STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335226	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vestal Park Rehabilitation and Nursing Center	1501 Route 26 South, Vestal, NY 13850

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 observation, record review, and interview during the recertification and abbreviated (NY00323929 and NY00339707) surveys conducted 7/22/2024-7/26/2024, the facility did not ensure residents were treated with respect and dignity in a manner and environment that promoted maintenance or enhancement of quality of life for 1 of 1 resident (Resident #71) reviewed. Specifically Resident #71's urinary catheter drainage bag was uncovered and visible to other residents, visitors, and staff. The facility policy, Quality of Life-Dignity, revised 3/2024 documented residents should be cared for in a manner that promoted and enhanced their sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem. Residents were treated with dignity and respect at all times. Staff was expected to promote dignity and assist residents in keeping urinary catheter bags covered. Resident #71 had diagnoses including chronic kidney disease, dementia, and urinary retention (neurogenic bladder, lack of bladder control due to a nerve problem). The 4/17/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition, was dependent for all activities of daily living, and had a urinary catheter. A physician order dated 7/18/2024 documented Foley catheter 16 French (size) with 10 cubic centimeter balloon (used to anchor the catheter in the bladder) for a diagnosis of neurogenic bladder (lack of bladder control). The comprehensive care plan initiated 9/26/2022 and revised 7/12/2024 documented the resident had Enhanced Barrier Precautions deficit related to having a urinary catheter. The following observations were made of Resident #71: - on 7/22/2024 at 10:40 AM in their room. The resident's uncovered urinary drainage bag could be seen from the hallway. The bag was hanging from the lower side of the bed on the door side and contained yellow urine. - 7/23/2024 at 12:45 PM in the day room with the uncovered catheter drainage bag attached to their chair. Other residents were in the area and one resident was being fed by staff. (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: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1501 Route 26 South, Vestal, NY 13850	

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 7/23/2024 at 3:32 PM, Certified Nurse Aide #28 stated it was nursing's responsibility to make sure catheter bags were covered. Failure to have it covered was a dignity issue. During an interview on 7/25/2024 at 12:55 PM, Registered Nurse Unit Manager #16 stated they had seen residents in public areas with catheter bags not covered and educated staff. They expected catheter bags to be covered and it was a dignity and an infection control issue if they were not. During an interview on 7/26/2024 at 9:28 AM, the Director of Nursing stated catheter bags should be covered even in the residents' room if the bag was visible from the hallway because it was a dignity issue. 10 NYCRR 415.5(b)(1-3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Route 26 South, Vestal, NY 13850	

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 - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 35045 Based on observations, record review, and interview during the recertification and abbreviated (NY00289910, NY00305753, NY00316721, NY00323929, and NY00339707) surveys conducted 7/22/2024-7/26/2024, 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 2 of 7 Residents (Residents #88 and #127) reviewed. Specifically, Resident #88 was not assisted with shaving and Resident #127 was not assisted with showering and oral care. Findings include: 1) Resident #88 had diagnoses of age-related osteoporosis (weak/brittle bones), tremors, and depression. The 6/15/2024 Minimum Data Set assessment documented the resident had intact cognition, had no behavioral symptoms, did not reject care, and required supervision/touch assistance with personal hygiene. The Comprehensive Care Plan revised 3/2024 documented the resident had impairment with activities of daily living function/physical mobility related to weakness. Interventions required supervision/touch assistance of 1 for personal hygiene. The 7/2024 resident care instructions documented the resident required supervision/touch assistance of 1 for personal hygiene. The instructions did not include shaving preferences. During observations on 7/22/2024 at 11:14 AM and 7/23/2024 at 8:31 AM, the resident had dark facial hair on their upper lip and their chin. On 7/23/2024 at 12:31 PM, the resident had dark facial hair on their upper lip and their chin. The resident stated they did not like the facial hair and wanted it shaved. They stated they had their shower that day and the certified nurse aide did not have time to shave them. During an interview on 7/24/2024 at 10:21 AM Certified Nurse Aide #29 stated they were responsible for ensuring residents were clean, had their hair washed, had nail care, and were shaved on their shower day. They stated when care was completed, they documented it on the Point of Care activities of daily living sheet. Resident #88 had a shower the previous day and they did not shave the resident. If a resident was not shaved and wanted to be, it could be a dignity issue. The Point of Care History for performance of activities of daily living did not document personal hygiene was completed for the resident from 7/19/2024-7/26/2024. During an interview on 7/25/2024 at 12:55 PM Registered Nurse Unit Manager #16 stated resident care included washing, oral care, nail care, and shaving. The certified nurse aides were responsible for resident care and if the resident wanted to be shaved, they expected the certified nurse aides to shave them. It was a dignity issue if they were not shaved per their preference. During an interview on 9/28/2024 at 9:28 AM, the Director of Nursing stated the resident's personalized care plan should be followed regarding activities of daily living and the Unit Managers were responsible for checking that documentation was completed and rounding on the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vestal Park Rehabilitation and Nursing Center	1501 Route 26 South, Vestal, NY 13850

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 - Few	2) Resident #127 had diagnoses of cerebral vascular accident (stroke), hemiplegia and hemiparesis (muscle weakness and paralysis affecting one side of the body), and depression. The 5/8/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition, required substantial/maximum assistance of 1 for bathing/showering, and partial/moderate assistance of 1 for dressing. The comprehensive care plan initiated 5/22/2024 last reviewed 7/18/2024 documented the resident had impaired activities of daily living performance/physical mobility related to left sided hemiparesis (paralysis) and right sided weakness, decreased muscle strength and coordination, balance deficit and neurological impairment. Interventions included partial/moderate assistance of 1 for bathing/showering, set up assistance for oral hygiene and supervision/touch assistance with personal hygiene. The 7/2024 resident care instructions documented the resident required partial/moderate assistance of 1 for bathing or showering and partial/moderate assistance of 1 staff for oral hygiene. During an observation and interview on 7/23/2024 at 9:02 AM, Resident #127 was sitting in their wheelchair wearing a t-shirt, a flannel shirt, and sweatpants. They stated they had not had a shower in 3 weeks and needed assistance with brushing their teeth. Their teeth were yellow, and their breath had an unpleasant odor. They stated therapy used wipes to wipe them down, but they wanted a real bath or shower. At 1:38 PM, the resident was sitting in their wheelchair in the same clothing. They stated all they wanted was a shower on Sunday and did not want to smell bad when visitors came to see them. During an observation and interview on Wednesday, 7/24/2024 at 8:49 AM, the resident was dressed and sitting in their wheelchair. They stated they had not had their shower and it did not matter anymore. They stated they would get a shower on Sunday. The Point of Care History for activities of daily living did not include documentation of a shower or oral hygiene from 7/22/2024-7/26/2024. During an interview on 7/24/2024 at 12:38 PM, Certified Nurse Aide #40 stated resident care plans were printed and posted in their closets, so the aides knew how to care for them. The shower list was at the nursing station and included who was to be showered. If therapy showered a resident, they told the nurses. All rooms were private so showers could be performed. They stated it was unacceptable for Resident #127 to not have a shower and it was undignified. Agency certified nurse aides had no access to the electronic medical record system so they could not document a shower was given, but they would tell regular staff that one was completed. During an interview on 7/25/2024 at 2:17 PM Registered Nurse Unit Manager #24 stated they were not aware Resident #127 had not showered in 3 weeks. They stated the resident required assistance with oral hygiene and the certified nurse aides should have completed both tasks. If the resident had not received showers or oral hygiene in 3 weeks, it could lead to increased risk of infections, including dental caries (cavities). NY10CRR 415.12 46276 48446

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Route 26 South, Vestal, NY 13850	

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 - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 43754 46276 48446 Based on observation and interview during the recertification and abbreviated (NY00339707) surveys conducted 7/22/2024-7/26/2024, the facility did not ensure each resident received food and drink that was palatable, flavorful, and at an appetizing temperature for 2 of 2 meals reviewed (the 7/23/2024 lunch meal and the 7/24/2024 lunch meal). Specifically, food was not palatable or served at palatable and appetizing temperatures during the lunch meals on 7/23/2024 and 7/24/2024. Additionally, Residents #36, #88, #107 and #136 stated the food was not palatable. Findings include: The facility policy, Maintaining Food Temperatures, revised 4/2012 documented food would be prepared, stored, and transported in a manner that would ensure proper serving temperatures. During an interview on 7/22/2024 at 11:11 AM, Resident #88 stated the food was cold and lacked flavor. The chicken and rice casserole was the least flavorful of all dishes. During an interview on 7/22/2024 at 11:39 AM, Resident #107 stated the food lacked flavor and was often cold and had to be heated in the microwave. During an interview on 7/22/2024 at 11:41 AM, Resident #36 stated the food was not palatable. Tea and coffee were always cold. The food was often cold and had to be heated in the microwave. During an interview on 7/22/2024 at 2:35 PM, Resident #136 stated the pork chop was so tough they could not cut it and they had to pick it up and eat it with their fingers. During an observation and interview on 7/24/2024 at 8:31 AM, Resident #136 stated their eggs were cold and the banana was too ripe to eat. The banana peel appeared mostly brown and black. During a lunch meal observation on 7/23/2024 at 12:51 PM on the First floor Unit D, the last meal tray was selected as a test tray and a replacement tray was ordered for the resident. The temperatures were measured as follows: - pork 120 degrees Fahrenheit - stuffing 143 degrees Fahrenheit - carrots 126 degrees Fahrenheit - gelatin dessert 52 degrees Fahrenheit - Ensure (nutritional supplement) 57 degrees Fahrenheit (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1501 Route 26 South, Vestal, NY 13850	

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 - Few	The pork was overcooked and tough and the stuffing tasted bland. During a meal observation on 7/24/2024 at 12:02 PM meal carts for Second floor Unit C temperatures were measured on the service preparation and the fish measured at 125 degrees Fahrenheit. During a lunch meal test tray observation on 7/24/2024 at 12:38 PM on the Second floor Unit C the fish was measured at 96 degrees Fahrenheit, hot water was 118 degrees Fahrenheit, and juice was 40 degrees Fahrenheit. The fish was not hot, and the noodles lacked flavor. The juice was opened and had an ice block in the middle of the container. During an interview on 7/23/2024 at 3:32 PM, Certified Nurse Aide #28 stated residents often told them the food did not taste good, hot food was cold, and cold food was warm. Residents told them numerous times items were missing from their trays. They observed items missing from trays such as Magic Cups (nutritional supplement), fruit, and even silverware. They saw items on trays that were not listed on the resident's meal ticket and diabetics had missing items on their trays, especially Ensure. When they noticed inaccuracies or had complaints from the residents they told the kitchen staff in the kitchenette area. During an interview on 7/24/2024 at 10:21 AM, Certified Nurse Aide #29 stated residents often complained about the hot food being cold and the meal not looking appetizing. They had observed missing items from trays on several occasions like coffee, a sandwich, and thickening powder (used to thicken liquids). They observed sandwiches on white bread when the meal ticket documented wheat bread. If a resident did not eat the food because it was cold or not appetizing the resident could get upset, lose weight, and not receive the proper nutrition. During an interview on 7/24/2024 at 1:17 PM the Food Service Director stated juice came in frozen and was put in the cooler. Test trays were supposed to be completed three times a week and the results were documented. It should take 7-10 minutes to get the trays prepared and delivered to the resident. Trays should look appetizing and be served at the correct temperatures. Hot food should be above 135 degrees Fahrenheit and cold food should be between 33-41 degrees Fahrenheit. They stated 96 degrees Fahrenheit was not an acceptable temperature for fish, and the hot water for tea should be 125 degrees Fahrenheit and not 118 degrees Fahrenheit. Ensure should usually be served cold. 10NYCRR 415.14(d)(1)(2) 48895

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1501 Route 26 South, Vestal, NY 13850	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46276 Based on observation, record review, and interviews during the recertification survey conducted 7/22/2024-7/26/2024, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 certified nurse aide and 1 registered nurse (Certified Nurse Aide #12 and Registered Nurse #15) observed. Specifically, Certified Nurse Aide #12 did not wear a gown and gloves as required in a room requiring transmission based precautions and did not perform appropriate hand hygiene before exiting the room; Registered Nurse #15 did not perform hand hygiene or change their gloves during wound care. Findings include: The facility policy, Contact Isolation Precautions for Clostridium Difficile, revised 3/2024 documented all employees were to follow isolation precaution signage on the resident's doors; residents diagnosed with Clostridium Difficile (an easily transmitted bacteria that causes diarrhea) were to be immediately placed on isolation precautions with signage on the door and a personal protective equipment cart placed outside of the door containing masks, gowns, gloves, and clear plastic bags. Certified nurse aides were to don (put on) gown and gloves, bring only supplies needed into the room to care for the resident, perform care last if possible, and wash hands upon exiting the room. Alcohol based hand sanitizer was not effective for removing Clostridium Difficile spores from the hands. The facility policy, Skin and Wound Management, revised 4/2020 documented pressure injury treatment program should focus on managing bacterial colonization and infection. The facility policy, Standard Precautions, revised 7/2019 documented clean gloves should be used before touching mucous membrane and non-intact skin and gloves would be changed between tasks and procedures on the same resident and after contact with material that may contain a high concentration of microorganisms such as wound drainage. 1) Resident #53 had diagnoses of enterocolitis (inflammation of the intestines) due to Clostridium difficile, diarrhea and pneumonia. The 7/11/2024 Minimum Data Set assessment documented Resident #53 had intact cognition, was frequently incontinent of bladder and bowel, and required partial/moderate assistance of 1 for toileting hygiene. The comprehensive care plan, initiated 5/2024, documented Resident #53 was on contact precautions due to Clostridium difficile. Interventions included administer antibiotics as ordered, keep call bell within reach, post sign on door, obtain cart with personal protective equipment, explain contact precautions to resident and family, and monitor for loose bowel movements, nausea, abdominal pain, or cramping. The 5/2024 resident care instructions documented the resident was on contact precautions; post sign on door and obtain care with personal protective equipment. The 7/2024 physician order documented the resident was on isolation precautions due to Clostridium difficile. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1501 Route 26 South, Vestal, NY 13850	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 7/23/2024 at 7:18 AM nursing progress note by Licensed Practical Nurse #41 documented Resident #53 was the 24-hour nursing report due to contact precautions for Clostridium difficile and was taking antibiotics. During a continuous observation on 7/24/2024 beginning at 8:51 AM: - An unidentified certified nurse aide entered the resident's room without donning the appropriate personal protective equipment, picked up the resident's breakfast tray, exited the room, and did not wash their hands after removing the tray. - At 8:52AM, Certified Nurse Aide #12 entered the resident's room with towels and washcloths and did not don personal protective equipment. - At 9:08 AM, Certified Nurse Aide #12 exited the resident's room without performing appropriate hand hygiene. - At 9:18 AM, Certified Nurse Aide #12 re-entered the resident's room, donned gloves, and assisted the resident in the bathroom. Certified Nurse Aide #12 disposed of the resident's dirty brief in the trash receptacle outside of the bathroom, doffed their gloves, exited the room, and used alcohol-based hand sanitizer to clean their hands. During an interview on 7/24/2024 at 9:57 AM, Registered Nurse #8 stated the resident was on contact precautions and the surveyor would need a gown and gloves to enter the room. The gown and gloves were in the plastic tower of drawers next to the room door. During an interview on 7/24/2024 at 9:57 AM Certified Nurse Aide #12 stated they cared for Resident #53 on another unit when they had Clostridium difficile. Certified Nurse Aide #12 stated contact precautions meant they had to wear a gown and gloves, but they did not use gown and gloves when they entered the resident's room. They did not know what kind of hand hygiene was required with Clostridium difficile. They used the hall hand sanitizers and did not want to transmit disease to their family. During an interview on 7/25/2024 at 9:28 AM, the Director of Nursing stated certified nurse aides received infection control education when they were hired; as needed if there was an outbreak of COVID-19; if they were unsure how to don/doff (put on/take off) personal protective equipment; or if they needed to know what the sign on the door meant. They should ask Registered Nurse #3 or their Unit Managers if they did not know. Staff should not enter a contact precaution room without gowns and gloves to prevent the spread of infection. During an interview on 7/26/2024 at 12:51 PM, Registered Nurse #3 stated a resident should have a physician order if they required contact precautions. Certified nurse aides were educated on infection control during orientation and had handwashing education yearly or with an outbreak. Certified nurse aides should don a gown and gloves when they entered a room with precautions to prevent the spread of infection. There was a competency fair last fall with a video and handwashing for infection control. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER: Vestal Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1501 Route 26 South, Vestal, NY 13850	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2) Resident # 142 was admitted to the facility with diagnoses of dementia, peripheral vascular disease (reduced blood flow in extremities), and morbid obesity. The 5/23/2024 Minimum Data Set assessment documented the resident had severely impaired cognition, required moderate assistance with most activities of daily living, and had a Stage 3 pressure ulcer (full thickness tissue loss). The 7/22/2024 physician wound care order documented to cleanse right heel Stage 3 pressure ulcer with wound cleanser, apply a skin protectant to peri wound (skin surrounding the wound) and apply Pluragel (a wound treatment used to create a moist wound environment) to the wound bed, cover with border gauze (protective gauze covering) daily and as needed. During a wound care observation on 7/25/2024 at 9:36 AM, Registered Nurse #15 applied a pair of clean gloves, removed Resident #142's sock from their right foot, removed the soiled dressing from the right heel, opened a clean gauze packet, moistened the gauze with the cleansing agent, cleansed the right heel wound, applied Pluragel using a cotton tipped applicator, and covered the wound with border gauze. Registered Nurse #15 did not change their gloves or perform hand hygiene after removing the soiled dressing and before applying the clean dressing. During an interview on 7/25/2024 at 1:32 PM, Registered Nurse #15 stated they would have changed their gloves if the new dressing they were applying was ordered as a sterile dressing. Resident #142s dressing was not ordered as a sterile dressing. They stated gloves would be dirty if they touched the soiled dressing and if the same gloves touched a clean, new dressing then cross contamination of the clean dressing could occur. This could result in infection. During an interview on 7/25/2024 at 4:31 PM, Licensed Practical Nurse Unit Manager #14 stated after removing an old dressing gloves should be removed, and hands should be washed. New gloves should be put on before applying a new dressing. It was important to change gloves to prevent contamination of the clean dressing that could result in wound infection or worsening of the wound. 10 NYCRR 415.19(a)(b) 48895 50561