

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335850	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER THE HAMPTONS CENTER FOR REHABILITATION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 64 COUNTY ROAD 39 SOUTH HAMPTON, NY 11968	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews during the Recertification Survey, the facility did not develop and implement a comprehensive care plan (CCP) for each resident to meet each resident's medical and nursing needs that were identified in the comprehensive assessment. This was noted for one (Resident #238) of 2 residents reviewed for urinary catheter/urinary tract infection (UTI). Specifically, a CCP was not developed for bilateral Nephrostomy tubes since readmission on 2/3/20. The finding is: Resident #238 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. The order also documented to change bilateral Nephrostomy tube dressing every 3 days, sterile procedure, cleanse with normal saline, apply gauze and cover with [MEDICATION NAME] (a transparent film dressing). A review of the CCPs which were initiated on 2/3/20 and updated on 2/18/20 and 2/25/20 revealed that a CCP was not developed for the bilateral Nephrostomy tubes. The Minimum Data Set Assessment (MDS) Registered Nurse (RN) was interviewed on 3/6/20 at 1:35 PM. The RN stated that the MDS RN, unit RN Manager, or the Assistant Director of Nursing Services (ADNS) should have initiated the CCP. She stated that she reviewed the CCPs on 2/18/20 and 2/25/20 but did not realize that no CCP was documented for the bilateral Nephrostomy tubes. The ADNS was interviewed on 3/6/20 at 2:08 PM and stated that the MDS RN is ultimately responsible for ensuring that all the required CCPs are developed. The ADNS also stated that the current unit RN Manager, who attended the CCP meeting, on 2/27/20, was new and was still learning and would not have been able to identify that a CCP had not been developed for the Nephrostomy tubes. The RN Manager was interviewed on 3/6/20 at 2:22 PM and stated that she was new and was relying heavily on the MDS Nurse for CCP development and the updating process. 415.11(c)(1)		
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.