

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Monroe Community Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 435 East Henrietta Road Rochester, NY 14620	

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 - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (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

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(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 - Actual harm Residents Affected - Few	<p>Based on observations, interviews and record review conducted during an Abbreviated Survey (Complaint #: NY00368800/Intake ID: 466508) from 08/26/2025 to 09/12/2025, the facility failed to ensure residents received the necessary care, treatment, and services, consistent with professional standards of practice, to promote healing and prevent new pressure ulcers from developing for one (1) of three (3) residents (Resident #8) reviewed. Specifically, the facility failed to ensure Resident #8's specialty mattress was in place from 01/04/2025 to 01/10/2025, and the resident was later found to have a stage two (2) (partial-thickness skin loss) and stage three (3) (full-thickness skin loss) pressure ulcer to their buttocks. This resulted in actual harm to Resident #8 that is not Immediate Jeopardy. The findings are: The facility policy, Skin Care Program, with a revision date of 10/01/2023, included all residents with a history of pressure injuries within the past 12 months should be considered to be in the high risk category for prophylactic (preventative) interventions. All wounds will be offloaded (the process of reducing or eliminating pressure on a wound site to promote healing) and advanced wound therapies will be utilized to promote wound healing in accordance with best practices. The undated facility document, How To Check the Proper Placement of ROHO (mattress overlay system for people who require skin or soft tissue protection) and Low Air Loss (LAL) Mattresses for Residents, included specialty mattresses are specifically designed to reduce pressure over the body in order to help prevent and treat pressure injuries (pressure ulcers). All specialty mattresses need to be checked by the nurse every shift to ensure they are in place and functioning properly for the safety of residents. If a resident has an order for a specialty mattress and the mattress is not in place or is malfunctioning, the nursing supervisor should be immediately notified. Resident #8 had diagnoses that included diabetes, pressure ulcers, and muscle weakness. The Minimum Data Set (a resident assessment tool) dated 10/10/2024 included the resident had moderate cognitive impairment, was at risk for developing pressure ulcers, had two (2) unhealed pressure ulcers, was receiving pressure ulcer care, and had pressure reducing devices for their bed and chair. Review of physician orders included an order dated 09/27/2024 for a specialty 42 inch ROHO mattress and to check that the mattress is in place and inflated every shift. In a Wound Assessment form dated 11/13/2024, Wound Care/Registered Nurse #1 documented the left buttock, stage three (3) pressure ulcer was healed with recommendations to continue treatment with barrier cream (adds a protective layer to skin to help prevent damage) and ROHO cushion for prophylaxis. In a Skin Check form dated 01/08/2025, Licensed Practical Nurse #4 documented Resident #8's skin was clear and intact. Review of the Comprehensive Care Plan dated 01/09/2025, revealed Resident #8 was at risk for pressure ulcers. Interventions included but were not limited to: check skin and report any signs of breakdown, use pillows, pads, or wedges to reduce pressure, and to turn and reposition. Additionally, as of 01/10/2025, the care plan included Resident #8 had new wounds, was transferred to another unit without the specialty mattress, and sustained pressure areas to their right and left buttocks. Review of an undated Facility Investigation included during skin rounds on 01/10/2025, Resident #8 was found to have new skin loss over their bilateral buttocks. Resident #8 was transferred on 01/04/2025 from Friendship 3 [NAME] to Friendship 4 East and their ROHO mattress was not transferred with them. Additionally, a statement documented by Licensed Practical Nurse #2 included the resident did not have the ROHO mattress while on Friendship 4 East. In an undated, signed statement, Registered Nurse Supervisor #1 documented they were told on the evening of 01/04/2025 Resident #8 needed to move to another unit after their roommate tested positive for COVID-19. Resident #8 was transported to the receiving unit by wheelchair and Registered Nurse Supervisor #1 was unable to find any staff to help them transfer the resident's bed. Registered Nurse Supervisor #1 reported to the night staff that Resident #8 had been moved but did not have their bed with specialty mattress. In a Witness Statement form dated 01/04/2025 to 01/05/2025, Licensed Practical Nurse #1 documented there was no ROHO mattress, and they notified Licensed Practical Nurse Supervisor #1. Licensed Practical Nurse #1 documented 'not administered' on the Treatment Administration Record for the 01/04/2025 night shift and informed the oncoming day shift nurse. The January 2025 Treatment Administration Record from 01/04/2025 to 01/10/2025 included to check that the specialty mattress was in place and inflated and a review of the documentation revealed the following: The ROHO mattress was documented by nursing staff as 'not administered' on 01/04/2025 night shift, 01/05/2025 evening and night shift. The ROHO mattress was documented by nursing staff as 'administered' on 01/04/2025 (day and evening shift) 01/05/2025 (day shift) 01/06/2025 (day evening and night shift) 01/07/2025 (day evening</p>		