10:55 AM, an interview with Resident #110 was conducted. Resident #110 stated they were not invited to any of the quarterly meetings to discuss their overall health status and they have voiced their concerns to the staff, but were ignored.</p> <p>On 03/03/22 at 12:56 PM, an interview with the Director of Social Service (DSS) was conducted. DSS stated they provide care plan meetings to all residents with their representative initially after admission, annually or any significant change. The residents and residents' family are not invited to the quarterly care plan meeting as it has been the facility policy not to give residents and representatives a quarterly care plan meeting.</p> <p>On 03/03/22 at 1:30 PM, an interview with the Director of Nursing (DON) was conducted. DON stated that all residents and resident's representative are entitled to received initial, admission, quarterly, annual, significant change and special care plan meetings. The facility staff are supposed to invite all residents and resident's representatives to all care plan meetings, and if they decline to attend, it must be documented in the chart as evidence that they were invited and declined.</p> <p>45475</p> <p>4) Resident #203 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Peripheral Vascular Disease, and Chronic Obstructive Pulmonary Disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The most recent MDS dated [DATE], documented that Resident #203 had a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. The resident and family participated in the assessment, and Resident #203 had no guardian or legally authorized representative. The MDS further documented Resident #203 had clear speech and was able to understand others and be understood.</p> <p>The Social Services Cognitive Loss 3.0 Care plan effective date 10/1/2020 documented the resident presents with a cognitive score of 15 on BIMS, daily decision making is independent and his ability to express ideas and wants and consider both verbal and non-verbal expression is understood. Care plan interventions were resident will participate in decision making process through next review and will verbalize needs to staff.</p> <p>The Care Plan Meeting reports dated 1/19/2021, 3/30/21, 6/3/21 and 9/2/21 contained no documented evidence Resident #203 was invited or attended the CCP meeting held by the interdisciplinary team.</p> <p>There was no documented evidence that Resident #203 attended or was invited to any quarterly care plan meetings in progress notes, assessments, or care plans meeting log from 09/28/20-3/2/22.</p> <p>On 2/23/22 at 01:52 PM, Resident #203 was interviewed and stated they were not involved in care planning.</p> <p>On 03/02/22 at 12:28 PM, the Director of Social Services (DSS) was interviewed. The DSS stated care planning is done for new admissions, annual, significant change, and quarterly. The DSS stated residents and their family/designated representatives are invited to join the team for new admission, annual and significant change care plan meetings, but they are not invited to the quarterly meetings. Social Services oversees the care plan meeting invites. DSS stated they have a letter and keep track that way and make phone calls.</p> <p>415.11(c)(2) (i-iii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on record observation, record review, and staff interviews conducted during the recertification survey, the facility did not ensure that needed services, care, and equipment are provided to ensure that residents with limited range of motion and mobility maintain or improve function the residents' clinical condition. Specifically, 1) A resident was not provided with the bilateral wrist brace at bedtime as ordered to improve the resident's contractures, and 2) A resident was not provided with the splint device ordered to improve resident's contractures. This was evident for 2 out of 4 residents reviewed for Limited Range of Motion (Residents #106 and # 200) out of a total sample of 44 residents.</p> <p>The Findings Include:</p> <p>The facility policy and procedure titled AFOs, Splints, Orthoses, Prostheses dated 09/2021 documented all AFOs, Splints, Orthoses, Prostheses that the Rehabilitation Department issues will be issued after the therapist assess the resident and recommend the appropriate device. The policy further documented the nursing department will take responsibility for the daily application/removal of the device. The nurse manager will ensure that the information is entered in the CNA Accountability record.</p> <p>1) Resident #106 was admitted to the facility on [DATE] with diagnoses which include Quadriplegia, Muscle Aasting, and Cerebral Palsy.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] documented Resident #106 was moderately impaired with a Brief Interview for Mental Status (BIMS) score of 9. Resident # 106 was dependent on staff for all Activities of Daily Living (ADLs). Section O of has no indication of Range of motion of splints. M</p> <p>On 02/23/2022 at 10:45 AM, on 02/24/2022 at 10:29 AM, and on 02/25/2022 at 10:23 AM Resident #106 was observed lying in bed, noted with contracture to the bilateral wrist. Resident #106 had no wrist brace in place.</p> <p>A Physician Order dated 02/2022 documented bilateral wrist braces to be applied at bedtime and removed when in the wheelchair.</p> <p>A Musculoskeletal Disorder Bilateral Wrist Splint Care Plan was initiated on 06/09/2018. The interventions include bilateral wrist braces to be applied at bedtime and removed while in the wheelchair. The revised care plan dated 02/10/2022 documented to continue the current care plan.</p> <p>A review of the Treatment Admiration Record dated 02/01-02/28/2022 has no documented evidence that a bilateral wrist brace was applied at bedtime.</p> <p>A review of the Certified Nursing Assistant (CNA) Record dated 02/01-02/28/2022 has no documented evidence that bilateral wrist brace was applied at bedtime.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the CNA Nursing Instruction did not contain information on a bilateral wrist brace.</p> <p>During an interview on 03/02/2022 at 11:30 AM, Resident # 106 stated that he had not been wearing the wrist brace at bedtime.</p> <p>During an interview on 03/02/2022 at 12:50 PM, the Certified Nursing Assistant # 5 (CNA# 5) stated that Resident # 106 is usually in bed sleeping in the morning. CNA # 5 has not seen Resident # 106 wearing the bilateral wrist braces. There was one wrist brace at the bedside. The supervisor was informed.</p> <p>During an interview on 03/03/2022 at 12:29 PM, the Registered Nurse Supervisor (RNS) stated Resident #106 has as order for a bilateral wrist brace while in bed. The order for the brace is supposed to be entered in the CNA Accountability for the CNAs to see and document. The RNS stated the order is not in the CNA Accountability. The RNS was supposed to enter the order in the CNA Accountability and ensure that the CNAs are documenting it.</p> <p>During an interview on 03/02/22 at 11:49 AM, the Director of Rehab stated Resident # 106 should have a bilateral wrist brace at bedtime and be removed when out of bed in a wheelchair so they can use the hands.</p> <p>2) Resident # 200 was admitted with diagnoses which include Atrial Fibrillation, Cerebral Infarction, and Diabetes Mellitus.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] documented Resident #200 had intact cognition. The resident required extensive assistance in all activities of daily living. Section O had no indication of Range of Motion (ROM) or splints devices.</p> <p>On 02/23/2022 at 2:08 PM, 02/24/2022 at 9:38 AM, and 02/25/2022 at 10:30 AM, Resident #200 was observed was out of bed in a wheelchair. The left arm was flaccid; no splint was noted.</p> <p>A Physician Order dated 02/2022 documented a left resting hand splint to be worn while out of bed.</p> <p>A review of the CNA Accountability Record and Treatment Administration Record dated 02/01-02/28/2022 revealed no documented evidence a left resting hand splint was applied.</p> <p>A review of the CNA Nursing Instruction has no documented evidence for a left arm splint.</p> <p>There was no documented evidence that a care plan was in place for the left-hand splint.</p> <p>During an interview on 03/02/2022 at 11:34 AM, the Certified Nursing Assistant (CNA #11) stated that Resident # 200 has splint for the left arm but did not see it in the room.</p> <p>During an interview on 03/02/2022 at 11:38 AM, the Director of Rehab (DR) stated that Resident #200 has left hemiplegia, that is why the resident has the order for the splint to prevent contractures. The splint is applied to the left arm when out of bed. Resident # 200 was not wearing the splint. The splint was in a chair behind the door in the resident's room. The DR has applied the splint on Resident # 200 left arm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2022
NAME OF PROVIDER OR SUPPLIER Golden Gate Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Bradley Ave Staten Island, NY 10314	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/03/22 at 12:39 PM, the Registered Nurse Supervisor #1 (RNS #1) stated that Resident #200 has a splint for the left arm, and it was supposed to be in the CNA Accountability so that the CNAs will see that the resident needs a splint. The RN Supervisor is responsible for updating the CNA Accountability, but it was not done.</p> <p>During an interview on 03/03/2022 at 3:44 PM, the Director of Nursing (DON) said that the RN Supervisor is responsible for entering the splint in the care plan and the CNA Nursing Instruction. The unit nurse was supposed to enter it in the Treatment Administration Records. The nurses and the RN Supervisor ensure that the splint is applied as ordered.</p> <p>415.12 (e)(2).</p>		