

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Central Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 116 East Castle Street Syracuse, NY 13205	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>34465</p> <p>Based on observation, record review and interview during the abbreviated survey (NY00341649), the facility did not ensure residents had the right to a safe, clean, comfortable, and homelike environment for 1 of 3 residents (Resident #2) reviewed. Specifically, Resident #2's bedroom had food debris on the floor, there were no linens on the bed, the mattress had large tears, and the privacy curtain was stained.</p> <p>Findings include:</p> <p>The facility's Housekeeping Operations Manual, revised 3/2020, documented daily procedures for cleaning a resident room included dust mopping the floor, damp mopping the floors, and cleaning vertical and horizontal surfaces.</p> <p>Resident #2 had diagnoses including dementia and Parkinson's disease (a progressive neurological disorder). The 2/28/2024 Minimum Data Set assessment documented the resident had severe cognitive impairment, required partial/moderate assistance with toileting, personal hygiene, and transfers, and did not have behavioral symptoms.</p> <p>The 3/21/2024 comprehensive care plan documented the resident was at risk for falling, needed assistance with activities of daily living, and was noncompliant with transfers, showers, medications, and threw drinks and food on the floor. Interventions included clear pathway, clutter free room, divert attention, avoid overstimulation, inquire as to reasoning for non-compliance and provide alternate options.</p> <p>The following observations were made of Resident #2's room:</p> <p>- On 7/17/2024 at 12:50 PM, the bedside tray table was tipped over on the floor with an empty plate next to it. A brown crumbled food substance was scattered on the floor near the bed and on the bedside mat. A half-eaten slice of pizza with dried hardened cheese was on a plate on the nightstand. The lunch meal with a meal ticket dated 7/17/2024 was on the nightstand uncovered and uneaten. A protective pad on the bed had dried yellow stains.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Central Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 116 East Castle Street Syracuse, NY 13205	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 7/19/2024 at 8:36 AM, the floor near the resident's bed and bedside mat had scattered pieces of chocolate candy, a container of wipes, and a non-slip sock. The mattress had no sheets or blankets, and 2 pillows with pillowcases were on the bed. The mattress had a protective coating with multiple large open gouge marks near the head of the mattress. At 10:44 AM, the resident's room remained in the same condition as 8:36 AM. The privacy curtain had a large area of dried brown stains along the bottom of the curtain.</p> <p>The 7/17/2024 untimed Registered Nurse Manager #1 progress note documented the resident was highly agitated that morning. The aide had put the resident's hair in a ponytail and dressed them neatly when the resident proceeded to take out their ponytail and kept ripping their briefs off. Attempts at redirection were not successful. Additionally, the resident flipped over their bedside table with their breakfast tray and would not eat when given a replacement.</p> <p>During an interview on 7/19/2024 at 10:50 AM, Certified Nurse Aide #2 stated the aides typically changed bed linens and housekeeping cleaned resident rooms. If linens were not available on the unit, they were typically delivered by the end of the shift and they waited for delivery of linens before making up the beds. The resident had a lot of snacks in their room the resident's family brought in. The resident often had behaviors including throwing food on their floor. When they came on duty that morning, they found the resident's room with food on the floor and linens stripped from the bed and they reported it to the floor nurse and to Registered Nurse Manager #1. Housekeeping should have cleaned up the room and they were not sure why it had not been done yet. Certified Nurse Aide #2 stated they did not make the resident's bed yet because they did not have any linens available. The resident had a specialty mattress, the linen on the unit did not fit their mattress, and they were waiting for linen to be delivered from housekeeping. Towels, linens, and washcloths were typically in short supply at the facility.</p> <p>During an interview on 7/19/2024 at 11 AM, Registered Nurse Manager #1 stated housekeeping cleaned resident rooms daily and certified nurse aides changed bedding on shower days and more frequently if soiled. Certified nurse aides should be making beds and tidying resident rooms after resident's got up for the day. Resident #2 had behaviors and when agitated, the resident dumped snacks on the floor. When the resident was agitated and trashing their room, staff typically brought them out of the room to engage them in conversation. Certified Nurse Aide #2 did not make them aware the resident's room was not cleaned that day. Housekeeping should clean the resident's room daily and they were not sure if they had cleaned the resident's room yet.</p> <p>During a telephone interview on 7/23/2024 at 10:32 AM, Housekeeper #1 stated they were responsible for cleaning resident rooms and did tasks such as sweeping, mopping, dusting, and cleaning bathrooms. They typically started in one hallway of the unit and cleaned Resident #2's hallway last, getting there around 12:00 PM most days. Staff could always ask them to clean a resident room sooner if it was very dirty. They were familiar with Resident #2 and frequently cleaned up food and drink items from their floor. On 7/17/2024, they were running late to clean the resident's room. On 7/19/2024, they had not made it to the resident's hall to clean until around 12:00 PM. No staff on the unit asked them to clean the resident's room earlier on either 7/17/2024 or 7/19/2024. Laundry was responsible to care for the soiled privacy curtain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Central Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 116 East Castle Street Syracuse, NY 13205	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 7/23/2024 at 2:11 PM, Housekeeping Supervisor #4 stated there was no expectation for what time housekeeping staff should be finished cleaning resident rooms on the unit. Each unit had one housekeeper assigned during the day shift and they needed to do as much as they could get done in their 8-hour shift. If a resident had a spill in their room, including liquids or food, the process was for the aides or nurses to clean up the initial spill and then notify housekeeping for sanitizing. There was plenty of linens available on each unit and if linens were not available, they expected to be notified. Every day, 1 resident room on each unit, had a deep clean and that was when the privacy curtains were inspected and removed for cleaning if needed. If staff noticed a spill or an unclean curtain, they should notify the housekeeping staff. Nobody made them aware Resident #2's privacy curtain was stained and or there were no linens to make the resident's bed. If they had known, they would have addressed the issue.</p> <p>During a telephone interview on 7/24/2024 at 8:06 AM, Registered Nurse Manager #1 stated staff needed to let them know if there was an issue with a resident's mattress and they would complete an electronic work order for the Maintenance Department to address the issue. They stated no one notified them there was an issue with the resident's mattress.</p> <p>10 NYCRR 415.29(j)(1)</p>		