STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335792	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHERN MANHATTAN REHABILITATION AND NURSING CTR	116 EAST 125TH ST NEW YORK, NY 10035

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 0580 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews during a 3rd Focused Infection Control Survey and Complaints Investigation (NY 955), the facility did not ensure a resident's representative was informed about a change in the resident's physical condition that required new treatment. Specifically, a resident's family was not notified when the resident developed a cough and subsequently was treated with multiple drugs and treatments. The resident was subsequently transferred to the hospital 4 days later. This was evident for 1 of 3 residents interviewed for notification of change in condition (Resident #1). The finding is: The facility policy and procedure titled Communication and Notification, dated 4/2020, documented, residents identified with any change in condition, will have Family/Significant other notified by the attending physician .which will be documented in medical record. Resident #1 was admitted [DATE] with [DIAGNOSES REDACTED]. The resident was transferred to the hospital on [DATE] secondary to increase in temperature, labored breathing and weakness. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented the resident had intact cognition. The Medical Note dated, 04/03/20 documented, patient seen at bedside. Reported productive cough. Plan: Chest X-ray, [MEDICATION NAME] and [MEDICATION NAME]. Nursing Note dated, 04/03/20 documented, Resident observed with intermittent productive cough. MD made aware, with orders for chest X-ray. Extra fluids given. Vital signs: Pulse: 102. Temperature: 98.2. Respirations: 18 breaths per minute, (bpm). The Physician's (MD) Orders dated 04/03/20 documented [MEDICATION NAME] 250 milligrams (mg) by mouth once daily for 5 days (500 mg = 2 tablets x 1st dose, then 250 mg x's 4 days) was prescribed for Cough. Review of the Medication Administration Record [REDACTED]. This document included that [MEDICATION NAME] 250 mg as ordered above, was started on 04/03/20. A Nursing Note dated 04/04/20 documented Antibiotics were administered as ordered, and the resident's intermittent productive cough persisted. Vital signs were: Temperature: 99.2. Respirations: 20 bpm. Pulse: 98. A Nursing Note dated, 04/07/20, timed at 12:50 am, documented a follow-up for intermittent coughing. The resident continued to be on antibiotics. Vital signs were: Temperature: 99.0, Respirations: 22 bpm. Pulse: 105. A Nursing Note dated 04/07/20, timed at 1:05 am, documented the Resident refused to eat supper. Vital signs: Temperature: 98.8, Pulse: 96, Respirations: 22 bpm. Medical Note dated 04/07/20, timed at 11:38 am, documented the Resident was seen at bedside. The resident was noted to have fever, Temperature: 102 Fahrenheit (F). Respirations: 28 bpm. Oxygen Saturation: 83 increased to 94% initially. On examination of chest bilateral, the resident had crackles and labored breathing. The physician advised staff to transfer the resident to the Emergency Department (ED) for further assessment. A Medical Note dated 04/07/20, timed at 3:11 pm, documented the resident seen at bedside. The resident was confused with labored breathing. Oxygen saturation was 83% with Respirations in 30's. The resident was Immediately started on oxygen, and Oxygen saturation increased to 94 %. The resident was observed for a few minutes, but continued to worsen. The resident was transferred to the ED for suspected COVID-19 Infection. A Nursing Note dated, 04/07/20, timed at 5:04 am, documented, that at approximately 10 am the resident was observed to be weak, warm to touch, with rapid breathing. Vital signs: Temperature; 102.1. Pulse: 141. Respirations: 30 bpm. The resident was transferred to the hospital for fever, [MEDICAL CONDITION], and respiratory distress. The residents' granddaughter was made aware. There was no documented evidence the resident's daughter was informed of the resident's change in condition and new medications started on 4/3/20. There was no documented evidence that there was any communication with the resident's daughter until the resident was transferred to the hospital. On 08/19/20 at 11:30 am, the MD was interviewed and stated that he no longer is employed at the facility. He was at the facility for just one month. There was a lot going on during this time. He could not recall notifying this family member of any changes. Families need to be notified right away when a change in resident condition is identified, especially since no visitation was allowed. Communication gives the family member a sense of involvement and participation. The Medical Director was interviewed on 08/19/20 at 10: 30 am and stated that within 24 hours the physician should notify families of a resident's change in condition and document this conversation. It was chaotic during this time, and families need know what is happening right away with their loved ones. This allows for transparency and commitment between the facility and our residents. The Medical Director stated that the chest Xray was not done secondary to the fact that vendors were refusing to come into the nursings homes due to fears of COVID 19. On 08/18/20 at 12:00 pm, the Assistant Director of Nursing (ADON) was interviewed and stated the physician should notify the family when a change in resident condition is identified, so they can answer any and all medical questions the family member might have at the time. This notification should be done right away within 24 hours. 415.3(e)(2)(ii)(b)

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.