STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 48446 Based on observations, record review, and interviews during the recertification and abbreviated (NY00356805 and NY00362194) surveys conducted 1/2/2025-1/7/2025, the facility did not ensure residents had the right to a dignified existence in a manner and an environment that promoted the maintenance or enhancement of quality of life for 2 of 2 residents (Resident #29 and Resident #282) reviewed. Specifically, Resident #29 was visible from the hallway in bed with their incontinence brief exposed; and Resident #282, who was continent of urine, urinated in bed when their call light was not answered timely. Findings include: The facility policy, Resident Rights, revised 3/22/2022, documented all residents had the right to a dignified existence, to be treated with dignity and respect, and had the right to privacy, and confidentiality. The facility policy, Maintaining Resident Dignity, revised 3/2024, documented residents were provided loving care in a timely manner that bespeaks dignity, respect, compassion, sensitivity, and concern. They respected the resident's choice of having their door open or closed. The facility policy, Quality of Care, revised 10/2023, documented the facility ensured the residents received treatment and care in accordance with professional standards of practice. The provided care within reasonable timeframes, minimizing wait times when possible. 1) Resident #29 had diagnoses including cerebral infarction (stroke) with hemiplegia (paralysis) on the left side, anxiety disorder, and dementia. The 10/15/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition, did not reject care, did not have physical or verbal behaviors, and required supervision or touching assistance for most activities of daily living. The Comprehensive Care Plan updated 10/7/2024 documented Resident #29 required assistance with self-care related to aging and disease processes. Interventions included assisting with activities of daily living and clean clothes daily. The resident required extensive assistance of one for dressing and sometimes required 2 staff for dressing. Additionally, they had left sided weakness related to a cerebral vascular accident (stroke). (continued on next page)

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: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident care instructions documented Resident #29 required extensive assistance of one and sometimes two, for dressing. During an observation on 1/2/2025 at 11:19 AM, Resident #29 was in their room in bed and was seen from the hallway wearing a hospital gown that was hiked above their belly button and a blue incontinence brief. The privacy curtain was partially open. During an interview on 1/3/2025 at 9:25 AM, Resident #29 stated they did not want to be seen from the hallway in a brief as it was embarrassing. During an interview on 1/3/2025 at 12:28 PM, Certified Nurse Aide #7 stated Resident #29 liked being dressed and not left in a gown. They stated if Resident #29 stated they were embarrassed because they were not dressed, had their privacy curtain open, and could be seen in a brief from the hallway, that was believable. Residents that want to be dressed should be dressed and no resident should be seen from the hallway in a brief as it was not dignified. They stated Resident #29 was not able to open or close their privacy curtain as they did not have use of their left side. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated a resident should not be visible from the hallway wearing incontinence briefs. Resident #29 was always dressed and if they were not and was in a brief and seen from the hallway it was a dignity concern. 2) Resident #282 had diagnoses including cerebral infarction (stroke), hemiplegia (paralysis) on the left side, and hypertension (high blood pressure). The Minimum Data Set assessment had not yet been completed. The Comprehensive Care Plan updated 12/27/2024 documented Resident #282 had an activity of daily living self-care deficit related to aging, limited mobility, and disease processes. Interventions included assisting with activities of daily living. The resident required extensive assistance of one for toileting using squat pivot on the good (right) side to toilet. The resident care instructions documented Resident #282 required extensive assistance of one for toileting using the stand pivot technique on the good (right) side. The 12/28/2024 at 8:29 AM Registered Nurse #13 progress note documented Resident #282 was alert and oriented and transferred to the bathroom with assistance from staff and use of the wheelchair. That morning the resident could not find their call bell and was incontinent of stool. The 12/30/2024 at 1:36 PM Assistant Director of Nursing #3 progress note documented resident #282 was continent of bladder. During an observation and interview on 1/2/2025 at 12:06 PM, Resident #282 was in their room and stated sometimes they wet the bed because it took so long for staff to come to take them to the bathroom. They stated they were embarrassed and knew staff was busy, however wished they answered their call bell sooner. During an interview on 1/3/2025 at 9:11 AM Resident #282 stated they wet themselves on 1/2/2025 because it took too long for staff to answer their call bell and they wished staff answered their call bell sooner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/6/2025 at 10:42 AM Certified Nurse Aide #19 stated Resident #282 required assistance to go to the bathroom. They were unaware the resident wet themselves because their call bell was answered timely. They stated Resident #282 was believable and if they said it took a long time for staff to answer their call bell, they believed it. If a resident wet themselves because their call bell was not answered timely, they might feel embarrassed and ashamed. They stated some staff did not answer call bells and other staff ignored the call bells. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated residents should not have to wait so long for a call bell to be answered that it causes them to urinate on themselves. That was also a dignity issue. Resident #282 was able to ring their call bell when they needed to use the bathroom. During an interview on 1/7/2025 at 2:36 PM Director of Nursing #2 stated they expected call bells to be answered timely by all staff and did not expect a resident to wet themselves when waiting for their bell to be answered. It could make them feel depressed, like they are not being taken care of, and was a dignity issue. 10 NYCRR 415.5(b)(1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 48446 Based on observations, record review, and interviews during the recertification survey conducted 1/2/2025-1/7/2025, the facility did not ensure residents received adequate supervision to prevent accidents for 2 of 4 residents (Residents #50 and #57) reviewed. Specifically, Residents #50 and #57 had medications at their bedsides and did not have orders for self- medication administration. Findings include: The facility policy, Administration of Medications, revised 9/2022, documented medications were administered to residents in a timely and accurate manner by a licensed nurse or physician. Medications were never to be left at a resident's bedside and if a situation occurred that necessitated the nurse had to step away from the resident prior to administration of all medications, medications were removed from the room and secured in the locked medication cart until they were administered to the resident. 1) Resident #57 had diagnoses including hepatic encephalopathy (loss of brain function), depression, and diabetes. The 10/4/2024 Minimum Data Set admission assessment documented the resident had severely impaired cognition and required partial to moderate assistance for most activities of daily living. The resident received antianxiety, antidepressant, and diuretic medications. The 6/28/2024 Self Administration of Medication assessment tool documented the resident was not approved for self-administration of medications and could not keep medications at their bedside. The 7/7/2024 Comprehensive Care Plan documented Resident #57 was dependent on staff for meeting emotional, intellectual, and social needs related to physical limitations. During an observation and interview on 1/2/2025 at 10:07 AM, Resident #57 was observed in their room in bed sleeping with a medication cup on their over the bed table. The cup contained seven medications. The resident awoke and stated they were not sure how long the medications had been there. The Medication Administration Record documented Resident #57 received the following medications in the morning at 8:00 AM: famotidine (acid controller) 20 milligrams daily Lasix (diuretic) 40 milligrams daily losartan Potassium (antihypertensive) 100-12.5 milligrams daily sertraline (antidepressant) 25 milligrams daily Tamiflu (treats flu)30 milligrams daily buspirone (antianxiety) 5 milligrams twice daily (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335004	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	potassium chloride (nutritional supplement) 20 milliequivalents twice a day During an observation and interview on 1/2/2025 at 10:42 AM, Licensed Practical Nurse #21 identified the medications at Residents #57 bedside as famotidine, Lasix, Tamiflu, sertraline, buspirone, potassium, and Losartan. They did not believe anyone in the facility was on a self-medication administration protocol. Resident #57 did not have an order for self-medication administration. They stated Resident #57 was sleeping when they administered the medications and was woken up, however they did not wait for the resident to take the medications before they left the room. They stated they should have made sure the resident took their medications for their safety and for the safety of all residents as they had wandering residents that could take the medications. 2) Resident #50 had diagnoses including nicotine dependence, hypertension (high blood pressure), and depression. The 11/10/2024 Minimum Data Set admission assessment documented the resident had mildly impaired cognition, required set up assistance for most activities of daily living, and received an antidepressant medication. The 11/4/2024 Self Administration of Medication assessment tool documented the resident was not approved for self-administration of medications and could not keep medications at their bedside. During an observation and interview on 1/3/2025 at 10:02 AM, a Breo inhaler (used to control respiratory symptoms) was observed at Resident #50's bedside. Licensed Practical Nurse #20 removed the inhaler from the resident's bedside and stated medications were not supposed to be left at the resident's bedside as the resident was not on self-medication administration. During an interview on 1/3/2025 at 10:52 AM, Certified Nurse Aide #7 stated they observed medications on the floors in resident rooms and would tell the nurse when they saw the medications on the floor. The unit had wandering residents and if medications were at the bedside, one of the wandering residents could enter the room and take the medications. Taking the wrong medications or not taking medications was a safety concern. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated medications should never be left at a resident's bedside because they wanted to make sure the resident received necessary medications. Additionally, they did not want one of the wandering residents to take medication that were not theirs. They did not have any residents on self- medication administration. During an interview on 1/7/2025 at 2:36 PM, Director of Nursing #2 stated medications should not be left at the resident's bedside, including inhalers, as it was a safety concern for wandering residents. There was an assessment for self- medication administration and there were no residents that could currently self-administer medications. 10NYCRR 415.3(e)(1)(vi)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48446 Based on observations, record review, and interviews during the recertification and abbreviated surveys (NY00356805) conducted 1/2/2025-1/7/2025, the facility did not ensure residents had the right to a safe, clean, comfortable, and homelike environment for 4 of 4 resident halls (North, West, East, and South). Specifically, there was a strong urine smell on North, West, East, and South halls; there was food and debris on the floor in the Northwest common area; Resident room [ROOM NUMBER] was unclean with food debris and spots on the floor and floor mats; and Resident #16 wanted a chair in their room and did not have one. Findings include: The facility policy, Damp Mopping, dated 3/12/2020, documented all areas were maintained in a clean and pleasant manner. Mop heads were placed in a prepared detergent solution. After wringing out the mop, it would be used along the baseboard and then in a figure 8 stroke across the area. Detergent solution was changed after each room. The facility policy, Resident Rights, revised 3/22/2022, documented the facility would maintain a safe, sanitary, clean, comfortable, and homelike environment with adequate and comfortable lighting for the resident. During observations on 1/2/2025 at 9:07 AM and 1/3/2025 at 8:23 AM there was a strong urine smell when entering the facility. During observations on 1/2/2025 at 9:30 AM, the South Hall had a strong urine smell and food debris covered the floor in the Northwest common area where residents were sitting. Observations of room [ROOM NUMBER] were made at the following times: - on 1/2/2025 at 9:47 AM, there were many crumbs on the floor. - on 1/3/2025 at 8:51 AM, the fall mats on both sides of the bed had white circular spots. - on 1/3/2025 at 11:46 AM, there were orange crumbs and a cup, cup lid, and a medicine cup on the floor on the right side of the bed - on 1/7/2025 at 10:21 AM, the fall mats on both sides of the bed had white circular spots. During an observation and interview on 1/6/2025 at 9:03 AM, Resident #16 stated they wanted a chair to sit in, preferably a recliner. There was no chair observed in the room. The resident was eating off their wheelchair as they did not have a tray table. During a telephone interview on 1/6/2025 at 11:13 AM, an anonymous family member stated the facility smelled awful. When they entered the building there was a urine smell. They stated nursing homes should not smell like and urine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/3/2025 at 10:52 AM, Certified Nurse Aide #7 stated it was everyone's responsibility to clean the facility. They thought they had housekeepers but was not sure what their exact role was. Crumbs and trash on the floor would make the resident feel like it's not clean or homelike. They stated they noticed a strong urine smell in the halls and did not do anything about it. During an interview on 1/6/2025 at 8:33 AM, Housekeeper #35 stated they deep cleaned rooms based on a schedule, but they swept and mopped every day. They cleaned offices, did room changes, set up for new admissions, passed briefs, and did laundry. They sometimes had enough staff to do everything, but it depended on the schedule. They rarely left tasks undone. Housekeeping was only in the building from 7:00 AM to 3:00 PM or 8:00 AM to 4:00 PM. If crumbs were on the floor after they left for the day, nursing staff should clean the floor. They were told by nursing staff that it was a housekeeper's job. They had seen a lot of crumbs in room [ROOM NUMBER]. It could make the resident feel like it was not homelike. It would be helpful if they had housekeepers on at night. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated they smelled urine when they walked in the building and notified housekeeping. It was nursing's responsibility to clean rooms when housekeeping left for the day. If there was food on the floor it could lead to infection control issues and attracted insects. It was not homelike to have a strong urine smell in the building or food on the floors. During an interview on 1/6/2025 at 1:41 PM, the Maintenance Director stated they over saw housekeeping, laundry, and maintenance. It had been reported to them that it smelled of urine in the facility. They would walk around the building to see if residents needed to be changed. They would also look to see if was from the bed or on the floor, this would help narrow down where the smell was coming from and try to fix it. It was not homelike. They had staff working in the building from 7:00 AM to 3:00 PM or 8:00 AM to 4:00 PM. If there were crumbs or food on the floor any staff member could pick it up. The housekeeping staff had reported rooms were messy with crumbs and left for them to clean. During an interview on 1/7/2025 at 10:55 AM, Registered Nurse Unit Manager #14 stated Resident #16 did not have a tray table this morning to set their breakfast tray on and they went and got one. They stated the resident's room was bare and not homelike. They were unaware the resident wanted a chair. During an interview on 1/7/2024 at 2:36 PM, the Director of Nursing stated they expected all areas to be clean. Floor mats should not have spots on them. Food should not be on the floor. It was not homelike for residents to have food and debris on the floor. Food on the floor could lead to pests. 10 NYCRR 415.29(j)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 35045 Based on observations, record review, and interviews conducted during the recertification survey conducted 1/2/2025-1/8/2025, the facility did not ensure residents were provided the appropriate treatment and services to maintain or improve their ability to carry out the activities of daily living including functional communication systems for 1 of 1 resident (Resident #13) reviewed. Specifically, Resident #13 was deaf and was not consistently provided a communication board as planned. Findings included: The facility policy, Resident Rights, effective 3/22/2022, documented employees should treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all resident of the facility. These rights include the resident right to a dignified existence and the right to communication with and access to people and services, both inside and outside the facility. Resident #13 had diagnoses including moderate intellectual disabilities and deaf non-speaking. The 10/31/2024 Minimum Data Set assessment documented the resident had severely impaired cognition, had highly impaired hearing, did not speak, was sometimes understood, rarely/never understood, and felt it was very important to do things with groups of people. The 10/25/2023 physician order documented a white board for communication. The Comprehensive Care Plan initiated 10/25/2023 and revised 2/2/2024 documented the resident had impaired communication and communicated by making sounds and hand gestures. The resident used a white board for communication due to being deaf and did not always carry the white board with them. Interventions included allow adequate time for resident response, educate resident /staff, anticipate the residents needs until an alternate means of communication was established, incorporate visual prompting, cues, gestures, and provide clear simple instructions. The undated care instructions documented ask yes and no questions to determine the resident's needs; the resident required a white board to communicate; face the resident when communicating; make eye contact; reduce any distractions; use communication board; and present one idea at a time. Resident #13 was observed at the following times: - on 1/2/2024 at 10:03 AM, propelling themself up and down the hallway, moaning and unable to verbalize their needs. They tried to show staff their right arm by tapping their right shoulder. At 10:08 AM, the resident grabbed at the health surveyor's computer and arm. Certified Nurse Aide #24 walked by and did not intervene or attempt to communicate with the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- on 1/2/2025 at 10:20 AM, attempting to speak (speech was garbled) to anyone walking down the hallway. They appeared to be in pain, grimacing and tapping their right shoulder. Several unidentified staff walked by the resident and did not attempt to determine what was wrong. At 10:09 AM, Registered Nurse Unit Manager #14 took the resident into their room and came right out. They did not attempt to use a white board to communicate with the resident. At 11:33 AM, Certified Nurse Aide #24 walked by the resident multiple times while the resident was moaning and did not attempt to stop and try to communicate with the resident. - on 1/3/2025 at 9:00 AM, in their wheelchair and attempting to stop the Administrator near the front door. They appeared to be using sign language. There was a laminated picture book on the back of their wheelchair. The Administrator did not refer to the picture book or attempt to locate the communication board. The Administrator said, I will let them know and I will talk to them. At 9:02 AM, the resident approached Licensed Practical Nurse #9 during a medication pass. The resident was moaning and pointing to their stomach. The nurse said stomach?. Licensed Practical Nurse #9 did not attempt to use the white communication board or laminated pictures and the resident wheeled away. - on 1/6/2025 at 8:18 AM, there was a notebook on their dresser in the resident's room. The notebook appeared to have been written in by the resident and a staff member. There were laminated communication sheets in a basket on the bed. The white communication board was not observed in the room. - on 1/6/2025 at 3:27 PM, the attempting to enter the conference room with the health care surveyors. An unidentified staff walked past resident and did not approach to attempt to communicate with the resident to find out what was needed. During an observation and interview on 1/7/2025 at 10:38 AM, Licensed Practical Nurse #25 was teaching a nurse aide student about the resident's communication needs and told the student the resident was deaf. They stated the resident had lived at the facility for a while and the staff were all aware that the resident had a communication board, and laminated pictures for simple requests. They also had a spiral notebook for communication with pen and paper. During the interview they stated all staff were aware of the resident's communication needs and staff should not just walk by the resident when they were trying to communicate. Staff should stop and try to figure out what was wrong. New staff should always ask the nurse if they were having trouble communicating with the resident. During an interview on 1/7/2025 at 10:46 AM, Registered Nurse Unit Manager #14 stated the resident's needs were listed in the resident profile in the electronic record. During orientation staff the new aides were told the resident had a picture board on the back of their wheelchair. They frequently had to put it back on because the resident would take it off. It was difficult to understand the resident. Staff should use the laminated sheets to see what the resident needed and should not walk by the resident when they were trying to communicate their needs. Staff knew they should get the dry board and communication sheets. Resident #13 just liked to touch and hug and needed frequent reassurance. Staff could just stop and hold the resident's hand and attempt to communicate with the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/7/2025 at 11:56 AM, Certified Nurse Aide #26 stated they were responsible for the resident's care on 1/2/2025. They stated the resident was here for a long time and was deaf. They tried their best to communicate with the resident and used a pen and paper if they really did not understand what the resident wanted. They stated if the resident was poking at the staff or pulling at them, staff should see what the resident needed. They stated they were not aware staff walked by the resident, they should have gotten a pen and paper to figure out what the resident needed. During an interview on 1/7/2025 at 3:48 PM, the Director of Activities stated the resident could use sign language or the laminated sheets and symbols. Some days the resident used sign language, lip reading, or wrote on paper. Staff should always try to see what the resident was trying to communicate. Any staff member should stop and try to understand what the resident needed. 10NYCRR 415.12(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 35045 48446 Based on observations, record review, and interviews during the recertification and abbreviated (NY000325307, NY00035605, and NY000359258) surveys conducted 1/2/2025-1/7/2025, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 4 of 5 residents (Residents #4, #24, #27, and #178) reviewed. Specifically, Resident #4 was not provided oral care; Resident #24 was not shaved as planned; Resident #27 was not provided toenail care as planned; and Resident #178 was not showered, shaved, or groomed as planned. Findings include: The facility policy, Activity of Daily Living, Range of Motion and Mobility Policy, dated 10/2024, documented care and services for the activity of daily living included: - Hygiene- bathing, dressing, grooming, and oral care - Mobility- transfer and ambulation including walking. - Elimination- toileting - Dining- eating, including meals and snacks. On admission a resident's activity of daily living status was assessed and as part of a Comprehensive Care Plan, efforts were made to maintain the individuals' clinical condition and to avoid any reduction in activity of daily living. 1) Resident #178 had diagnoses including transient ischemic attack (blood flow to the brain is temporarily disrupted), hemiplegia (paralysis on one side of the body), and traumatic brain injury. The 11/272024 Minimum Data Set assessment documented the resident had severely impaired cognition, did not reject care, felt it was important to choose between bed bath, or shower, required partial to moderate assistance with showering, and supervision/ touching assistance for personal hygiene. The Comprehensive Care Plan updated on 11/22/2024 documented the resident had an activity of daily living self-care performance deficit and impaired physical mobility related to activity intolerance and limited mobility. Interventions included limited assistance of one with bathing/showering once a week and as needed and for personal hygiene and oral care. The 12/22/2024 care instructions documented the resident required limited assistance of one with bathing or showering, personal hygiene, and oral care. The 1/1/2025-1/6/2025 certified nurse aide care documentation documented personal hygiene was not applicable or was left blank on 1/1/2025, 1/2/2025, 1/3/2025, 1/4/2025 and 1/6/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #178 was observed at the following times: - on 1/2/2025 at 11:12 AM, sitting in their room in their wheelchair with a full beard. The resident was drooling, and their shirt had drool on it. - on 1/3/2025 at 9:40 AM, sitting in their wheelchair looking out the window. They were unshaven. - on 1/6/2025 at 8:02 AM, sitting in the doorway of their room in a wheelchair. They were not shaved. Certified Nurse Aide # 27 and Licensed Practical Nurse Unit Manager #6 were talking to the resident about going to the bathroom. During an observation and interview on 1/6/2025 at 8:58 AM, the resident had a full beard and white flakes in their hair. The resident nodded their head yes when asked if they wanted a shower and to be shaved. During an interview on 1/6/2025 at 8:07 AM, Certified Nurse Aide #27 stated Resident #178 was gotten up by the night shift and they were unsure what the night routine was. They stated the resident's shower day was Wednesday on the day shift. The resident should be shaved daily with their personal hygiene care. During an interview on 1/6/2025 at 10:46 AM, Licensed Practical Nurse Unit Manager #6 stated the resident has not adjusted well to being in the nursing home. The resident should be provided care by the night shift, around 6:00 or 6:30 AM. This care included shaving, oral care, and dressing. The resident should have had a shower last Wednesday and had their hair washed at that time. The resident should not have dandruff in their hair if they were showered. It was important for the resident's quality of life, dignity, and skin integrity to have good personal hygiene and grooming. The resident should be assisted on any shift, by any staff member if requested by the resident. During an interview on 1/6/2025 at 11:13 AM, the Resident #178's family member stated they had concerns with the resident not having their hair washed or being shaved. the resident would not want a full beard and they have always shaved. They stated they had multiple conversations with staff about providing the resident a shower because they did not smell good. 2) Resident #4 had diagnoses including developmental disorder and hemiplegia (weakness to the right side) following a cerebral vascular accident (stroke). The 10/9/2024 Minimum Data Set assessment documented the resident had severely impaired cognition, required moderate to maximum assistance for bathing, oral care, and hygiene, and did not refuse care. The Comprehensive Care Plan initiated 10/25/2019 documented the resident had activities of daily living self-care deficit related to disease processes. Interventions included extensive assistance of one for hygiene and oral care. The undated certified nurse aide resident care card (care instructions) documented the resident required mouth care every shift and extensive assistance of one for oral care. The 9/24/2024 dental consult documented Resident #4 had obvious or likely cavities and broken teeth and recommended staff assist with oral care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The December certified nurse aide task form documented personal hygiene included combing hair, brushing teeth, shaving, applying makeup, washing, and drying face and hands. The December task list did not document any care was completed on: - 12/2/2024 and 12/25/2024 day shift. - 12/1, 12/6, 12/9, 12/14, 12/16, 12/18, 12/19, 12/22, 12/23, 12/26, 12/28, and 12/31/2024 on the evening shift. - 12/1, 12/13, 12/20, or 12/26 on the night shift. Resident #4 was observed: - on 1/2/2025 at 9:52 AM, in their bed with their mouth open. The resident's teeth were brown and the odor from their mouth was foul. - on 1/3/2025 at 8:51 AM, in bed with brown teeth and a foul odor from their mouth - on 1/6/2025 at 10:04 AM, in bed with brown teeth and a foul odor from their mouth - on 1/7/2025 at 8:50 AM, in a chair in front of the TV by the front door with brown teeth and a foul odor from their mouth. During an interview on 1/6/2025 at 10:12 AM, Certified Nurse Aide #10 stated residents were given a bed bath every day as part of their morning care which included oral care. Resident #4 had their morning care already and oral care was not completed as they were busy. If a resident did not get oral care their teeth could decay, and they might not eat as well. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse #6 stated If residents did not get oral care they could damage their teeth, be unable to chew their food, and lose weight. During an interview on 1/7/2025 at 1:28 PM, Certified Nurse Aide #26 stated they completed all morning care for Resident #4 and did not provide oral care as they were busy and hoped it had been done by the night shift who got the resident out of bed. They stated they should have provided oral care. If residents did not get oral care they could develop gum disease. 3) Resident #27 had diagnoses including chronic obstructive pulmonary disease (lung disease), diabetes, and depression. The 12/2/2024 Minimum Data Set assessment documented the resident had intact cognition, did not refuse care, and required moderate assistance with most activities of daily living. The Comprehensive Care Plan revised 8/28/2023 documented the resident had an activities of daily living self-care deficit related to limited physical mobility and required extensive staff assistance for hygiene needs. The undated certified nurse aide resident care card (care instructions) documented the resident required extensive assistance of one for personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #27 was observed: - on 1/2/2025 at 9:47 AM, in their room in bed, they had a left leg amputation. Their right toenails were brown with a black substance around the nail beds. - on 1/6/2025 at 10:12 AM, in their room in bed. Their right toenails were brown with a black substance around the nail beds. During an interview on 1/6/2025 at 10:12 AM, Certified Nurse Aide #10 stated residents were showered once a week on their assigned shower day and included providing nail care. Residents were also given a bed bath every day as part of their morning care and included nail care. They did not clip toenails, however, were responsible for cleaning feet and toenails. They stated Resident #27 had their morning care, did not refuse care, and was not provided toenail care as they were busy. They looked at Resident #27 toenails and stated they were not cleaned and should have been. If toenails were not cleaned as planned residents could get an infection. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse #6 stated all nursing staff was responsible for providing toenail care and diabetics required more attention to toenail care. If toenail care was not completed the resident could get an infection. During an interview on 1/6/2025 at 4:56 PM, Resident #27 stated before coming into the facility, they showered every day and were told by staff that they could only shower weekly when here. They stated it was unclean to shower only once a week and wished their foot and toenails were cleaned every day. This was the only day since admission their foot and toenails were washed. During an interview on 1/7/2025 at 2:36 PM, Director of Nursing #2 stated they expected residents received oral care, shaving, shampooing of hair, nail care, toenail care, and bathing unless they refused. They did not expect to see female residents with chin hair, residents did not have to ask to be shaved, and if a resident wanted their chin hair shaved and it was not it could be a dignity issue. If a resident did not have oral care teeth could breakdown and they could get an infection. It was more important to provide toenail care with residents diagnosed with diabetes because they had decreased feeling in their feet and if toenails were not cleaned the resident could get an infection. 10NYCRR 415.12(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35045 Based on record review and interviews during the recertification and abbreviated (NY00359258) surveys conducted 1/2/2025-1/7/2025, the facility did not ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice to promote healing, prevent infection and prevent new ulcers from developing for 1 of 2 residents (Resident #15) reviewed. Specifically, Resident #15 had a new skin impairment that was not assessed and treated timely by a qualified individual. Findings include: The facility policy, Pressure Injury Prevention and Management, dated 3/2021, documented a registered nurse would conduct a comprehensive skin assessment when a significant change was identified. The nurse was responsible to document a comprehensive nursing note when a pressure ulcer was identified. All wounds should be noted on 24-hour report. Resident #15 had diagnoses including hypertension and diabetes. The 9/24/2024 Minimum Data Set assessment (health screening tool) documented the resident had moderate cognitive impairment, did not reject care, required maximum assistance for bed mobility, had an indwelling urinary catheter, was frequently incontinent of bowel, did not have any unhealed pressure ulcers, was at risk for developing pressure ulcers/injuries, had a pressure reducing device for chair and bed, and received application of nonsurgical dressings and ointments/medications. The 9/18/2024 at 6:20 PM, Registered Nurse Unit Manager #14's admission progress note, and evaluation documented the resident did not have any pressure ulcers and was mildly at risk for developing pressure ulcers. The Comprehensive Care Plans initiated on 9/18/2024 and 09/19/2024, documented the resident was at risk for impaired skin integrity and activity of daily living deficits related to impaired mobility. Interventions included to keep skin clean and dry and to use extensive assistance of two to turn and reposition every two hours and as necessary. The 9/29/2024 at 3:41 AM, Licensed Practical Nurse #22 progress note documented the resident had sheared areas on both buttocks and excoriation (wearing off of skin) in the peri area. There was no documented evidence the area on the buttocks was assessed by a qualified professional. The 9/30/2024 Medical Director/Attending Physician #16's admission progress note documented the resident had recent weight loss with failure to thrive. The progress note did not include any documentation related to the buttocks skin impairment discovered on 9/29/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Dermal Tracker sheet (wound assessment sheet) was initiated by Registered Nurse Unit Manager #14 on 10/1/2024 and documented an unstageable (full thickness tissue loss in which the base of the ulcer is covered by dead tissue) pressure injury to the left buttock that measured 6 centimeters x 5 centimeters x 0.1 centimeters. There was scant serosanguinous drainage and no signs of infection. The date the area was first noted was blank. A 10/1/2024 physician order documented to check the alternating pressure mattress (a special mattress to alleviate pressure) every shift for functioning. The 10/2/2024, Registered Nurse Unit Manger #14 progress note documented the resident had a facility acquired Stage 2 (a shallow open ulcer with a red/pink wound bed) pressure ulcer on the sacrum, that measured 1.2 centimeters by 1.1 centimeters by 0.1 centimeters, an Unstageable pressure ulcer/deep tissue injury on the right gluteus (buttock) measuring 6 centimeter x 5 centimeter x 0.1 centimeter, and a Stage 2 pressure ulcer to the left gluteus measuring 3 centimeter x 2 centimeter x 0.1 centimeter. There were no signs and symptoms of infection. The resident was bedfast all or most of the time, and the resident has a pressure reducing device to bed, and often refused to get out of bed. The 10/02/2024, physician order documented to cleanse the resident's sacrum, right and left buttock with wound cleanser, apply Calcium Alginate and cover with Optifoam dressing daily. There was no documented evidence the shearing identified on 9/29/2024 had a treatment ordered until 10/2/2024. During an interview on 1/6/2025 at 10:58 AM, Licensed Practical Nurse Unit Manager #6 stated Resident #15 required total care for all their activity of daily living needs. The resident frequently resisted care but would do it with encouragement. They were unsure if the resident was admitted to the facility with a wound. They relied on the registered nurses to do those assessments. During an interview on 1/6/2025 at 1:25 PM, Certified Nurse Aide #19 stated Resident #15 required total assistance of two for their care. It took two staff members to roll and reposition the resident. The resident would get mad when they had to provide care. The resident had not been acting the same lately, refusing their meals and throwing things. During an interview on 1/6/2025 at 4:27 PM, the Director of Nursing stated when a resident was admitted to the facility a nursing admission assessment would be completed by Registered Nurse Unit Manager #14. Resident #15's pressure ulcer on their buttocks started as a sore on 10/1/2024. The wounds should be monitored on weekly wound rounds, with the wound nurse practitioner, and their assessment was documented on a Skin Tracker Sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/7/2025 at 11:02 AM, Registered Nurse Unit Manager #14 stated the resident was admitted without any skin issues, and shortly after one of the floor nurses mentioned the resident's bottom was red. When it was assessed, it was assessed as a pressure ulcer. The resident's skin was checked weekly when they get a shower by the licensed practical nurse. They stated the resident did not have any pressure ulcer/skin wounds when they were admitted on [DATE] and a complete and thorough skin assessment was done. The first identification of the pressure ulcer on the resident's buttock was in October 2024. The resident did not move much, did not eat well, and often refused repositioning. They believed the nurse practitioner was notified of the pressure ulcer on 10/8/2024 but was not sure as there was no documentation. When a resident had a new pressure ulcer, the nurse should notify the medical provider. They would also notify the Director of Nursing so they could see the resident and ensure the resident had a treatment and was seen on wound rounds. During a telephone interview on 1/7/2025 at 3:11 PM, the Medical Director/Attending Physician stated Resident #15 was at risk for developing pressure ulcers. A skin assessment should be completed upon admission and then the wound care team should be notified of any wounds, and treatment started accordingly. They were not sure when the resident developed pressure ulcers. 10 NYCRR 415.12(c)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue, Auburn, NY 13021	

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48446 Based on observations, record review, and interviews during the recertification and abbreviated surveys (NY00364436) conducted 1/2/2025 -1/7/2025, the facility did not ensure residents received adequate supervision to prevent accidents for 1 of 4 residents (Resident #276) reviewed. Specifically, Resident #276 did not have their hydrocollator pack (a device that heats cloth pads filled with a soft clay to provide moist heat therapy) monitored during therapy, causing a blister to their shoulder. This resulted in harm to Resident #276 that was not Immediate Jeopardy. Findings include: The updated facility policy, Applying a hydrocollator Pack, documented the hydrocollator was placed in the pocket of the terry cloth covering, then three (3) double-layer terry cloth towels were applied. The resident was checked for redness after five (5) minutes and if redness found, another layer of protective terry cloth towels was placed to prevent a burn. The hydrocollator was removed after 20 minutes. Hydrocollator temperatures were taken daily to ensure they were between 160 and 166 degrees Fahrenheit and recorded in a temperature log. The John Hopkins University classification of burns documented: - First-degree (superficial) burns affect only the outer layer of skin. The burn site is red, painful, dry, and with no blisters. - Second-degree (partial thickness) burns involve the outer layer and part of the second layer (dermis) of skin. The burn site appears red, blistered, and may be swollen and painful. Resident #276 had diagnoses including arthritis, chronic venous insufficiency (poor circulation), and morbid obesity. The 11/17/2024 Minimum Data Set (an assessment tool) admission assessment documented the resident had intact cognition, required moderate to maximum assistance for most activities of daily living, had constant pain in the last five (5) days, and occasionally was not able to sleep due to the pain. The 7/10/2024 Comprehensive Care Plan documented Resident #276 had pain related to arthritis and decreased mobility. Interventions included monitoring pain, administration of pain medication, and evaluating efficacy of pain medication. The resident had potential/actual impairment to skin integrity related to venous insufficiency. Interventions included educate resident/family/caregivers of causative factors and measures to prevent skin injury. The hydrocollator temperatures for December 2024 were documented between 160 and 162 degrees Fahrenheit. The temperature on 12/11/2024 was documented at 161 degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0689 Level of Harm - Actual harm Residents Affected - Few	The 12/11/2024 at 3:18 PM Director of Nursing #2 progress note documented Resident #276 was assessed for a 3.0 by 5.0 (no units of measure documented) deroofed (top layer of skin has rubbed off) blister to the left shoulder. The resident reported it formed after hot pack therapy in their room earlier that day. The resident stated they would notify their adult child. Nurse Practitioner #17 was notified and would be in to evaluate. There was no documented evidence Nurse Practitioner #17 evaluated the resident's skin impairment on 12/11/2024. The 12/11/2024 facility Incident Report, completed by Director of Nursing #2, documented Resident #276 reported a blister on their left shoulder following hot pack therapy (hydrocollator) earlier in the day. They observed a 3.0 by 5.0 (units of measure not documented) deroofed blister on the left shoulder. Certified Occupational Therapy Assistant #23 was the treating therapist and stated they put the hot pack on the resident at 11:00 AM and removed it at approximately 11:25 AM. Certified Occupational Therapy Assistant #23 and therapy staff were educated on the policy and procedure for applying a hydrocollator with demonstration and return demonstration. Certified Occupational Therapy Assistant #23 was suspended pending an investigation. The hydrocollator machine was placed out of service until it could be inspected by maintenance and passed inspection. Nurse Practitioner #17 was notified at 3:18 PM. The 12/11/2024 Incident Report witness statement from Resident #276 documented they were unsure what time it was when the therapist put the heat pack on their shoulder. If it was 9:50 AM, they were to remove it at 10:05 AM. If it was 10:50 AM, they were to remove it at 11:05 AM. They fell asleep and the therapist returned at 20-25 minutes after the hour. Later in the day, they noted pain in their shoulder and observed a blister. The 12/12/2024 witness statement from Certified Occupational Therapy Assistant #23 documented on 12/11/2024 at approximately 11:00 AM, they applied a heat pack to Resident #276's left shoulder and educated the resident to remove it in 20 minutes while they worked with another resident. When they returned 25 minutes later, the heat pack remained on the resident's shoulder and the resident was asleep. The 12/12/2024 counseling memo documented Certified Occupational Therapy Assist #23 was counseled related to not checking the resident 5 minutes after application of the hydrocollator and leaving it on 5 minutes too long. They were educated on the policy and completed the competency. A 12/13/2024 at 1:30 PM Nurse Practitioner #17 progress note documented the resident continued with the area to their left shoulder, which resembled an old, sealed blister-like area. There was some concern it may be infected; area was white and sealed off. It did not resemble an infection to them; however, they would continue to monitor, and treatment course could change. The plan was to continue to monitor and apply Silvadene (topical antimicrobial cream used to prevent and treat wound infections in individuals with second and third-degree burns) to the shoulder. There was no further documented evidence of progress notes addressing the wound on the resident's shoulder. Director of Maintenance #4 documented the hydrocollator was in proper working order when inspected on 12/12/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335004	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview and observation on 1/7/2025 at 9:15 AM, Resident #276 stated the first time they used the hot pack was on 12/11/2024 and they had not used it since, as they got a blister on their left shoulder. A pea-sized scab was observed on the resident's left anterior (front) shoulder. The skin surrounding the scab was reddened. The resident stated the area was much bigger when it happened, and it was healing well. They stated during the hot pack treatment they were able to remove the hot pack; however, did not believe they were told to remove the hot pack and if they were told, they did not remember that. They were in their room when the heat pack was applied, they did not remove the heat pack, and were asleep when the therapist returned. During an interview on 1/7/2025 at 9:25 AM, Certified Occupational Therapy Assistant #23 stated they did not use the hydrocollator often. They used it in Resident #276's room on 12/11/2024. The resident requested it for shoulder pain. When they applied the hydrocollator they placed it in the terry cloth pouch and used three terry cloth layers. They did not visualize the resident's skin after 5 minutes as per policy but did ask the resident if they had pain. They educated the resident to remove the hydrocollator and left the room to help with another resident. They returned after 25 minutes, and the resident was asleep with the hydrocollator on. It should have been removed after 15-20 minutes. If the hydrocollator was left on too long, a resident could get a burn. During an interview on 1/7/2025 at 9:35 AM, Director of Rehabilitation #5 stated hydrocollator therapy was only used with residents who had intact cognition and could report pain and was never used on a resident who had a decreased skin sensation. They stated residents should be visibly checked for skin redness after five minutes, and the pack should not be left on longer than 20 minutes. Resident #276 was not visibly checked for skin redness after 5 minutes and should have been. The resident's cognition was intact, and they could tell the therapist if they had pain. Since the injury, hydrocollator therapy was no longer allowed in a resident's room and could only be done in the therapy gym under supervision. If the hydrocollator was not checked after five minutes or left on longer than 20 minutes, residents could suffer a burn to their skin. During an interview on 1/7/2025 at 2:36 PM, Director of Nursing #2 stated they expected physical therapy to visually check skin after application of the hydrocollator for five minutes to prevent burns. 10NYCRR 415.12 (h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335004	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48446 Based on observations and interviews during the recertification survey conducted 1/2/2025-1/7/2025, the facility did not ensure drugs and biologicals were labeled and stored in accordance with currently accepted professional principles and includes the expiration date when applicable for 1 of 2 medication carts and 1 of 1 treatment cart on the East Hall. Specifically, the East Hall medication cart was left unsecured; contained an expired insulin pen and an insulin pen without an opened or expired/discard date for Resident #27; and an insulin pen without any resident identifiers or opened/discharge date . Additionally, the East Hall treatment cart was left unsecured and contained medications and scissors. Findings include: The facility policy, Storage-Labeling-Maintenance of Medications, revised 11/8/2023, documented medications were stored safety, securely, and properly, following manufacturer's recommendations. The medication supply was accessible only to licensed nursing personal, pharmacy personnel, and staff members lawfully authorized to administer medications. All drugs were to be stored in the locked designated cabinets. Medication carts must be locked at all times when not in use, including during medication passes when the nurse stepped away from the cart. Medications with shortened expiration dates (i.e. insulins) must be dated when opened. Expired medications were removed from use and returned to the Pharmacy. Medication labels must be legible at all times and include resident name and expiration date when applicable. During an observation on 1/6/2025 at 8:24 AM, medication cart three was in the East Hall against the wall near room [ROOM NUMBER]. The cart was unlocked and had resident information visible on the computer. No staff were observed in the hall or around the medication cart. During an observation and interview on 1/6/2025 at 8:48 AM with Licensed Practical Nurse #8, the East Hall medication cart three contained the following: - Toujeo Max Solostar (insulin glargine) 300 units, with an opened date of 12/2/2024 for Resident #27. Licensed Practical Nurse #8 stated some insulins expired in 28 days and others were 30 days, but either way that medication was expired. They stated there were no other Toujeo pens for that resident and it was administered to Resident #27 on the evening shift of 1/5/2025. - Insulin glargine 100 units/milliliter, without a resident label or opened date. Licensed Practical Nurse #8 stated they were not sure which resident the insulin belonged to or when it was opened. They stated when a new resident was admitted , or a resident ran out of insulin they would get a new insulin pen from the stock. It should have had a resident's name on it and the date it was opened so they knew when it expired, and to ensure it was only used on one resident. If it was administered to another resident, it could contaminate the resident with another resident's blood. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Insulin aspart 100 units/milliliter, without an opened date for Resident #27. Licensed Practical Nurse #8 stated if there was no open date, they would not know when it expired. They stated they were not sure when Resident #27 received this medication last, but thought it was 1/5/2025. If the resident was given an expired medication, they were not getting the full dose as it was not as effective after the expiration date. Licensed Practical Nurse #8 stated that resident information should be protected. They felt they were behind and rushing to complete tasks which was why they left the medication cart unlocked. The medication cart should always be locked for safety reasons. During an observation on 1/7/2025 at 1:27 PM, the East Hall treatment cart was in the hall near room [ROOM NUMBER], unlocked. The door for room [ROOM NUMBER] was shut. Residents were observed in the hall. There were no staff present in the hall or around the treatment cart. During an observation and interview on 1/7/2025 at 2:07 PM, Licensed Practical Nurse #9 provided access to the treatment cart which included medications, dressing supplies, and scissors. They stated the treatment cart should be locked at all times for the safety of the residents as it contained creams and scissors. They stated they should not have left the cart unlocked, but they did not have a key for the cart, so they had to keep it unlocked. Medication cart one and the treatment cart used the same key, they were not sure why there was not an additional key available for the treatment cart. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated the medication cart should not be unlocked when unattended as any staff member or resident could get into it. It was supposed to be locked for safety reasons. The resident information should not be on the screen as it violated the resident's privacy. Insulin was good for 28 days. The medication dated 12/2/2024 should no longer be in the cart as it was not effective. If it was given to the resident they could have high blood sugar. Insulin should never be in the cart without a resident's name. When insulin was taken out from stock a resident label and date should be applied. During an interview on 1/7/2025 at 2:36 PM, the Director of Nursing stated the medication cart should always be locked when unattended. Residents could access the medications if it was unlocked, and this could be harmful. There were scissors in the treatment cart and medicated creams that could also be harmful if swallowed. The treatment cart had a key, and it was not the same as the medication cart. Every cart had a key, and they had spares, so the treatment cart should always be locked. 10 NYCRR 483.45 (g)(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0804

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.

48446

Based on observations and interviews during the recertification survey conducted 1/2/2025-1/7/2025, the facility did not ensure each resident received and the facility provided food and drink that was palatable, flavorful, and at an appetizing temperature for 2 of 2 meals reviewed (1/3/2025 and 1/6/2025 lunch meals on the East Hall). Specifically, food was not flavorful and was not served at palatable and appetizing temperatures during the lunch meals on 1/3/2025 and 1/6/2025. Additionally, two residents (Resident #24 and #53) interviewed stated the food did not taste good and was cold.

Findings include:

The facility policy, Food and Nutrition Services, dated 10/2023, documented each resident was provided with a nourishing, palatable, well-balanced diet that met their daily nutritional needs. Food and nutrition services staff would inspect food trays to ensure the food appeared palatable and attractive and was served at safe and appetizing temperatures. Food palatability was evaluated by data collection from resident surveys, focus group sessions, meal observations, staff feedback, and taste testing.

During an interview on 1/2/2025 at 10:35 AM, Resident #24 stated the food was not hot and lacked flavor.

During an interview on 1/2/2025 at 2:53 PM, Resident #53 stated the food was cold and did not taste good.

During an interview on 1/3/2025 at 10:52 AM, Certified Nurse Aide #7 stated the residents complained about the food. They said it was not good, bland, and cold. They offered to heat the food in the microwave or offer an alternative. If a resident did not eat, they could lose weight.

During a lunch meal observation on the East Hall on 1/3/2025 at 12:48 PM Resident #24 was served their lunch meal tray. A replacement tray was ordered, and Resident #24's original meal tray was tested . At 12:48 PM, food temperatures were taken and verified by Certified Nurse Aide #7. The applesauce was measured at 49 degrees Fahrenheit, the orange juice was 64.8 degrees Fahrenheit, and the milk was 53 degrees Fahrenheit.

During a lunch meal observation on the East Hall on 1/6/2025 at 12:41 PM, Resident #53 was served their lunch meal tray. A replacement tray was ordered, and Resident #53's original meal tray was tested . At 12:41 PM, food temperatures were taken and verified by Certified Nurse Aide #10. The hamburger stew was measured at 131.9 degrees Fahrenheit, the milk was 59.2 degrees Fahrenheit, the beans were 118 degrees Fahrenheit, the coffee was 125.6 degrees Fahrenheit, and the banana was bruised with 2 inches of brown discoloration at the end.

During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated the residents complained about the food. They changed the menu, and the residents were not complaining as much. The food served for lunch on 1/6/2025 did not look good. The residents complained the food was bland. If they did not eat, they would not get proper nutrition, and could get sick or lose weight.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/6/2025 at 2:45 PM, Resident #53 stated they did not eat their lunch because it did not look appetizing. During an interview on 1/6/2025 at 2:33 PM, Dietary [NAME] #11 stated hot food should be served to the residents at temperatures between 140-165 degrees Fahrenheit, and cold food should be between 30-34 degrees Fahrenheit. If food was served at temperatures outside of those ranges the residents could get sick. If a resident did not eat the food served, they should be offered an alternative like grilled cheese, peanut butter and jelly or tuna salad sandwiches. During an interview on 1/6/2025 at 2:37 PM, Food Service Director #12 stated hot food should be greater than 165 degrees Fahrenheit when served to the resident, and cold food should be under 41 degrees Fahrenheit when served to the resident. The temperatures from the test tray on 1/6/2025 were outside the recommended temperature range. If a resident ate that food, they could get food borne illness. They stated residents said the food was not good, lacked flavor, and they did not like it. If they did not eat, they could lose weight and get sick. The food should look appetizing. They stated they did not think the food looked appetizing on 1/6/2025, they did not like that meal, and it should be replaced. During an interview on 1/7/2025 at 2:36 PM, the Director of Nursing stated residents used to complain about the food, but it was getting better with the new staff. They also had complained about the food temperatures, but they were also improving. They expected food to be at the appropriate temperatures and palatable when served to the residents. 10NYCRR 415.14(d)(1)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43754 Based on observations, record review, and interviews during the recertification survey conducted 1/2/2025-1/7/2025, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for 1 of 1 main kitchen, and 1 of 2 (Northwest Unit) kitchenette nourishment areas. Specifically, the main kitchen had soiled and poorly maintained equipment, improper food and food product storage, and the lack of access to proper hand washing facilities; and the nourishment area on the Northwest Unit had unclean equipment. Findings include: The facility policy, Food Preparation Service, dated 9/2022, documented Food and Nutrition Services employees prepare and serve food in a manner that complied with safe food handling practices. The food preparation area was large enough to meet the needs of the facility. The department had a rotating cleaning list created by the Director to ensure the department was kept in proper sanitary compliance with all federal and local health codes. Food preparation staff adhered to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Handwashing sinks were located near food preparation and clean dish areas and were separate from ware washing sinks. Bare hand contact with food was prohibited. Gloves were worn when handling food directly and changed between tasks. Disposable gloves were single-use items and were discarded after each use. The undated facility policy, Cleaning and mopping of Floors ([NAME] Tile and Walk in Cooler), documented all floor areas of the department were swept and mopped 3-times daily. Food and Food Product Storage During an observation on 1/2/2025 at 9:26 AM, a cart with several racks of bread was outside the kitchen back entrance on the loading dock. Racks of paper products for the food service, single service dishware, and cleaning products were also stored outside on the loading dock. The loading dock had a roof that projected out from the building The area was open on the sides, not protected from elements and pests, and was not an enclosed storage area that was smooth and easily cleanable. The area was littered with packaging debris, plastic debris, and cigarette butts. The bread remained outside on the loading dock at 12:37 PM, 1:07 PM (with the Administrator and Director of Environmental Services present), and 4:44 PM. During an observation on 1/3/2025 at 9:56 AM the food service items, single service items, paper products, (garbage, debris, cigarette butts), and cleaning products were on the back entrance loading dock. During an interview on 1/3/2025 at 10:58 AM, Food Service Director #12 stated deliveries should be put away as soon as they arrived, they usually put the bread away when they arrived at work. They stated bread should not be left outside for eight hours. The paper products and chemicals had always been stored outside on the loading dock, but that area was not protected from pests or the elements. They were not sure if the cleaning products were okay left outside in the freezing temperatures. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 85 Thornton Avenue Auburn, NY 13021	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Lack of Handwashing Facilities The following observations were made: - on 1/2/2025 at 12:09 PM, the only hand washing sink in the kitchen was blocked by a service tray with coffee cups. The only other sink in the kitchen was the three bay sink which was in use for dishwashing and not equipped for handwashing. Four dietary staff members (two who wore gloves and two without gloves) were serving lunch. - on 1/2/2025 at 12:24 PM, [NAME] #36 changed gloves without performing hand hygiene. - on 1/2/2025 between 12:09 and 12:30, unidentified staff serving lunch did not perform hand hygiene after exiting and returning to the kitchen. During an interview on 1/3/2025 at 10:58 AM, Food Service Director #12 stated staff were expected to wash their hands when they arrived in the kitchen for work, when they returned from smoking, between dishes, whenever they changed their gloves, and whenever they touched raw food. They stated there was a hand wash sink next to the coffee pot in the kitchen. The handwashing sink should not have been blocked by the coffee set-up during meal service. Unclean Areas (Main kitchen and Northwest kitchenette) The following observations were made: - on 1/2/2025 at 9:37 AM, the drink cooler in the hall (just outside the kitchen) had rings of white liquid on the bottom of the cooler from previous spills. The cooler interiors in the kitchen were heavily soiled with dried food debris and spills. - on 1/2/2025 at 11:12 AM, the interior of the Northwest Kitchenette refrigerator was soiled with food spills and dried debris. - on 1/2/2025 at 12:16 PM, the floor in the main kitchen, behind and under equipment, was soiled with built up and dried on grease and grime, food debris, and broken dishware fragments. - on 1/3/2025 at 11:15 AM, the main kitchen coolers were heavily soiled with dried food debris and spills. The floors in the kitchen were soiled with grease and grime, dried food debris, and broken dishware fragments. - on 1/3/2025 at 1:25 PM, the Northwest Kitchenette refrigerator was soiled with food spills and dried on debris. The facility's Clean Jobs for Cooks documented the kitchen coolers and freezer were last cleaned 12/25/2024 and 12/26/2024. The floor under the steam table was last done on 12/25/2024. The facility's cleaning jobs for PM Aides documented the middle cooler was last cleaned on 12/24/2024. The floor under the coffee maker was listed as a task, but not documented as completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's cleaning jobs for AM Aides documented the juice and dessert cooler was last cleaned on an unspecified Monday. During an interview on 1/3/2025 at 10:58 AM, Food Service Director #12 stated the kitchen was cleaned daily, and designated staff had specific cleaning assignments. Cleaning tasks included cleaning the inside of the coolers as well as the floors under the equipment. Staff were expected to clean what they were assigned and sign off when the cleaning task was completed. The kitchenette refrigerators were supposed to be checked and cleaned daily by dietary staff. The Food Service Director stated they had been out the prior week, and the cleaning tasks were not completed as required. The refrigerators throughout should not have dried food spills and debris present. They stated it was important the kitchen was kept clean to prevent contamination and the spread of foodborne illness. Equipment Maintenance During an observation on 1/2/2025 at 12:26 PM, the two-door upright freezer just inside the main kitchen, had ripped door seals that dragged on the floor. Both doors did not seal completely and were loosely closed. Some contents inside the freezer were frozen solid, others (butter, ice cream and bread) were soft to the touch. The external thermometer read 20 degrees Fahrenheit. During an interview on 1/3/2025 at 10:58 AM, Food Service Director #12 stated there were no issues with the equipment in the kitchen and they were not aware the seals on the door of the freezer were ripped. They stated that neither the bread, butter, nor ice cream stored in the freezer should have been soft to the touch. If there was a problem with any equipment they would put in a work order for maintenance, but they did not think that anyone had done that. There was no documented evidence of work orders for the kitchen freezer from the past three months. 10NYCRR 415.14(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 43754 Based on observations and interviews during the recertification survey conducted 1/2/2025-1/7/2025, the facility did not ensure that garbage and refuse was disposed of properly. Specifically, garbage was not properly contained outside on facility grounds. Findings include: The facility policy, Garbage and Refuse Disposal, dated 3/7/2022, documented garbage would be stored in a manner that was inaccessible to pests. Storage areas would be kept clean at all times and shall not constitute a nuisance. Outside dumpsters provided by the garbage service would be kept closed and free of surrounding litter. During an observation on 1/2/2025 at 9:51 AM, two dumpsters located outside the facility were open with plastic bags at the top blowing in the breeze. Wet cardboard boxes, broken equipment, and debris were piled outside of the Southwest exit by the activity room. Mattresses were piled between the dumpsters. Wooden pallets with debris were located behind a shed by the dumpsters, and more equipment and debris were collected outside of a garage at the end of the parking lot. Boxes, garbage, plastic bags, and debris (used gloves, masks, etcetera) were visible on the lawn and in the brush line around the building. During an observation and interview on 1/2/2025 at 10:47 AM, the Director of Environmental Services stated the pile of wet cardboard boxes and broken equipment outside the Southwest exit were garbage. The exterior's various piles of garbage, broken equipment, gloves, and plastic debris were observed with the Administrator and Maintenance Director. The Administrator stated the dumpsters should have been closed and there should not have been any garbage piled or strewn about outside. During an observation and interview on 1/2/2025 at 1:07 PM, the loading dock outside the kitchen had packaging debris and plastic bags, and numerous cigarette butts (cited under K741) were strewn amongst the pallets of deliveries and cardboard boxes stored under the roof that extended over the loading dock. The Director of Environmental Services stated there should not have been any garbage left out there and staff should have taken it to the dumpsters. During an observation and interview on 1/3/2025 at 11:15 AM, the loading dock outside the kitchen had debris and cigarette butts around the pallets of deliveries, stored chemicals, and cardboard boxes. The Food Service Director stated there should not have been any garbage left outside on the loading dock. Garbage was taken out after each meal and daily when the deliveries left outside on the loading dock were put away. During an interview on 1/8/2025 at 8:38 AM, the Director of Environmental Services stated the dumpsters were emptied of trash on Mondays and recycling was picked up on Tuesday or Wednesday. They stated the furniture piled by the garage was received from another facility, but they did not have anywhere to store it. The furniture was not usable, and they were waiting on a dumpster. The dumpsters should have been kept closed to prevent debris from blowing out and there should not have been any piles of garbage and debris around the facility. They stated it was important the garbage was properly contained because when left strewn about it was a hazard. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335004	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10 NYCRR 415.14(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Rehabilitation & Nursing Center	85 Thornton Avenue Auburn, NY 13021

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48446 Based on observations, record review, and interviews during the recertification and abbreviated (NY00356805) surveys conducted 1/2/2025-1/7/2025, the facility did not ensure there was an effective pest control program for 1 of 4 hallways (East Hall) and 1 of 2 kitchenettes (South kitchenette). Specifically, fruit flies and an unknown insect were observed in the East Hall and South kitchenette. Findings include: The facility policy, Pest Control, revised 10/2023 documented to report any signs of infestation to the supervisor immediately. The purpose of the policy was to prevent entry of insects and rodents into the facility and reduce the threat of infection and disease, and to provide a safe and sanitary environment. The Pest Control Vendor Service Reports from 6/28/2024 through 11/27/2024 documented no signs of pest activity were found at the time of service. The following observations were made: - on 1/2/2025 at 9:30 AM, in the South kitchenette there was a flying black fruit fly. - on 1/2/2025 at 10:20 AM, in room [ROOM NUMBER] there was a flying black fruit fly. - on 1/2/2025 at 11:51 AM, in room [ROOM NUMBER] there was a small black flying bug. - on 1/3/2025 at 9:33 AM, between rooms [ROOM NUMBERS] there was a small black flying bug. - on 1/7/2025 at 7:41 PM, in the conference room there was 1-inch-long black flying bug with antennas and wings. During an interview on 1/6/2025 at 4:55 PM, Resident #27 stated they saw ants and fruit flies in their room. They told staff, and they told the resident they were not allowed to use pesticides. They stated they often dropped food on the floor, and it took staff until the next day to clean their room. They stated the food on the floor was leading to the bugs. During an interview on 1/3/2025 at 10:52 AM, Certified Nurse Aide #7 stated they saw spiders, cock roaches, fruit flies, and stink bugs frequently in the building and the resident's complained to them about the bugs. They took care of the bugs when the resident's complained. The presence of bugs could make the residents feel unclean and it was not homelike. They stated it was housekeeping's responsibility to take care of pests. During an interview on 1/6/2025 at 1:00 PM, Licensed Practical Nurse Unit Manager #6 stated if food was left on the floor it could lead to pests. The Maintenance Department was responsible for pest control. It was not homelike to have food on the floor or pests. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Auburn Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Thornton Avenue Auburn, NY 13021	

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/6/2025 at 1:41 PM, the Maintenance Director stated they oversaw housekeeping, laundry, and maintenance of the facility. They had been told about fruit flies, spiders, and flies in the building. They used a pest control vendor, and the pest problem had improved. The vendor came monthly. They placed tags and if they noted presence of flies or ants they would treat the area. They stated it was not homelike, and they were supposed to stop the bugs. Bugs were not supposed to be in the building. During an interview on 1/7/2025 at 2:36 PM, the Director of Nursing stated they did not expect to see pests. They stated they had seen flies, fruit flies, and stink bugs. Residents had told them a couple times about flies, and they took care of it. During an interview on 1/7/2025 at 4:26 PM, the Administrator stated they did not expect to see food or bugs on the floor for an extended period of time. Food on the floor could lead to pests. 10 NYCRR: 415.29(j)(5)