STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47642 Based on interviews and record reviews conducted during the Recertification Survey and complaint investigation (NY00351141) from 08/21/2024 to 08/27/2024, for one (Resident #191) of one resident reviewed for a discharge to the hospital, the facility did not ensure the transfer or discharge was appropriately documented in the resident's medical record to include the basis and necessity for the transfer, the receiving heath care institution, physician notification, and documentation of the discharge. Specifically, there was no documentation of a discharge summary, nursing assessment, change in condition to explain why the resident was transferred or discharged , or to where they were discharged . This is evidenced by the following: The facility's policy for transfers/discharges documented that the facility should provide a brief statement of facts that clearly supports the determination to discharge or transfer the resident and to document all discharge planning and notice activity in the social service notes. Resident #191 had diagnoses that included a recent right above the knee amputation, diabetes, and chronic obstructive pulmonary disease. In a Nursing Admission/Re-Admit note, dated 08/05/2024, Director of Nursing #2 documented Resident #191 was admitted to the facility on [DATE] via ambulance from the hospital for short term rehabilitation. The note included Resident #191 was awake, alert, and oriented to person, place, time, and situation, and responded appropriately to questions. Review of interdisciplinary progress notes, dated 08/05/2024, revealed Resident #191 was assessed by Social Services and Dietary departments as a new admission and was doing well. In a nursing progress note, dated 08/06/2024 at 2:44 PM, Assistant Director of Nursing documented that Resident #191 had left the facility. There was no other documentation in the resident's medical record regarding the Resident #191's health status, current condition, medical notification, and/or input regarding why the resident was transferred/discharged out of the facility or to where. During an interview on 08/27/2024 at 12:38 PM, the Assistant Director of Nursing said that Resident #191 left the faciity on [DATE] by ambulance, but there was no documentation to support the resident's transfer. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/27/2024 at 2:27 PM, the Administrator said they did not know much about Resident #191's transfer, but that the resident was in the facility less than 24 hours. Additionally, the Administrator said they were not aware there was no documentation in the resident's electronic health record to show why the resident was transferred to the hospital. 10 NYCRR 415.3(i)(1)(ii)(a)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 46880 Based on interviews and record review conducted during the Recertification Survey from 08/21/2024 to 08/27/2024, for six (Residents #11, #24, #27, #29, #33, and #38) of six residents reviewed for Baseline Care Plans, the facility did not ensure that a Baseline Care Plan (developed within 48 hours of admission and included minimum healthcare information necessary to properly care for the immediate needs of the residents, that they were able to understand) was created in a timely manner or that a summary was provided to the residents and/or resident representatives. Specifically, for Residents #11, #24, #29, #33, and #38 there was no evidence the facility completed a Baseline Care Plan upon admission. For Resident #27, the facility was able to show that a Baseline Care Plan had been completed, but there was no evidence that a copy of the summary was provided to the resident and/or their representative. This is evidenced by, but not limited to the following: The facility's policy Care Plans - Baseline, revised December 2016, documented a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight hours of admission. The Baseline Care Plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person- centered care plan. 1. Resident #11 had diagnoses that included chronic osteomyelitis (bone infection) of the right foot, diabetes, and schizoaffective disorder (mental health condition involving schizophrenia and mood disorder). The Minimum Data Set Resident Assessment, dated 07/26/2024, documented the resident was cognitively intact and it was very important to the resident to have their family involved in discussions about their care. Review of Resident #11's electronic health record revealed no documented evidence that a Baseline Care Plan had been completed or a summary of the care plan had been provided to the resident and/or their representative. 2. Resident #33 had diagnoses that included diabetes, dementia without behaviors, and seizures. The Minimum Data Set Resident Assessment, dated 07/20/2024, documented the resident had moderately impaired cognition, was able to understand others with clear comprehension, and it was very important to the resident to have their family involved in discussions about their care. Review of Resident #33's electronic health record revealed no documented evidence that a Baseline Care Plan had been completed or a summary of the care plan had been provided to the resident and/or their representative. 3. Resident #27 had diagnoses that included diabetes, cellulitis (skin infection) of the left leg, and high blood pressure. The Minimum Data Set Resident Assessment, dated 07/25/2024, documented the resident was cognitively intact and it was very important to the resident to have their family involved in discussions about their care. Review of Resident #27's electronic health record revealed a Baseline Care Plan had been developed following admission to the facility, but there was no documented evidence that a summary of the Baseline Care Plan had been provided and/or reviewed with the resident or their representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/26/2024 at 9:48 AM, the Social Worker said they were not trained on how to complete Baseline Care Plans and they did not know what a Baseline Care Plan was. During an interview on 08/26/2024 at 11:49 AM, the Administrator stated the Social Worker should complete Baseline Care Plans upon admission in the residents' electronic health record, print them, present them to the resident and/or their representative to be signed, and provide them with a copy. The Administrator said they thought the Social Worker had been following their process for Baseline Care Plans until recently. 10 NYCRR 415.11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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. 47642 Based on observations, interviews, and record review conducted during a Recertification Survey and complaint investigation (NY00342410) from 08/21/2024 to 08/27/2024, for two (Residents #5 and #26) of five residents, the facility did not ensure that residents who were dependent on staff for assistance received the necessary services to maintain grooming and personal hygiene. Specifically, Resident #5 did not receive assistance with showering and washing their hair. Resident #26 did not receive assistance with showering, shaving, or obtaining a haircut. This is evidenced by the following: Review of the facility's Daily Staffing Sheets instructed that all staff are responsible for completing resident care tasks to include cleaning and cutting nails, shaving, and hair combing. 1. Resident #5 had diagnoses that included Alzheimer's dementia, hypertension, and chronic pain syndrome. The Minimum Data Set Resident Assessment, dated 06/10/2024, documented the resident had severely impaired cognition, required assistance with personal hygiene, and that bathing/showering was important to them. Review of the current Comprehensive Care Plan and Kardex (plan of care used by Certified Nurse Assistants) revealed Resident #5 required extensive assistance with personal hygiene, bathing, and showering. Review of a physician's order, dated 05/06/2024, revealed Resident #5's shower day was on Wednesday and to document any refusal of care. Review of a progress note, dated 05/04/2024 at 10:36 PM, Licensed Practical Nurse #2 documented Resident #5 had received a bed bath after refusing a shower. Review of progress notes from 05/05/2024 to 08/24/2024 did not include documented evidence Resident #5 had received or refused a bed bath, shower, or assistance with hair washing. During an observation on 08/21/2024 at 11:22 AM, Resident #5's hair was visibly greasy. During a phone interview on 08/22/2024 at 12:01 PM, Resident #5's family member stated the resident's hair was dirty and they had reported their concerns to the Administrator the previous day. During an observation on 08/23/2024 at 9:03 AM, Resident #5 was sitting in their wheelchair at the nurse's station, wearing a hat with greasy hair visible underneath. 2. Resident #26 had diagnoses that included osteoarthritis, vascular dementia (memory loss), and hypertension. The Minimum Data Set Resident Assessment, dated 07/13/2024, revealed Resident #26 had severely impaired cognition, showering/bathing was important to them, and they required assistance with showering/bathing and personal hygiene. Review of the current Comprehensive Care Plan and Kardex revealed Resident #26 required extensive assistance with bathing/showering and set-up assistance with personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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	Review of a physician's order, dated 05/06/2024, revealed Resident #26's shower day was on Monday and to document any refusal of care. Review of a progress note, dated 07/01/2024 at 10:37 PM, Licensed Practical Nurse #2 documented it was Resident #26's shower day and they had no skin issues. Review of progress notes from 07/02/2024 to 08/24/2024 did not include documented evidence Resident #26 had received or refused a bed bath, shower, or assistance with hair washing or shaving. During observations on 08/23/2024 at 9:09 AM, Resident #26's hair was long, approximately one-half inch below their ears, and down their neck. During observations on 08/26/2024 at 11:39 AM, Resident #26's hair was long. During an interview at that time, Resident #26 stated they had not received a shower or shave and they would like a haircut. During observations on 08/27/2024 at 11:04 AM, Resident #26 was wearing the same clothes from the previous day and the front of their shirt had dried food stains. During an interview at that time, Resident #26 stated they could not remember the last time they received assistance with a shower, hair washing, or shave, and they would like a haircut. Review of the unit shower schedule (list of scheduled shower day/shift for all residents residing on the unit) revealed Resident #26 was scheduled for a shower on Monday evenings (Resident would have been scheduled for the evening shift on 08/26/2024). During an interview on 08/21/2024 at 11:22 AM, Certified Nursing Assistant #2 stated the facility did not have a hairdresser at the facility to provide haircuts. During an interview on 08/26/2024 at 11:49 AM, Certified Nursing Assistant #1 stated they report to the nurse when a resident's shower was completed. If a resident refused assistance with a shower, they would reapproach the resident at a later time and report the refusal to the nurse so it could be documented in the electronic medical record. Certified Nursing Assistant #1 stated sometimes showers were not given due to staff shortages. During an interview on 08/26/2024 at 12:47 PM, the Licensed Practical Nurse Manager stated they expected that shower days included hair washing, shaving, and nail care. The Certified Nursing Assistants should document in the electronic health record what care was performed on the resident's shower day and notify the nurse so skin checks could be completed. Licensed Practical Nurse Manager stated the Certified Nursing Assistant should notify the nurse if a resident refused so the resident could be reapproached at a later time and the nurse could document the refusal of care. During electronic medical record reviewed at that time, the Licensed Practical Nurse Manager stated there was no documentation since 05/04/2024 for Resident #5 and no documentation since 07/01/2024 for Resident #26 that indicated either resident had received or refused a shower. During an interview on 08/26/2024 at 3:49 PM, the Assistant Director of Nursing stated it was their expectation that all activities of daily living were completed and documented in the electronic medical record. If staff were unable to provide care or the resident refused, the nurse should be notified so they could reapproach the resident. The Assistant Director of Nursing stated there was no hairdresser employed by the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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	10 NYCRR 415.12(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45200 Based on observations and interviews conducted during the Recertification Survey from 08/21/2024 to 08/27/2024, for three of three observations of suction machines, the facility did not ensure the resident environment remained as free of accident hazards as possible. Specifically, suction machines were not prepared to be used in case of an aspiration emergency on units with residents at risk for aspiration. The findings are: Observations on 08/22/2024 at 11:05 AM included a Medline Vac-Assist and an Invacare suction machine (a compact medical suctioning device which is used to remove fluids from the airway) on the crash cart next to the nurse's station. Neither device was fully assembled and there was no tubing or reservoir attached to catch fluids. Observations on 08/23/2024 at 1:35 PM included a Medline Vac-Assist and an Invacare suction machine on the crash cart next to the nurse's station. The Medline device was observed to have the reservoir to catch fluids in place, but the Invacare did not, and neither device had the tubing attached. Observations on 08/26/2024 at 8:46 AM included a crash cart located near resident room [ROOM NUMBER] with a Medline suction machine that did not have the reservoir in place or tubing attached. During an interview on 08/26/2024 at 3:41 PM, the Nurse Manager stated the suction machine should have clean tubing and a canister ready to use. The packaging could be kept over the tubing to keep it clean, but the equipment should be ready to use. The Nurse Manager stated there are currently five residents (#1, #12, #30, #194, and #295) in the facility that are on aspiration precautions. During an interview on 08/27/2024 at 10:45 AM, the Nurse Manager stated one would waste valuable time putting the tubing on the suction machine in an emergency. 10 NYCRR: 415.12(h)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47642 Based on interviews and record review conducted during the Recertification Survey and complaint investigation (NY00351141) from 08/21/2024 to 08/27/2024, the facility did not ensure sufficient nursing staff to provide nursing services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for all residents in the facility. Specifically, there was not sufficient staff to meet all resident needs in activities of daily living, including timely showers, long waits for addressing call lights, assistance with activities of daily living (eating, toileting, personal hygiene), and complete necessary documentation for resident transfers and discharges. This is evidenced by, but not limited to, the following: For additional information see Centers for Medicare/Medicaid Services Form 2567: F677- Activities of Daily Living Care for Dependent Residents. The Facility Assessment, dated 02/20/2024, included the facility was licensed to provide care for 46 residents and had an average daily census of 40 residents. The staffing plan for a 28-bed unit was one Registered Nurse (Director of Nursing), one Licensed Practical Nurse Manager, two Licensed Practical Nurses for day shift, two Licensed Practical Nurses for evening shift, one Licensed Practical Nurse for night shift, three Certified Nursing Assistants for day shift, three Certified Nursing Assistants for evening shift, and one Certified Nursing Assistant for night shift. During the entrance conference meeting on 08/21/2024 at 9:56 AM, the Administrator stated the current facility census was 38 residents. Review of daily timecards (used to track the actual hours worked by staff), revealed the following (based on the facility's average daily census of 40 residents): a. For the evening shift (3:00 PM to 11:00 PM) on 07/29/2024 and 07/31/2024, there was one Certified Nursing Assistant to provide four scheduled showers, incontinence care, toileting, pass dinner trays, and answer call bells. The staff to resident ratio was approximately one Certified Nursing Assistant to 40 residents. b. For the evening shift (3:00 PM to 11:00 PM) on 08/01/2024, there were two Certified Nursing Assistants from 3:00 PM to 7:00 PM and one Certified Nursing Assistant from 9:45 PM to 11:00 PM to provide four scheduled showers, incontinence care, toileting, pass dinner trays, and answer call lights. There were no Certified Nursing Assistants in the facility from 7:15 PM to 9:45 PM. There were two Licensed Practical Nurses from 3:00 PM to 7:00 PM and from 7:45 PM to 11:00 PM to provide all resident care including medications, treatments, personal hygiene, and answer call bells. The staff to resident ratio from 7:15 PM to 9:45 PM was approximately one Licensed Practical Nurse to 20 residents. c. For the day shift (7:00 AM to 3:00 PM) on 08/10/2024, there was one Certified Nursing Assistant from 7:00 AM to 3:00 PM to provide all personal hygiene, grooming, dressing, incontinence care, toileting, to pass breakfast and lunch trays, and answer call bells. The staff to resident ratio was approximately one Certified Nursing Assistant to 40 residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. For the day shift (7:00 AM to 3:00 PM) on 8/15/2024, there was one Registered Nurse from 9:00 AM to 10:26 AM to provide medications and treatments. There was no nurse in the building from 10:26 AM to 11:04 AM. The staff to resident ratio from 9:00 AM to 10:26 AM was approximately one Registered Nurse to 40 residents. e. For the day shift (7:00 AM to 3:00 PM) on 08/23/2024, there were two Certified Nursing Assistants to provide four scheduled showers, personal hygiene, grooming, dressing, incontinence care, toileting, pass breakfast and lunch trays, and answer call bells. The staff to resident ratio was approximately one Certified Nursing Assistant to 20 residents. During a continuous observations on 08/23/2024 from 9:16 AM to 9:44 AM (28 minutes), a red call light (signifying resident needs assistant in the bathroom) was on above resident rooms [ROOM NUMBERS]. No staff member responded to the call bell during this time, and no staff were visible in the hallway. Interviews conducted with residents and visitors included complaints of lack of assistance with activities of daily living (e.g., meals, showers, personal hygiene, toileting) particularly on weekends, evenings, and night shifts. These included, but were not limited to the following: 1. During an interview on 08/21/2024 at 9:57 AM, Resident #17 stated they cannot get up when they want to due to staffing challenges. 2. During an interview on 08/22/2024 at 11:56 AM, a visitor stated their loved one was frequently incontinent of urine because staff did not arrive timely to provide toileting assistance. The family member stated they had told staff their loved one's hair was dirty and needed a shower. 3. During an interview on 08/21/2024 at 11:47 AM, Resident #195 stated the facility was understaffed and they wait a long time for care. On the day prior, Resident #195 stated they waited an hour for their call bell to be answered. 4. During an interview on 08/21/2024 at 1:47 PM, Resident #38 stated during the night shift on 08/14/2024, they needed to use the rest room. There was only one Certified Nursing Assistant working in the facility and it took over 30 minutes to get assistance. Resident #38 stated this happens often. During an interview on 08/22/2024 at 11:34 AM, the Wound Care Physician stated they were unable to complete wound care rounds on 08/15/2024 as there was no nurse available on the unit to assist them. During an interview on 08/26/2024 at 3:50 PM, Licensed Practical Nurse #2 stated they pre-poured medications to administer to residents because often times they would have to transition from their role as a Licensed Practical Nurse and take on Certified Nursing Assistant duties due to staffing challenges. During an interview on 08/26/2024 at 12:33 PM, Licensed Practical Nurse Manager #1 stated there were several shifts during July 2024 that had no Certified Nursing Assistants working. Licensed Practical Nurse Manager #1 stated Nursing Leadership and Administration were aware of staffing struggles. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/26/2024 at 3:49 PM, the Assistant Director of Nursing stated they were aware of staff shortages at the facility. There were times when no Certified Nursing Assistants were scheduled, but the facility always had a nurse in the building. During an interview on 08/27/2024 at 10:22 AM, Occupational Therapist #1 stated resident care was often hindered related to staffing shortages. It was difficult to work with residents when they were soiled and had not received incontinence care. During an interview on 08/27/2024 at 12:18 PM, the Interim Director of Nursing stated they were responsible for overseeing nursing staff, and staff scheduling was based on the facility census and resident acuity (a measurement of the level of care residents requires based on their care needs). Their expectation was to have two nurses and three Certified Nursing Assistants on day shift, two nurses and two to three Certified Nursing Assistants on evening shift, and one nurse and two Certified Nursing Assistants on night shift. 10 NYCRR 415.13 (a)(1)(i-iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46880 Based on observations and interviews conducted during the Recertification Survey from 08/21/2024 to 08/27/2024, for one (cart two) of two medication carts reviewed, the facility did not ensure all medications were stored and labeled in accordance with acceptable professional standards. Specifically, four medication cups that contained medications that had been pre-poured (medications that are prepared in advance and stored until the time of adminstration), were in the medication cart drawer uncovered and only labeled with room numbers. This is evidenced by the following: During observations on 08/26/2024 at 3:50 PM, Licensed Practical Nurse #2 was at medication cart two. The top drawer was open and contained four medication cups each containing multiple pills. The medication cups were labeled with room numbers only. During an immediate interview, Licensed Practical Nurse #2 said they had pre-poured their medications and were not aware that it was not good nursing practice to prepare medications and leave them in the medication cart. Licensed Practical Nurse #2 said they had seen another nurse (name unknown) pre-pour medications in the past. Licensed Practical Nurse #2 said they were only able to identify the medication cups based on the room numbers, so if a resident were to wander into another resident's room, they could mistakenly administer the medications to the wrong resident. During an interview on 08/27/2024 at 11:34 AM, the Director of Nursing said no one should ever pre-pour medications. Medication administration was covered in orientation and each nurse shadowed a preceptor once they began working on the units. The Director of Nursing said they would expect the nurses to complete the five rights of medication administration (a standard for safe medication practices), lock their medication carts, always think about safety, and never pre-pour medications. 10 NYCRR 415.18(e)(1-4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335255	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Manor Nursing and Rehabilitation Center	210 N Main Street Canandaigua, NY 14424

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45200 Based on observations, interviews, and record review conducted during a Recertification Survey completed 08/21/2024 through 08/27/2024, for one of one main kitchen, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Specifically, a potentially hazardous food item was not properly thawed, and potentially hazardous foods were not held cold at or below 45 degrees Fahrenheit (F). The findings are: Review of the facility policy, Elm Manor Nursing and Rehabilitation Center Dietary Policy and Procedure Food Preparation, dated 11/03/2022, included the following: It is the policy of Elm Manor Nursing and Rehabilitation Center that all foods are prepared by acceptable methods to maintain optimal nutritional value, flavor, and appearance. Meals are to be attractively served at the proper temperature and to meet the individual resident's needs. Observations on 08/22/2024 at 2:29 PM included a chest freezer holding approximately six square crates of pint sized 2% milk located in the kitchen dry storage room. The thermometer in the cooler displayed over 50 degrees Fahrenheit. A pint of this milk was measured with a Super-Fast Thermapen brand thermometer with a temperature of 54 degrees Fahrenheit. During an interview at that time, the Food Service Director stated that the temperature was okay at 9 AM this morning and voluntarily discarded the milk. The surveyor then calibrated the Thermapen using crushed ice and water and it displayed at 32 degrees Fahrenheit. Observations on 08/26/2024 at 1:00 PM included an approximately 8 by 12 by 6-inch deep pan with water and two bags of precooked chicken patties in the sink in the main kitchen. During an interview at this time, the Food Service Director stated they had the cold water running to defrost the chicken but someone else in the kitchen must have turned it off while plating or cleaning up. The Food Service Director stated the chicken was only there for about 45 minutes and then turned on the cold water. During an interview on 08/27/2024 at 10:32 AM, the Registered Dietician stated they do test trays once a month and sometimes temperatures are not always what they should be. The Registered Dietician stated that they believed the last time a test tray was done the milk was a little warm and they tested the fridge to make sure it was staying at the proper temperature. The Registered Dietician stated it looked like the knob got hit sometimes in the milk cooler. 10 NYCRR: 415.14(h) 10 NYCRR: Subparts 14-1.31(c), 14-1.40(a), 14-1.86(b)