

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2007
NAME OF PROVIDER OR SUPPLIER SUTTON PARK CTR NURSING REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 31 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility did not review and revise the comprehensive care plan to address the resident's refusal of examination by the attending physician. Specifically, after the resident refused breast examination by the physician on several occasions, the facility did not educate the resident on the expected outcome or consequences of refusing examination to enable the resident to make an informed decision. This was evident for one resident reviewed during an abbreviated survey (complaint investigation). (Resident #1)</p>	F 280		12/21/07

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.

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F 280	<p>Continued From page 1</p> <p>This resulted in a potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings are:</p> <p>Complaint #NY00048000</p> <p>Resident #1, a 77-year old female, was admitted to the facility on 12/16/02 with diagnoses including Diabetes Mellitus, Congestive Heart Failure and Cellulitis.</p> <p>A review of the 07/14/07 Minimum Data Set (MDS; a resident assessment tool) revealed that the resident had independent cognitive skills in daily decision-making; had no memory problems; had no communication or hearing problems; and had no mood or behavioral patterns. This MDS also indicated that the resident was independent in most activities of daily living except for bathing where she was totally dependent and required assistance of one nursing staff member.</p> <p>A review of the 7/20/07 Comprehensive Care Plan (CCP) revealed interventions including to discuss with the resident appropriateness of her decisions if they are not in their best interest; to encourage resident to verbalize any concerns, fears or issues she may have; to explain all procedures/ messages in terms the resident can understand; to validate/ repeat/ question to ensure proper understanding; and to provide ongoing assessment and reporting of any unusual markings on body and report to the nurse in charge.</p> <p>A review of the monthly Medical Notes revealed that the resident refused breast examination in February, March, April, May and August of 2007.</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>However, the above care plan was not reviewed and revised to address these refusals. There was no documented evidence that the resident was educated on the possible outcome or consequences of her refusal to breast examination by the physician.</p> <p>A review of the Nurses Notes dated 8/25/07 at 7:00AM, revealed that the resident complained to the unit Licensed Practical Nurse (LPN) Manager that she had left hip pain but refused to allow the staff to check her body. The Attending Physician was called and ordered the resident transferred to the emergency room (ER) for evaluation of her pain.</p> <p>According to the Intake Information received by the Complaint Unit on 9/13/07, when the resident was transferred to the ER, "an enormous, open, untreated wound was discovered on the resident's chest" and that the facility had no knowledge of this wound. A review of the resident 's clinical record revealed no documented evidence that the resident had any wound.</p> <p>Interview with the Attending Physician on 9/27/07 at 9:45AM revealed that the resident was a "very difficult person" who consistently refused anything more than a very limited examination. He further stated that when he examined the resident in the ER at that time, the ulcer on her chest appeared to be at least 6 to 8 weeks old and had fungated (penetrated) through her skin to the outside. Contrary to the CCP, there was no documented evidence that the reason for the refusal was explored with the resident.</p> <p>During an interview with the unit LPN Manager on 9/27/07 at 11:15AM, she stated that since</p>	F 280			

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F 280	Continued From page 3 October 2006, the resident began to refuse assistance with bathing and performed her own sponge baths. When the assigned Certified Nursing Assistant was interviewed at this time as to why the wound on the resident's chest was not reported, she stated that the resident's skin could not be observed as the resident performed all of her own cares and began to refuse baths or showers "about a year ago". However, there was no documented evidence that this information was addressed in neither the above MDS nor the CCP. 415.1(c)(2)(i-iii)	F 280			

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 335350	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit 12/24/2007
Name of Facility SUTTON PARK CTR NURSING REHAB		Street Address, City, State, Zip Code 31 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0280	Correction Completed 12/21/2007	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # 483.20(d)(3), 483.10(k)(2)		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on: 10/26/2007	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
	YES NO