

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER N Y S Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 State Highway 220 Oxford, NY 13830	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>33420</p> <p>Based on interview, observation, and record review during the abbreviated survey (NY00331758), the facility did not ensure all alleged violations involving mistreatment, neglect, or abuse were investigated or reported to the New York State Department of Health as required for 1 of 4 resident (Resident #1) reviewed. Specifically, Resident #1 had a bruise and fracture of unknown origin and an investigation to rule out abuse, neglect, or mistreatment was not initiated. In addition, the injuries of unknown origin were not reported to the New York State Department of Health as required.</p> <p>Findings include:</p> <p>The facility policy Abuse, Neglect, Mistreatment dated 11/28/2017, documented the facility was to ensure all residents were free from abuse, neglect, or exploitation. Injuries of unknown origin were any injury not observed or could not be explained by the resident. Incidents of abuse, neglect, mistreatment, and injuries of an unknown source were to be investigated thoroughly and promptly.</p> <p>Resident #1 had diagnosis including stroke with hemiplegia (paralysis on one side), chronic obstructive pulmonary disease (lung disease), and atrial fibrillation (abnormal heartbeat). The 1/4/2024 Minimum Data Set assessment documented the resident had moderate cognitive impairment, was dependent on staff for most activities of daily living, had an indwelling catheter (drains urine from the bladder), received tube feedings (a tube in the stomach that provides nutrition), and did not have falls prior to admission.</p> <p>The 12/29/2023 admission fall risk assessment screen completed by Physical Therapist #12 documented the resident was at medium risk for falls.</p> <p>The 12/29/2023 comprehensive care plan documented Resident #1 had decreased strength and functional mobility related to a stroke. They received physical therapy, was dependent on staff for mobility, and was at medium risk for falls. Interventions included to ensure the resident's call bell was within reach when the resident was in their room. The comprehensive care plan was updated on 1/10/2024 to include the resident had a fall, was at high risk for falls, and staff were to complete frequent monitoring.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 1/10/2024 at 12:17 PM, Registered Nurse #15's progress note documented Resident #1 was observed on the foot pedals in front of their wheelchair at around 12:00 PM. The resident was visibly upset and reported they tried to move to a different, more comfortable chair. No injuries were observed, and range of motion was at baseline. The resident reported they did not hit their head and they had right sided weakness per baseline. The resident was calmed and placed back into the wheelchair for lunch.</p> <p>The 1/10/2024 at 12:00 PM, facility investigation completed by Registered Nurse #15 documented the resident was last observed at 11:50 AM. At 12:00 PM, the resident was observed near the nursing station on the foot pedals in front of their wheelchair. The resident reported they tried to get into the chair next to them as it looked more comfortable. An assessment was completed with no noted injuries. There was no reason to suspect abuse, neglect, or mistreatment occurred.</p> <p>Nursing progress notes from 1/10/2024 at 7:27 PM through 1/15/2024 documented the resident did not have any apparent injury, bruising, or pain from the fall on 1/10/2024.</p> <p>The 1/15/2024 at 10:53 AM progress note by Physician #4 documented Resident #1 was noted by physical therapy to have right ankle bruising. Physical Therapy was reluctant to increase weight bearing at that time and the resident denied symptoms and tenderness. An x-ray was ordered.</p> <p>The 1/15/2024 x-ray report documented the resident had an acute non-displaced right distal fibula fracture (fracture of the lower leg bone).</p> <p>There was no documented evidence the bruising or fibula fracture was investigated to rule out abuse, neglect, or mistreatment.</p> <p>The comprehensive care plan, revised 1/17/2024, documented the resident returned from the hospital with a Controlled Ankle Motion boot (a boot worn to stabilize a fracture) to the right foot that was to be worn at all times. The boot was to be removed for skin checks, hygiene, or range of motion. Circulation, sensation, and movement checks were to be completed.</p> <p>During a telephone interview on 6/10/2024 at 10:19 AM, Registered Nurse #15 stated Resident #1 was admitted to the facility with periods of confusion and forgetfulness. On 1/10/2024, the resident was seated in a wheelchair at the nursing station, slid from the chair onto the foot pedals, and reported they were attempting to move to a more comfortable chair. The resident was assessed with full range of motion and no evidence of pain, injury, or bruising, and the resident offered no complaints. They were off for the following few days, was not aware the resident had bruising to the right ankle and did not know if an investigation was initiated related to the bruising or fracture.</p> <p>During a telephone interview on 6/10/2024 at 10:25 AM, Physical Therapist #12 stated Resident #1 slid from their wheelchair to the floor on 1/10/2024 (Wednesday). The therapy aide worked with the resident the rest of the week. During therapy on 1/15/2024 (Monday), Physical Therapist #12 noted Resident #1 had bruising to the right ankle area. The bruising was in different stages of color with green, yellow, and some purple. They immediately notified the medical provider and requested an x-ray due to concerns of the resident's weight bearing. The x-ray showed a fracture. They reviewed the nursing notes to see if there was any documentation of bruising before that day and did not find any.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 6/10/2024 at 10:32 AM, Director of Nursing #6 stated Resident #1 slid from their wheelchair on 1/10/2024 (Wednesday), was assessed without injuries, and had no complaints of pain, or bruising. They stated the nursing progress notes did not document the resident had bruising or discomfort after the incident. On 1/15/2024, physical therapy noted the resident had bruising to the right ankle, the medical provider was notified, and an x-ray was ordered that showed a fracture. The Supervisor was responsible for reporting the bruising and fracture, and initiating an investigation to rule out abuse, neglect, or mistreatment. The Director of Nursing stated an investigation was not completed into the resident's bruising or fracture and they were not reported.</p> <p>During a telephone interview on 6/10/2024 at 11:18 AM, Certified Nurse Aide #16 stated they worked during the day shift and took care of Resident #1 when they worked. They were in the area when Resident #1 slid from the wheelchair onto the foot pedals on 1/10/2024 (Wednesday). Registered Nurse #15 assessed the resident and there were no injuries or bruising at the time of the fall. They returned after the weekend and approximately one day later (could not recall exactly when), they noted the resident had some tenderness in the right foot with some swelling and bruising. They reported that to the nurse on duty (could not recall who) and an x-ray was done showing a fracture. They did not recall if they provided any statements about the bruising at that time, did not know if an investigation was completed, and the nurses would have the investigation if one was done.</p> <p>10NYCRR 415.4(b)(1)(ii)</p>		