

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Alice Hyde Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 45 Sixth Street Malone, NY 12953	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48744</p> <p>Based on record review and interviews during an abbreviated survey (Case #NY00334727), the facility did not ensure all alleged violations of abuse, neglect, or mistreatment, including injuries of unknown source were immediately reported to the State Agency for 1 (Resident #20) of 4 residents reviewed for abuse. Specifically, Resident #20 was left unattended on 2/29/2024 at 12:25 PM, fell , and sustained injury while ambulating. Resident #20's care plan documented the resident required a staff member assist with transfers and ambulation. The incident was not reported to the Department of Health until 3/01/2024 at 2:18 PM.</p> <p>This is evidenced by:</p> <p>Resident #20 was admitted to the facility with diagnoses of Alzheimer's disease (a type of dementia that affects memory, thinking, and behavior), unspecified dementia with behavioral disturbance (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), and type 2 diabetes (a chronic condition that happens when a person has persistently high blood sugar levels). The Minimum Data Set (an assessment tool) dated 2/18/2024, documented the resident with severe cognition impairment, could be understood and could understand others.</p> <p>Facility Policy and Procedure titled, Fall Assessment, Prevention and Management dated 12/2022 (last updated 1/2024), documented that care plans should include a falls prevention plan as appropriate for the resident.</p> <p>Facility Policy and Procedure titled, Safe Events Reports and Quality Improvement - Nursing Home dated 11/2002 (last updated 4/2022), documented that Safe Events Reports were to be completed and referred to the Administrator, Director of Nursing, and Clinical Nurse Manager. Additionally, the Safe Events Reports should be reviewed with the Interdisciplinary Team at their daily meeting.</p> <p>Facility investigation dated 3/04/2024 documented that the Registered Nurse on duty at the time of the fall did not know that the Certified Nurse Aide who was assigned to provide care to Resident #20 had allowed a care plan violation to occur when Resident #20 was left to ambulate independently. The Certified Nurse Aide did not know that Resident #20 was care planned to have a one person assist when ambulating. Additionally, the facility investigation documented that both staff members were reeducated on care plans and their responsibilities regarding resident care and reporting of incidents.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335127
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #20's progress notes on 2/29/2024 revealed they were left unattended on 2/29/2024 at 12:25 PM, fell , and sustained injury to their head while ambulating. Resident progress notes from 2/29/2024 to 3/01/2024 documented that the resident fell , and assessments were completed post fall.</p> <p>Resident comprehensive care plan for Activities of daily Living dated 9/29/2023 documented the resident required touching assistance with transfers and when ambulating.</p> <p>Record review of the New York State Department of Health ASPEN Complaint Tracking System revealed the 2/29/2024 fall event was reported to the Department of Health on 3/01/2024 at 2:18 PM.</p> <p>During an interview on 3/19/2024 at 10:45 AM, Administrator #1 stated every accusation against staff was taken seriously, with the resident protected, and the accusations investigated. They stated they report all allegations of abuse, mistreatment, misappropriation, and injuries of unknown origin to the New York State Department of Health.</p> <p>10 New York Codes, Rules, and Regulations 415.4 (b)</p>		