

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48744</p> <p>Based on observation, record review, and interview conducted during the recertification survey, the facility did not ensure treatment with respect, dignity, and care for each resident in a manner and in an environment that promoted maintenance or enhancement of their quality of life, recognizing each resident's individuality for 3 (Resident #s48, 100 and 113) of 32 residents reviewed for dignity. Specifically, (a.) Resident #48 was administered an insulin shot in the resident common area during lunch; (b.) Resident #100 had their shirt on inside and backwards, and (c.) Resident #113 was seen in their room removing their pants with their room door open and in full view of the resident common area.</p> <p>This is evidenced by:</p> <p>A facility policy titled Dignity date modified 8/01/2019, documented that each resident had the right to be treated with dignity and respect. All activities and interaction with residents by any staff, temporary agency staff or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's, goals, preferences, and choices. When providing care and services, staff must respect each resident's individuality, as well as honor and value their input.</p> <p>Resident #48 was admitted with the diagnoses of type 2 diabetes with hyperglycemia (an endocrine dysfunction causing problems regulating blood sugar levels), dementia without behavioral disturbance (a neurological disease causing memory issues), and hypertension (high blood pressure). The Minimum Data Set, dated dated dated [DATE] assessment documented the resident was able to understand others, be understood, was significantly cognitively impaired and required some assistance with activities of daily living.</p> <p>The Cognitive Skills Care Plan dated 2/19/2024 documented that Resident #48 was moderately impaired with decision making related to financial and healthcare decisions. Goals included maintaining/attaining the highest practicable level of cognitive function. Interventions listed included but were not limited to encouraging the resident to make decisions as able.</p> <p>Facility Policy titled Medication Administration Methods dated 1/25/2024, did not document any rules regarding medication administration in public common areas.</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: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a general observation on 9/25/2024 at 11:02 AM, Registered Nurse #3 was observed administering insulin to Resident #48 in the common area dining room. It was noted that Registered Nurse #3 did not ask the resident if they were comfortable receiving their injection in the common area and lifted the resident's shirt to administer the injection into the resident's abdomen exposing their abdominal area to all the residents in the common area. Two other residents were sitting at the table, and two other residents were at another table, while two more residents were sitting in front of the television.</p> <p>During an interview on 9/26/2024 at 11:34 AM, Registered Nurse #3 was asked if and how they explained to residents what they were doing. Registered Nurse #3 stated that they knew the resident was getting their medications, so no explanation needed.</p> <p>During an interview on 10/01/2024 at 10:44 AM, Director of Nursing #1 stated nursing staff could pass medication in the dining area as long as it was not during a meal time or an activity.</p> <p>During a subsequent interview on 10/02/2024 at 9:59 AM, Director of Nursing #1 stated that giving medications in public areas was allowed unless it was during meals or activities. If the medication was receiving an invasive procedure like an injection, it should be done in private. If the resident needed to have medications at the exact moment when they were doing an activity or during mealtime, the staff should ask the resident if they wanted their medications then and help them to a private area or wait until the activity or meal was finished. The decision was left to resident preference.</p> <p>Resident #100 was admitted with the diagnoses of unspecified dementia with behavioral disturbance (a progressive neurological disease), hypertension (high blood pressure), and abnormalities of gait and mobility (problems with movement and walking). The Minimum Data Set (an assessment tool) dated 8/16/2024 documented the resident could sometimes be understood, sometimes understand others, was significantly cognitively impaired, and required extensive assistance with activities of daily living.</p> <p>The Behavior Care Plan dated 6/03/2023 documented the resident could disrobe in the public areas of the unit. Goals included maintain stable behavior status through positive socialization/interaction with staff/other residents, altercations/confrontations with staff/other residents would be addressed immediately to minimize negative outcomes, and the resident would maintain/attain the highest practicable level of psychosocial well-being as evidenced by the absence of or reduced behaviors. Interventions included, but were not limited to, administering medications as ordered, anticipate the resident's needs, check for loose fit for clothing if noting to be removing clothing in public areas, encourage clothing to be tucked in if noted to be stripping, and if removing clothing, ensure the resident does not need to use the restroom.</p> <p>During an observation on 9/24/2024 at 12:40 PM, Resident #100 walked out of their room topless and was redirected back to their room to find a shirt by housekeeping staff.</p> <p>During an observation on 9/27/2024 at 11:01 AM, Resident #100 was observed walking in and around the sensory room on unit 4 with their shirt on backwards and inside out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/02/2024 at 9:45 AM, Certified Nurse Aide #2 stated that it was the expectation that if a resident needed to change their clothes or use the bathroom that the staff would assist them to do so and close the door for privacy. If a resident was observed wearing their clothes incorrectly, they would attempt to fix it at the time it was seen if the resident was in a state to be approached about it.</p> <p>During an interview on 10/02/2024 at 9:30 AM, Registered Nurse #1 stated that if a resident was to be seen wearing their clothes incorrectly, they would expect that staff would fix it at the time it was seen, unless there was something else going on that staff were involved in, or the resident was not approachable at the time.</p> <p>During an interview on 10/02/2024 at 9:59 AM, Director of Nursing #1 stated that if a resident was wearing clothing incorrectly, it would be expected that the staff would fix the resident's clothing at the time it was seen, unless the resident was unapproachable, or if the staff were in the middle of something more pressing.</p> <p>Resident #113 was admitted with the diagnoses of Alzheimer's disease (a progressive neurological disease causing confusion and memory loss), dementia with behavioral disturbance (a progressive neurological disease causing memory issues and behavior disturbances), and hypertensive chronic kidney disease (high blood pressure causing kidney damage). The Minimum Data Set, dated dated dated [DATE] documented the resident was usually able to understand others, usually be understood, was significantly cognitively impaired, and required some assistance with activities of daily living.</p> <p>The Behavior Care Plan dated 2/28/2024 and last revised 8/02/2024, documented that the resident could self-transfer and not use their assistive device, refuse to wear glasses, remove shoes and socks stating that they didn't need them, and urinate or spit on the floor. Goals included demonstrating stable behavior status through positive socialization/interaction with staff and other residents. Interventions included but were not limited to anticipating needs, encouraging resident to keep their shoes on, monitor for changes in mood and behavior, provide verbal cues, and redirect, intervene and/or provide distraction during episodes of agitation.</p> <p>Resident #113 was observed on 9/27/2024 at 10:23 AM removing their pants and undergarments in their room with the door open in full view of the common area and people in the common area.</p> <p>During an interview on 10/02/2024 at 9:45 AM, Certified Nurse Aide #2 stated that it is the expectation that if a resident needed to be changed or use the bathroom that the staff would assist to do so and close the door for privacy.</p> <p>During an interview on 10/02/2024 at 9:30 AM, Registered Nurse #1 stated that if staff were to assist someone to the bathroom or to change their clothes, they would expect that they would shut the resident's door and blinds so that their privacy could be ensured.</p> <p>During an interview on 10/02/2024 at 9:59 AM, Director of Nursing #1 stated that it was expected that if a resident needed to be changed or use the bathroom, the staff would shut the doors and blinds for privacy.</p> <p>10 New York Code Rules Regulations 415.5(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>34630</p> <p>Based on observation, record review, and interviews during a recertification survey, the facility did not ensure a resident was assessed by the interdisciplinary team to determine a resident's ability to safely administer their own medications if clinically appropriate for 1 (Resident #73) of 32 residents reviewed. Specifically, Resident #73 was observed with topical pain medications in their room and there was no assessment and/or physician order for the resident to self-administer the medications.</p> <p>This is evidenced by:</p> <p>The Policy and Procedure titled, Self- Administration of Medication, revised 4/10/2018, documented residents who desired to self-administer medication were permitted to do so upon review and approval by the interdisciplinary care planning team members and with an order from the attending physician. Legend or over-the-counter medications would be stored in a locked drawer in the resident's room. The use of self-administered medication would be monitored by licensed nursing staff.</p> <p>Resident # 73 was admitted with diagnoses of chronic obstructive pulmonary disease, polyneuropathy (damage to multiple nerves outside the brain and central nervous system, which causes pain, discomfort, and mobility difficulties), and diabetes. The Minimum Data Set (an assessment tool) dated 6/25/2024, documented the resident was cognitively intact.</p> <p>The Comprehensive Care Plan for Pain Management, revised 8/22/2024, documented the resident had the potential for alteration in comfort related to osteoarthritis (disease of the entire joint). Interventions documented to report non-verbal or verbal signs and symptoms of pain promptly to the nurse; provide medication as ordered; monitor/document effect of treatment plan. The interventions did not include self-administration of any medications.</p> <p>The Comprehensive Care Plan for Behavior/Mood, revised 7/2/2024, documented the resident had reported seeing big animals on the ceiling and they would order things online if they were not provided to them. Interventions documented the resident was to request social service support if assistance was needed with purchasing items.</p> <p>During a tour of Unit 1 on 9/24/2024 at 12:47 PM, four (4) over-the-counter topical pain relief medications were noted in Resident #73's room. One of the medications was generically labeled as lidocaine (pain medication that numbs the skin) cream. Resident #73 stated they purchased the medications themselves, and they (the resident) applied them when they had pain in their joints.</p> <p>Review of the Order Summary Report for active orders as of 8/01/2024, did not document a physician order for the over-the-counter topical pain medications observed in Resident #73's room and there was no order for the resident to self-administer the medications. There was an order dated 4/30/2024, for Aspercreme w/Lidocaine Cream 4% (Lidocaine) that was to be applied to the resident's back topically every 8 hours as needed for pain and another order dated 12/6/2023, for the same medication to be applied to the lower back, knees, shoulders topically every 8 hours as needed for pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the electronic medical record did not include an assessment by the interdisciplinary team for the resident to safely self-administer the topical pain medications and safely store the medications in their room.</p> <p>During an interview on 10/02/24 09:00 AM, Director of Nursing #1 stated they were not aware Resident #73 had pain medication creams/lotions in their room. They stated the only resident in the facility who was able to self-administer medications resided on the Unit 4. They stated if Resident # 73 was permitted to self-administer medications, they needed to be assessed by the interdisciplinary team to ensure they were able to correctly name the medications used and what they for; was able to follow directions and know when it was time to use the medication; was able to ensure medications were stored safely and securely in their room. They stated the resident also needed to have a physician order to self-administer medications.</p> <p>10 New York Code of Rules and Regulations 415.3(f)(1)(vi)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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>21414</p> <p>Based on observation, record review, and interviews during the recertification survey, the facility did not provide necessary maintenance services to maintain a clean, sanitary, comfortable, and homelike environment relative to building #1. Specifically, the roof leaked.</p> <p>This is evidenced by:</p> <p>During observations on 09/27/2024 at 10:18 AM, evidence of roof leaks was found in the following areas:</p> <p>Unit One data room had a large tarp hanging from the ceiling.</p> <p>Unit One janitor closet had water-stained ceiling tiles.</p> <p>Activities room had a water-stained ceiling tile.</p> <p>Core area had 2 areas with drain hoses attached to ceiling tiles draining into catch-buckets.</p> <p>During an interview on 09/30/2024 at 2:02 PM, Administrator #1 stated that the facility is looking to secure a contractor and have the roof leaks repaired before winter.</p> <p>10 New York Codes, Rules, and Regulations 415.5(h)(4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>34630</p> <p>Based on record review and interviews during a recertification survey, the facility did not ensure a Significant Change Minimum Data Set assessment was completed for 1 (Resident #128) of 1 resident reviewed. Specifically, a Significant Change Minimum Data Set assessment was not completed for Resident #128, when the resident was diagnosed with a left arm fracture on 4/11/2024, and the resident was no longer able to stand or walk on 4/12/2024.</p> <p>This is evidenced by:</p> <p>Cross-referenced to: F684: Quality of Care</p> <p>Resident #128 was admitted to the facility with diagnoses of rheumatoid arthritis, muscle weakness, and difficulty walking. The Minimum Data Set (an assessment tool) dated 8/7/2024, documented the resident was cognitively intact. The resident was able to make themselves understood and understand others.</p> <p>The document titled, SNF ADL Summary (Interventions) - V2, and dated 4/08/2024, documented focus: ADL (activities of daily living) function/mobility/restorative care:</p> <ul style="list-style-type: none"> - Sit to stand: the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed documented supervision or touching needed, touching assistant, gait belt, left prosthetic on, shoe on right foot, stand pivot transfer to wheelchair. - Walk 10 feet: once standing, the ability to walk at least 10 feet in a room, corridor, or similar space documented supervision or touching assistance needed, touching assistance, gait belt, left prosthetic on, shoe on right foot. <p>The Hospital Imaging/Cardiology report dated 4/11/2024, documented X-ray of left humerus (upper arm). Impression documented distal humerus fracture (lower part of upper arm).</p> <p>The Hospital Patient Visit Information dated 4/11/2024, documented the resident was seen for a humeral (left upper arm) fracture. It documented the resident's instructions were reviewed and received on 4/11/2024 at 5:04 PM.</p> <p>The document titled, SNF ADL Summary (Interventions) - V3, dated 4/12/2024, focus: ADL (activities of daily living) function/mobility/restorative care:</p> <ul style="list-style-type: none"> - Sit to stand: the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed documented do no transfer/activity did not occur related to unable to stand, use slide board for transfers, bed to wheelchair. - Walk 10 feet: once standing, the ability to walk at least 10 feet in a room, corridor, or similar space documented resident is not able to walk/activity did not occur. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the electronic medical record did not include a Significant Change Minimum Data Set, following diagnoses of a left arm fracture and the resident's inability to stand or walk.</p> <p>During an interview on 10/02/2024 at 10:00 AM, Resident # 128's Representative #1 stated the resident fell and broke their elbow. They stated that on 4/04/2024, they (Representative #1) decided for the resident to do transfers on their own because they needed to be able to prior to discharge. They stated the resident had only been transferring on their own for a whole day and a half when they fell . Resident # 128 was present during the interview and stated they got their wheelchair over to the bathroom door and was going to use the walker. They stated the brake was not on, the wheelchair moved, and they fell . Representative #1 stated the resident broke their elbow in 2 or 3 places. They stated the resident was not able to use their walker for about 2 months following the fracture.</p> <p>During an interview on 10/02/2024 at 11:48 AM, Registered Nurse #5 stated they did not see a Significant Change Minimum Data Set for the resident on 4/11/2024 or after that date. They stated there needed to be two (2) significant changes in the resident's status before a significant change assessment was done.</p> <p>During an interview on 10/02/2024 at 12:11 PM, Director of Nursing #1 stated there should have been a Significant Change Minimum Data Set assessment because the resident fell and sustained a fracture and was no longer able to use their walker. They stated a therapy referral was made. They stated the fracture and the change in ambulation were the 2 changes in the resident's status that would necessitate a Significant Change Minimum Data Set.</p> <p>10 New York Code of Rules and Regulations 415.11(a)(3)(ii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48615</p> <p>Based on record review and interviews during a recertification survey, the facility did not ensure patient centered care plans were reviewed and revised by the interdisciplinary team after each assessment in a timely manner for 2 (Resident #'s 128 and 2) of 32 residents reviewed. Specifically, the facility did not ensure A) Resident #128's care plan was reviewed and revised timely following a fall on 4/6/2024 and fracture diagnosed on [DATE] and B) Resident #2's care plan was reviewed and revised following resident-to-resident altercations on 7/01/2024, 7/08/2024 and 8/03/3024.</p> <p>This is evidenced by:</p> <p>Cross-referenced to: F684: Quality of Care, F637: Comprehensive Assessment After Significant Change</p> <p>The Policy and Procedure titled, Care Planning (IDT), revised 1/22/2019, documented the interdisciplinary team (IDT) would review/revise the care plan after each assessment, including both the comprehensive and quarterly review assessments per the Resident Assessment Instrument manual. It documented that between care plan reviews, each discipline updates/adds/resolves care plan problems, goals, and approaches as needed.</p> <p>Resident #128</p> <p>Resident #128 was admitted to the facility with diagnoses of rheumatoid arthritis, muscle weakness, and difficulty walking. The Minimum Data Set (an assessment tool) dated 8/7/2024, documented the resident was cognitively intact.</p> <p>The Comprehensive Care Plan for Safety, revised 8/29/2024, documented the resident was at risk for falls related to impaired gait.</p> <p>The Incident Report for Resident #128 dated 4/6/2024 at 4:32 PM, documented the resident had an unwitnessed fall. The resident stated their left arm was tender. The resident was assessed by the Registered Nurse and was able to move their left arm and had normal range of motion.</p> <p>The Nurse's Note dated 4/11/2024 at 12:08 PM by Director of Nursing #1, documented the resident's left arm/hand was noted to be swollen, with bruising to the arm/hand and the resident complained of left arm pain/discomfort. The resident had a recent fall. A new order was received for x-ray of left arm.</p> <p>The Hospital Imaging/Cardiology report dated 4/11/2024, documented X-ray of left humerus (upper arm). Impression documented distal humerus fracture (lower part of upper arm).</p> <p>The Care Plan for Safety was not revised to include the resident's fall on 4/06/2024 and subsequent fracture diagnosed on [DATE]. A care plan for the fracture was not initiated until 5/18/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/2/2024 at 12:11 PM, Director of Nursing #1 Stated they should have developed and implemented a care plan for the fracture when the resident returned from the hospital on 4/11/2024.</p> <p>48744</p> <p>Resident #2:</p> <p>Resident #2 was admitted with diagnosis of traumatic brain injury a sudden injury that causes damage to the brain); generalized muscle weakness; and adjustment disorder with depressed mood (excessive reactions to stress that involve negative thoughts, strong emotions, and changes in behavior). The Minimum Data Set (an assessment tool) dated 9/2024, documented a Brief Interview for Mental Status (BIMS) score of 03, suggests resident with severe cognitive impairment.</p> <p>Resident #107 was admitted with diagnosis of adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions, and changes in behavior) major depression (persistent feeling of sadness) and dementia (the loss of cognitive functioning, thinking, remembering, and reasoning). The Minimum Data Set (an assessment tool) dated 9/2024, documented a Brief Interview for Mental Status (BIMS) score of 05, suggests resident with severe cognitive impairment.</p> <p>Based on review of Facility Reported Incident dated 8/3/2024, there had been three resident to resident incidents between Resident #2 and Resident #107. Incident #1 (NY00346912) occurred on 7/1/2024, incident #2 (NY00347483) occurred on 7/8/2024, and incident #3 (NY00350225) occurred on 8/3/2024. In all three incidents Resident #107 was documented as the aggressor and had approached Resident #2.</p> <p>Review of Care Plan for Resident #107 documented revisions on: 7/5/2024 - Verbal altercation with another resident with no psychosocial distress noted. AGGRESSOR: potential for aggressive behaviors or actions that can be threatening or harmful and can be physical in nature (hitting) at others when provoked. On 8/03/2024 - Physical Altercation with another resident with no psychosocial distress noted. Intervention: Break tasks down into simple, manageable steps and proceed with one at a time. o Do not have multiple staff approach. o Reduce stimulation in the environment as possible (control noise levels) and promote a calm environment (soft lighting, avoid crowding). o Remove any staff/residents in the immediate area who may be in danger. o Slowly assess for unmet needs (presence of pain, hunger/thirst, hot or cold body, temperature, need to go to the bathroom) and attempt to meet my needs with caution and in a safe manner. o Talk to my provider about my behaviors and medication regimen as needed.</p> <p>Review of Care Plan for Resident #2, revised 10/01/2024 documented, BEHAVIOR/MOOD PART 2/2: I can go to bed following breakfast tray delivery. I can report that I do not recall staff waking me up. I can refer to staff as liars, if they seek clarification with other staff. I can refuse to use sit and stand lift. I can tease or antagonize residents, such as making faces, when I think staff members can't see me.</p> <p>Review of Care Plan for Resident #2, revised 8/13/2024 documented, BEHAVIOR/MOOD PART 2/2: I can go to bed following breakfast tray delivery. I can report that I do not recall staff waking me up. I can refer to staff as liars, if they seek clarification with other staff. I can refuse to use sit and stand lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Care Plan for Resident #2, revised 7/01/2024 documented, BEHAVIOR/MOOD PART 2/2: I can go to bed following breakfast tray delivery. I can report that I do not recall staff waking me up. I can refer to staff as liars, if they seek clarification with other staff.</p> <p>Review of Care Plans for Resident #2 did not document revisions following resident to resident incidents and interventions for dates 7/1/2024, 7/8/2024 and 8/3/3024.</p> <p>10 New York Code of Rules and Regulations 415.11(c)(2)(i-iii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>48615</p> <p>Based on observations, interviews, and record review during the recertification survey, the facility did not ensure a dependent resident was provided with appropriate treatment and services to maintain or improve their language and communication for 1 of 1 resident (Resident #118) reviewed for Activities of Daily Living. Specifically, nursing staff did not provide Resident #118 with adequate, consistent interpreter services in accordance with professional standards of care.</p> <p>This is evidenced by:</p> <p>Resident #118 was admitted with diagnosis of stenosis of small artery (the walls of the small arteries in the heart aren't working properly); cervicgia (pain in or around your spine beneath your head) and history of falls. The Minimum Data Set (an assessment tool) dated 9/2024, documented a Brief Interview for Mental Status indicated resident was cognitively intact.</p> <p>The facility document titled, Limited English Proficiency Policy, last modified 4/24/2018, documented Language assistance will be provided through use of competent bilingual staff, staff interpreters contracts of formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with Limited English Proficiency individuals will be trained in effective communications techniques, including the effective use of an interpreter.</p> <p>The New York State Department of Health Code, Rules and Regulation, Volume C (Title 10) Section 415.3 Effective 2/24/2022, documented each resident shall have the right to: (i) adequate and appropriate medical care, and to be fully informed by a physician in a language or in a form that the resident can understand, using an interpreter when necessary, of his or her total health status including but not limited to, his or her medical condition including diagnosis, prognosis, and treatment plan. Residents shall have the right to ask questions and have them answered.</p> <p>On 9/24/2024 at 11:45 AM, Resident #118 was observed in their room sitting in wheelchair intermittently watching television. Writer knocked on door and asked if they may come in. Resident #118 pleasantly responded in another language. Writer entered and resident continued to speak in another language.</p> <p>During an interview on 9/24/2024 at 12:40 PM, Certified Nurse Aide #4 stated Resident #118 speaks creole, and they did not have any training on communication with Resident #118 or with any other resident with Limited English Proficiency. When caring for Resident #118 they generally made gestures or use their google translator on their personal cell phone.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 9/24/2024 at 01:13 PM, Registered Nurse #2 stated Resident #118 spoke creole only. Nursing staff utilized tablet translator to communicate with Resident #118. Registered Nurse #2 was asked to demonstrate tablet translator. Registered Nurse #2 tried then conceded they were not familiar with use of the tablet translator. They asked for assistance from Certified Nurse Aide #7. Certified Nurse Aide #7 had limited familiarity and was unsuccessful in communicating with resident using the tablet translator. When approached with the tablet, Resident #118 appeared curious and confused as though they had never used device previously. Registered Nurse #2 stated they also use a language line. However, they had never used the language line and did not know where to obtain telephone number and or instructions.</p> <p>During an observation on 9/24/2024 at 01:20 PM, a laminated card with simple tasks were noted at Resident #118's bedside. There were no posted signs regarding language line or other means of communication in Resident #118's room.</p> <p>During an interview on 09/27/2024 at 10:38 AM, Registered Nurse #5 stated they used an electronic device for communicating with Limited English Proficiency residents, and deferred training of language device to the Registered Nurse #2 and Director of Nursing #1. They stated Social Worker #1 helped provide the electronic device, but 'no one really had been trained in its use.' Registered Nurse #4 and #5 had no knowledge of the language line.</p> <p>On 10/01/2024 at 10:28 AM, Registered Nurse #2, Certified Nurse Aide #6 and Registered Nurse #5 were observed in Resident #118's room reviewing tablet translator.</p> <p>During an interview on 10/01/2024 at 10:32 AM, Social Worker #2 stated facility used the Institute of Buffalo language interpreter line for Residents with Limited English Proficiency, with instructions were in the Social Worker's office, and utilized a website translator on tablets. Social Worker #2 stated instructions on use of language line were posted in resident's room on 9/30/2024.</p> <p>During an interview on 10/01/2024 at 11:00 AM, Director of Nursing #1 stated staff communicated with Resident #118 via language line, and instructions were posted on the wall above phone in their room. They stated training of staff was done as needed with new residents. Director of Nursing #1 further stated that Resident #118's family member could be called to translate, and there was a certified nurse aide who spoke creole.</p> <p>During an interview on 10/02/2024 at 09:45 AM, Licensed Practical Nurse #1 stated prior to this week when the New York State Department of Health was conducting the survey, they had communicated with Resident #118 by asking the certified nurse aide who spoke creole to be their interpreter. Licensed Practical Nurse #1 further stated that when the certified nurse aide who spoke creole was not working, the resident would make gestures when something was wrong.</p> <p>Care Plan dated 6/24/2024 documented for any meetings to utilize the International Institute of Buffalo and documented a phone number but no pin code.</p> <p>Care Plan dated 10/1/2024 documented to utilize the International Institute of Buffalo when needed and included a phone number and pin code.</p> <p>10 New York Codes, Rules, and Regulations 415.12(a)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34630</p> <p>Based on record review and interviews during a recertification survey, the facility did not ensure a resident received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the resident's choices for 1 (Resident #128) of 1 resident reviewed for hospitalization . Specifically, the facility did not ensure Resident #128 received an assessment by a qualified person when they returned to the facility on [DATE], following diagnosis and treatment of a left upper arm fracture in the Emergency Department.</p> <p>This is evidenced by:</p> <p>Resident #128 was admitted to the facility with diagnoses of rheumatoid arthritis, muscle weakness, and difficulty walking. The Minimum Data Set (an assessment tool) dated 8/7/2024, documented the resident was cognitively intact.</p> <p>The Comprehensive Care Plan for Safety, revised 8/29/2024, documented the resident was at risk for falls related to impaired gait.</p> <p>The Incident Report for Resident #128 dated 4/6/2024 at 4:32 PM, documented the resident had an unwitnessed fall. The resident stated their left arm was tender. The resident was assessed by the Registered Nurse and was able to move their left arm and had normal range of motion.</p> <p>The Nurse's Note dated 4/11/2024 at 12:08 PM by the Director of Nursing #1, documented the resident's left arm/hand was noted to be swollen, with bruising to the arm/hand and the resident complained of left arm pain/discomfort. The resident had a recent fall. A new order was received for x-ray of left arm.</p> <p>The Hospital Imaging/Cardiology report dated 4/11/2024, documented X-ray of left humerus (upper arm). Impression documented distal humerus fracture (lower part of upper arm).</p> <p>The Hospital Patient Visit Information dated 4/11/2024, documented the resident was seen for a humeral (left upper arm) fracture. It documented the resident's instructions were reviewed and received on 4/11/2024 at 5:04 PM.</p> <p>The electronic medical record did not include a documented assessment of the resident's condition upon return to the facility on [DATE].</p> <p>During an interview on 10/2/2024 at 12:11 PM, Director of Nursing #1 stated the resident should have received an assessment by the Registered Nurse when they returned to the facility. They stated there should have been a Nursing note that the resident returned from the hospital, along with the outcome of the visit.</p> <p>10 New York Code of Rules and Regulations 415.12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48413</p> <p>Based on observations, record review, and interviews conducted during the recertification survey, the facility did not ensure that each resident received the necessary respiratory care and services that were consistent with professional standards of practice, for 2 (Resident #'s 29 and 35) of 2 residents reviewed for oxygen administration. Specifically, for Residents #29 and 35, their supplemental oxygen tubing was not dated and labeled to reflect when the tubing was changed.</p> <p>This is evidenced by:</p> <p>A review of the facility's policy and procedure titled Oxygen Therapy, Concentrator, last revised on 3/26/2018, documented that oxygen would be administered by licensed nurses with a physician's order. As part of the procedure nursing staff would label and date the tubing and all tubing would be changed at least weekly (7 days), or more often if soiling with secretions occurs.</p> <p>A review of the facility's policy and procedure titled Oxygen Therapy, Oxygen Cylinder, last revised on 6/27/2023, documented that oxygen would be administered via an open oxygen cylinder by licensed nurses with a physician's order. As part of the procedure nursing staff would label and date the tubing and all tubing would be changed at least weekly (7 days), or more often if soiling with secretions occurs. Oxygen flow rates, tubing connections, and the amount of oxygen remaining in the cylinder should be checked every shift and as needed.</p> <p>Resident #29 was admitted to the facility with diagnoses of hypertensive heart disease with heart failure, chronic congestive heart failure (a syndrome caused by an impairment in the heart's ability to fill with and pump blood), and chronic obstructive pulmonary disease (lung disease characterized by chronic respiratory symptoms and airflow limitation). The Minimum Data Set (an assessment tool) dated 8/21/2024 documented the resident could be understood and understand others with no impaired cognition.</p> <p>During an observation on 9/24/2024 at 11:50 AM, Resident #29 was on oxygen at 2 liters per minute via a nasal cannula. The oxygen tubing was not labeled or dated when it was last changed.</p> <p>During an observation on 9/25/2024 at 9:41AM, Resident #29's oxygen tubing was labeled and dated for 9/24.</p> <p>During an observation on 9/27/2024 at 9:41AM, Resident #29's oxygen tubing was labeled and dated 9/24.</p> <p>During an observation on 10/01/2024 at 10:32 AM, Resident #29 oxygen tubing was labeled and dated for 9/24.</p> <p>A review of Resident's #29 Treatment Administration Record for September 2024 documented Oxygen tubing to be changed tubing and mask/cannula every Saturday night shift.</p> <p>- A review of Treatment Administration Record on 9/27/2024 at 11:50 AM documented that Resident #29's oxygen tubing was changed on 9/22/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- A review of Treatment Administration Record on 10/01/2024 at 10:45 AM documented that the resident's oxygen tubing was changed on 9/28/2024.</p> <p>Resident #35 was admitted to the facility with diagnoses of chronic respiratory failure with hypoxia, (when the body does not receive enough oxygen) chronic obstructive pulmonary disease (lung disease characterized by chronic respiratory symptoms and airflow limitation), and hypertensive heart and kidney disease with heart failure. The Minimum Data Set, dated dated dated [DATE], documented the resident could be understood and understand others with no impaired cognition.</p> <p>During an observation on 9/24/2024 at 12:54 AM, Resident #35 was on oxygen at 4 liters per minute via a nasal cannula. The nasal cannula was hanging from the resident's ear and not in their nose and the oxygen tubing was not labeled or dated when it was last changed.</p> <p>During an observation on 9/25/2024 at 11:21 AM, Resident #35's oxygen tubing had no label on the tubing when it was changed.</p> <p>During an observation on 9/27/2024 at 10:44 AM, Resident #35's oxygen tubing was labeled 9/25/2024. The resident nasal cannula was not in the resident's nose and sitting on the floor next to the resident's chair appearing discolored at nostril prongs.</p> <p>A review of Resident #35's Treatment Administration Record for September 2024 documented Oxygen tubing to be changed tubing and mask/cannula every Sunday night shift.</p> <p>- A review on 9/27/2024 at 11:50 AM documented that the resident's oxygen tubing was changed on 9/22/2024.</p> <p>- A review on 10/01/2024 at 10:45 AM documented that the resident's oxygen tubing was changed on 9/28/2024.</p> <p>During an interview on 10/01/2024 at 11:22 AM, Certified Nurse Aide #8 stated that they sometimes change the oxygen tubing for the resident when it appeared damaged or soiled. They stated that they sometimes changed the oxygen tanks that are within the concentrator when it beeps, which were low or portable cylinders when needed. They stated that once the oxygen tubing or tank was changed they would let the nurse know that it was completed.</p> <p>During an interview on 10/01/2024 at 12:32 PM, Certified Nurse Aide #9 stated that they change the oxygen tubing for the resident when it appeared damaged or soiled since they know how to do it. They stated that they sometimes changed the oxygen tanks that are within the concentrator when it beeps that it was low or they look at the gauge and know that it is not flowing. They stated that they would not let the nurse know that they had changed tubing or oxygen cylinders.</p> <p>During an interview on 10/02/2024 at 9:26 AM, Licensed Practical Nurse #2 stated that the resident's oxygen tubing was to be changed every 14 days or when the order documented to be changed. They stated that Certified Nurse Aides were not allowed to change tanks or oxygen tubing and that this was a licensed nursing staff's task. Certified Nurse Aides were not allowed to do anything with resident's oxygen, and they were supposed to notify a nurse if anything needs to be done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/02/2024 at 12:27 PM, Registered Nurse #1 stated that the resident's oxygen tubing was to be changed every Sunday during the overnight shift. They stated that Certified Nurse Aides were not allowed to touch the resident's oxygen. They stated that the Certified Nurse Aides were to notify a licensed nursing staff member when there was a question or problem with the oxygen of a resident. In mentioning the observations discovered to Registered Nurse #1, they stated that the tubing was not changed for the residents, which they stated was an issue.</p> <p>During an interview on 10/02/2024 at 12:30 PM, Director of Nursing #1 stated that the nursing staff administered the oxygen per the order from the physician. They stated that Certified Nurse Aides were not allowed to touch or do anything with the oxygen for the resident. They stated that oxygen administration was a medication that was prescribed by the physician and should be monitored regularly by the nursing staff. They stated that oxygen tubing was changed weekly and scheduled on the overnight shift to be completed by the licensed nursing staff. They stated that when the tubing was changed the individual performing the task should label and date when the tubing was changed. In mentioning the observations discovered to Director of Nursing #1, they stated that the tubing was not changed for the residents, which they stated was an issue. They stated they would need to have additional education for the staff.</p> <p>10 New York Codes, Rules, and Regulations 415.12(k)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48615</p> <p>Based on observation, record review, and interviews conducted during the recertification survey, the facility did not ensure drugs and biologicals were labelled and stored in accordance with professional standards of practice. Specifically, (a.) an opened medication bottle had an expired date; (b.) opened medication bottles had no open dates (c.) opened insulin pens were labeled with incorrect expiration dates; (d.) a pre-poured medication cup was noted at a resident's bedside. This was evident for 2 out of 3 medication carts reviewed.</p> <p>This is evidenced by:</p> <p>The facility's Policy and Procedure titled, Medications Administration Methods, date last modified: [DATE] documented under PROCEDURE #5: Medications may not be pre-poured/pre-punched. #6: Medication expiration dates are checked prior to administration. Refer to manufacturer guidelines for medications with shortened expiration dates (i.e. insulin). GENERAL PRECAUTIONS FOR ADMINISTRATION OF MEDICATIONS #3: A medication must never be left at bedside or be out of sight of the nurse administering the medication. The nurse must watch each resident take the medication, and ensure the medication is swallowed, unless the resident has an order for self-administration of medications. Medications will not be handled with bare hands. Medicine cups are discarded after use in administering a medication to a resident.</p> <p>The facility's Health Direct Pharmacy Services Insulin Expiration Dates Grid documented, All insulins should be stored in the refrigerator until opening and protected from light. Once opened or removed from the refrigerator for storage in the medication cart, the insulin should be dated as it will expire in a specified time per manufacturer. Insulin Glargine U-100 (Lantus, Basaglar, Semglee, Insulin Lispro (Humalog, Admelog, Lyumjev - expiration is 28 days after opening.</p> <p>During an observation and interview on [DATE] at 12:54 PM, Resident # 41 was noted to have approximately 10 empty medication cups stacked on end table, and a medication cup with approximately 4 pills at the bedside. Resident #41 stated nurse often left pills and they take them when they get up.</p> <p>During an observation on [DATE] at 11:34 AM, Unit 100 medication cart contained 1 bottle of saline nasal spray with an expiration date of ,d+[DATE]; 1 bottle of sertraline suspension with no open date, the expiration date was written for ,d+[DATE]; 1 bottle of lactulose suspension with no open date and a manufacturer expiration date of ,d+[DATE]. During an interview at this time, Registered Nurse #3 stated they would discard the expired medication and proceeded to fill in open dates for medications without open dates.</p> <p>During an observation on [DATE] at 12:20 PM, Unit 200, cart A contained 1 Lispro insulin pen with open date of [DATE] and an expiration date of [DATE]; 1 Lantus insulin pen with an open date of [DATE] and an expiration date of [DATE], both greater than manufacturer expiration of 28 days after opening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on [DATE] at 12:57 PM, Unit 200, cart B contained 1 Humalog insulin pen with open date of [DATE], the expiration date was not legible. Licensed Practical Nurse #4 stated it looked like the expiration date was [DATE].</p> <p>During an interview on [DATE] at 10:40 AM, Registered Nurse #2 stated they were not aware of any residents who self-medicated. They stated if a resident wished to self-medicate there was a process to follow, although they had never gone through the process.</p> <p>During an interview on [DATE] at 10:39 AM, Social Worker #2 stated, to their knowledge, they had no residents who self-medicate, however, there were steps to take if resident wishes to do so.</p> <p>During an interview on [DATE] at 10:44 AM, Director of Nursing #1 stated they had 1 resident on the 400 unit that self-medicated. Once a resident is evaluated by Occupational Therapy and Medical Doctor, a self-medication form is completed by nurse, and care plan is updated. Resident who self-medicates had a pillbox, and medications were poured into pillbox weekly.</p> <p>During an interview on [DATE] at 10:44 AM, Director of Nursing #1 stated nurses follow the 6 Rights of Medication Administration. They further stated that the nurse is to stay with resident until all medications have been taken, and do not leave medication at the bedside. Nurses could administer medications in the dining room as long as it was not during a meal or an activity. They stated it was the responsibility of the nurse who is assigned to the medication cart to ensure the cart is clean, organized and each medication was labeled appropriately. They stated that when opening medications, nurse should label medication with open and expiration dates; multi dose vial medications would follow the pharmacy grid of shortened expiration dates after opening.</p> <p>10 New York Codes, Rules, and Regulations 415.18(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21414</p> <p>Based on observation and interviews during the recertification survey, the facility did not ensure food was stored, prepared, distributed or served in accordance with professional standards for food service safety for the main kitchen and one of 3 resident unit kitchenettes. Specifically, appliances and surfaces were not clean.</p> <p>This is evidenced by:</p> <p>During observations on 09/24/2024 at 11:04 AM, in the main kitchen, the following appliances or surfaces were soiled with food particles or oily dust:</p> <p>Slicer</p> <p>Cooking line drawers</p> <p>Bulk food bins</p> <p>Cupboard doors</p> <p>2 exterior windows (windows, windowsills, window screens)</p> <p>2 exterior window fan grills</p> <p>ABC-rated fire extinguisher</p> <p>During observations on 09/24/2024 at 11:56 AM, in the Unit Four Resident Kitchenette, the following was soiled with food particles:</p> <p>Interior of the microwave oven</p> <p>The undated document titled Cooks Cleaning Check List documented that the slicer is to be cleaned and free of debris and utensil drawers are to be clean inside and out.</p> <p>During an interview on 09/24/2024 at 12:01 PM, Director of Dining Services #1 stated that they would have the items found in the kitchen and the Unit Four Resident Kitchenette cleaned and that the maintenance department would be contacted to have the windows, window fans, and fire extinguisher cleaned.</p> <p>During an interview on 09/25/2024 at 12:40 PM, Administrator #1 stated that they would discuss the cleaning items found with the Director of Dining Services.</p> <p>10 New York Codes, Rules, and Regulations 415.14(h)</p> <p>Chapter 1 State Sanitary Code Subpart 14</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>21414</p> <p>Based on observation and interviews during the recertification survey, the facility did not dispose of garbage and refuse properly. Specifically, the side doors to the two outdoor garbage dumpsters were not closed, the sides of the dumpsters below the doors were soiled with food drips, and the grounds around dumpsters were littered.</p> <p>This is evidenced by:</p> <p>During observations on 9/30/2024 at 12:02 PM, litter was found in the outdoor employee break area, around the dumpsters, and the loading dock area.</p> <p>During an interview on 9/30/2024 12:27 PM, Administrator #1 stated that they would have the areas outside cleaned, and staff would be in-serviced on keeping the break area and dumpster area pick-up.</p> <p>10 New York Codes, Rules, and Regulations 415.14(h)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34630</p> <p>Based on observation, interview, and record review during the recertification survey, the facility did not ensure infection prevention control practices were followed to help prevent the spread, development, and transmission of communicable diseases and infection for all residents and staff on 4 of 4 units (Units #1, 2, 3, and 4) during the recertification survey.</p> <p>This is evidenced by:</p> <p>The facility's policy titled Infection Prevention Control Program dated 7/15/2024, documented that all department heads would ensure that the following procedures would be followed:</p> <ol style="list-style-type: none"> 1. Staff were responsible for washing their hands frequently, especially after handling soiled or contaminated objects; before and after coming into contact with residents or handling possessions of resident, and handling equipment. 2. Protective gloves or other protective equipment were worn when a staff member had direct contact with body fluids during work duties. Staff member should follow infection prevention policies and procedures and use protective equipment when coming into contact with resident (or their belongings) who were on transmission-based precautions. <p>The facility's policy titled Transmission Based Precaution Levels (Type of Infectious Condition, Techniques and Documentation) Skilled Nursing Facility dated 6/06/2024, documented that:</p> <ol style="list-style-type: none"> 1. Enhanced barrier precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a Multi-Drug Resistant Organism as well as those at increased risk of Multi-Drug Resistant Organism acquisition (e.g., residents with wounds or indwelling medical devices). 2. Contact Precautions involve gown and glove use when patient care activities require working within 3 feet of the resident and/or clothing would come in contact with the resident's environment. 3. If a resident was on transmission-based precautions, items needing removal from the precaution room (for disposal, laundering, laboratory tests, reuse in another location) would be double bagged at change of shift. <p>Resident #124 was admitted to the facility with the diagnoses of hemiplegia and hemiparesis following cerebral infarction affect a non-dominant side (a bleed on the brain that caused limited to no use of the side of the body), dysphagia following cerebral infarction (a bleed on the brain causing difficult swallowing), and atrial fibrillation (an irregular heart rate). The Minimum Data Set (an assessment tool) dated 8/06/2024 documented that the resident was able to understand others, be understood by others, had minimal cognitive issues but required significant assistance to complete activities of daily living.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/01/2014 at 10:39 AM, staff were seen cleaning room [ROOM NUMBER] which had a contact precaution sign on the room. The Support Aide #10 was not wearing any personal protective equipment. Bed linen was placed in a bag and a Support Aide #10 was observed coming out of the resident's room carrying the bag to dispose of in the dirty utility room. The Support Aide #10 then proceeded to push Resident #124 in their wheelchair back into their room. They then took the resident's water pitcher to fill. Support Aide #10 did not sanitize their hands between any of these actions.</p> <p>During lunch observations on Unit 3 on 10/01/2024 at 11:45 AM, it was noted that 3 Certified Nurse Aides were distributing lunches to residents. Certified Nurse Aide #11 and Support Aide #10 did not sanitize their hands between residents when handing out the lunch meals for the residents. Certified Nursing Aide #8 sanitized their hands in between distributing residents' meals.</p> <p>During an interview on 9/26/2024 at 1:33 PM, Registered Nurse #4 stated staff should be washing their hands when they come into building, prior to stepping in and providing care. Hand washing should be done (with soap and water) at mealtime, after smoking, eating, coming out bathroom, or if they pick something off the floor. Hand sanitizer should be used before and after coming out of resident rooms depending on what the staff did in the room after removing their gloves. Staff should not be walking out of a room with gloves on.</p> <p>During an interview on 10/01/2024 at 10:48 AM, Support Aide #10 stated they were waiting for the next class to start to become a Certified Nurse Aide. The contact precaution sign on the resident's door meant that they needed to wear extra personal protective equipment for care. Additionally, Support Aide #10 stated they would wear personal protective equipment while performing care, cleaning, and changing linen on the bed.</p> <p>During an interview on 10/01/2024 at 11:15 AM, Certified Nurse Aide #8 stated everyone should wear personal protective equipment when doing anything with the resident. Personal protective equipment should be put on when entering the room. Personal protect equipment was kept on the back of the door. When exiting the room, the personal protective equipment should have been removed before leaving the room and placed in the garbage. After removing, the garbage should be taken out and then hands should be washed. Any resident who had yellow or red contact precaution signs on their doors would require that the personal protective equipment be taken off in the cluster in front of the garbage area. Once they were done in the resident's room they need to wash or sanitize hands.</p> <p>During an interview on 10/01/2024 at 12:30 PM, Certified Nurse Aide #9 stated green contact signs were standard precautions and yellow signs meant resident care required staff to wear extra personal protective equipment on. Residents with additional enhanced barrier signs required dressing up for care, including gowns and gloves. Additionally, the staff needed to wash hands, put gloves on, and gown on to provide care. When the care was completed, the staff should take off the personal protective equipment and throw them in the garbage in the room. It was then expected that the staff member took the garbage out then washed their hands. Certified Nurse Aide #9 also stated staff were supposed to wash their hands in between residential distribution of meals. Certified Nurse Aide #9 stated that they had seen staff not washing hands when distributing the meals to residents in the past. They did not say anything to them at the time, but probably should have.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Elderwood of Uihlein at Lake Placid		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Old Military Road Lake Placid, NY 12946	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/02/2024 at 10:20 AM, Registered Nurse #1 stated it was stated that there was one sign for COVID exposure. [NAME] means the resident was OK, yellow meant the resident had been exposed to COVID and red meant the resident had COVID. The other sign noted was for enhanced barrier or contact precautions. Anything involving providing direct care of residents, would require that the staff would need to wear personal protective equipment. Registered Nurse #1 stated they would not wear personal protective equipment if they were not providing care such as answering call bell. Staff should never walk across the cluster to dispose of or remove the personal protective equipment.</p> <p>During an interview on 10/02/2024 at 10:47 AM, Director of Nursing #1 stated that there was one sign for COVID exposure. [NAME] means the resident was OK, yellow meant the resident had been exposed to COVID and red meant the resident had COVID. The other sign noted was for enhanced barrier or contact precautions. Anything involving providing direct care of residents, would require that the staff would need to wear personal protective equipment. Director of Nursing #1 stated they would not wear personal protective equipment if they were not providing care such as answering call bell. Staff should never walk across the cluster to dispose of or doff the personal protective equipment.</p> <p>10 New York Codes, Rules, and Regulations 415.19(a)(1-3)</p>		