STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335275	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48847 Based on record review and interview conducted during the recertification and abbreviated survey (NY00315011) conducted from 4/08/24 to 4/17/24, the facility did not ensure that the written description of the facility policy to implement advance directives was followed for one of one residents (Resident #0) of reviewed for Advance Directives. Specifically, cardiopulmonary resuscitation was administered and the resident was not sent to the hospital as per request for Resident #0 with orders for Do Not Resuscitate and orders to send to the hospital if necessary. The finding are: The facility policy titled Advanced Directives dated 5/4/18, documented the facility will honor the wishes of the resident/representative regarding medical concern, by honoring the existing advanced directives of the resident as well as offering the resident/representative the opportunity to make changes to existing advanced directives. Resident #0 was admitted with diagnoses including acute sepsis, acute hyperkalemia, and altered mental status. The Admission Minimum Data Set, dated dated dated [DATE] documented the resident had severely impaired cognition. The care plan titled Advanced Directives dated 4/4/23, documented do not resuscitate/do not intubate. Interventions included review advanced directives, choices, and options with the resident/representative. The medical orders for life sustaining treatment (MOLST) for Resident #0 was signed by the designated representative, two witnesses, and the medical provider on 4/5/23 and documented Do Not Resuscitate and send to the hospital if necessary. The physician orders dated 4/5/23 documented Do Not Resuscitate. The social worker progress note dated 4/5/23 documented Do Not Resuscitate and Do Not Intubate. The physician progress note dated 4/6/23 documented Medical Orders for Life Sustaining Treatment, Do Not Resuscitate and Do Not Intubate. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Sapphire Nursing at Wappingers		STREET ADDRESS, CITY, STATE, ZIP CODE 37 Mesier Avenue Wappingers Falls, NY 12590	

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The nursing progress note dated 4/14/23 documented the resident had increased anxiety, was yelling out for help, and was frequently asking staff to stay with them because they were scared. The nursing progress note dated 4/17/23 documented the resident was unresponsive in bed in the morning, 911 was called and cardiopulmonary resuscitation was started. Resident was evaluated by registered nurse and found to be without pulse and respiration. During an interview on 04/09/24 01:30 PM, Resident #31 stated that on multiple days prior to Resident #0 expiring, they observed Resident #0 yelling out for staff and requesting to go to the hospital due to complaints of not feeling well, and that the wishes were ignored. Resident #31 stated that on 04/17/24, they observed staff in Resident #0 room resuscitating Resident #0, and that it was an traumatizing experience for them. Resident #31 stated that they asked the previous Administrator why staff did not send Resident #0 to the hospital as per their request and were told by the Administrator that Resident #0 had a Do Not Resuscitate order and therefore, staff were unable to send them to the hospital. During an interview on 04/15/24 at 01:55 PM, the Director of Nursing stated that if a resident had Do Not Resuscitate order, staff should not have perform cardiopulmonary resuscitation and that staff determined the advanced directives by the red dot on the outside of the resident room door and their bracelet . Additionally, the Director of Nursing confirmed that the Medical Orders for Life Sustaining Treatment for Resident #0 documented to send to the hospital if necessary and that Resident #0 should have been sent to the hospital if they requested. During an interview on 04/15/24 at 02:51 PM, Staff # 3 (Licensed Practical Nurse) stated if the progress note documented that they performed cardiopulmonary resuscitation on Resident #0, that was what occurred. Staff # 3 (Licensed Practical Nurse) stated that the Medical Orders for Life Sustaining Treatment document if a resident had Do Not Resuscitate instructions and that if Resident #0 had requested to go to the hospital, their wishes should have been honored. During an interview on 04/16/24 at 10:48 AM, Nurse Practitioner #1 stated that cardiopulmonary resuscitation should not have been initiated on a resident that had a Do Not Resuscitate order. Nurse Practitioner #1 stated that they were informed that the nurse had initiated cardiopulmonary resuscitation prior to the chart being reviewed, and then after the chart was reviewed, they realized that Resident #0 had a Do Not Resuscitate order. 10 NYCRR 415.3(e)(1)(ii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41666 Based on observations, record review and interviews during a recertification survey 4/8/24-4/17/24, the facility did not ensure residents received treatment and care in accordance with professional standards of quality for 4 of 6 residents (Residents #14, #27, #54 and #56) reviewed for quality of care. Specifically, 1) Resident #14 vascular wound dressing was not changed daily as ordered and was observed on 4/12/24 with a date of 4/9/24 on the dressing. 2) Resident #54 did not have post hospitalization appointments scheduled for follow up care. 3) Resident #56's order for compression stockings was not carried out and a follow up urology appointment was not scheduled. 4) Resident #27 did not receive daily wound care as ordered on 8 of 19 days from 3/29/24 to 4/16/24. Findings include: 1) Resident #14 was admitted with diagnoses including adult failure to thrive, venous insufficiency, and hypothyroidism. Resident #14's Minimum Data Set (an assessment tool) dated 3/23/24 documented the resident had moderate cognitive impairment and was dependent on staff for assistance with hygiene and toileting, and required cueing for eating. The Physician's orders dated 3/08/24 document to cleanse the vascular wound to left lower extremity with normal saline or wound cleanser, apply Silver Alginate, cover with a gauze pad, and wrap with Kling. Change the dressing daily and as needed. The nursing care plan for vascular wound initiated 7/22/22 documented to provide treatments as ordered. During a Resident Council meeting on 4/9/24 at 10:24 AM, the resident stated they had a wound dressing on their leg that went days without being changed. On a second interview with the resident 4/10/24 at 10:13 AM they stated they had a wound on their left foot that was not always changed and sometimes it could be a few days without changing. The Treatment Administration Record from 3/8/24-3/31/24 documented no evidence the treatment was completed on 3/8,3/9,3/10,3/11, 3/13,3/14,3/19,3/20. The April 2024 Treatment Administration Record documented no evidence the treatment was completed on 4/1,4/2,4/3, 4/6,4/7,4/11/24. During a wound dressing change observation on 4/12/24 at 9:42 AM with the Staff #15 (wound care nurse) the old dressing on the left lower leg was wet with brown color on outside of the Kling which was loosely in place. The silk tape over the Kling had date of 4/9/24 written on it. When interviewed during the dressing change, Staff #15 stated they saw the resident on Monday, Wednesday and Friday and was not sure why it had not been changed since 4/9/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Sapphire Nursing at Wappingers		STREET ADDRESS, CITY, STATE, ZIP CODE 37 Mesier Avenue Wappingers Falls, NY 12590	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/12/24 at 12:17 PM, Staff #11 (Licensed Practical Nurse) stated the leg dressing change should have been done everyday and they did not know why it was not done. Staff #7 (Licensed Practical Nurse Unit Manager) stated they were not aware the dressing changes were not being done. Staff #7 stated that the expectation would be that if the dressing change was not done on the day shift it would be done on the evening shift. 2) Resident #54 was admitted from the hospital with diagnoses that include respiratory failure, atrial fibrillation, dysphagia, septicemia. The Minimum Data Set (an assessment tool) dated 2/25/24 documented the resident had moderate cognitive impairment, with impairment on upper extremity, and a percutaneous endoscopic gastrostomy tube (feeding tube) in place. During an interview with Resident #54 on 4/17/24 at 9:06 AM they stated they did not know why they still had the feeding tube as it was not being used. They stated they had not been to see the gastroenterologist or the cardiologist and was told it had to wait until they were discharged . Review of the resident discharge instructions from the hospital on 1/30/24 documented the resident had a gastrostomy tube in place after a cerebrovascular accident. The discharge instructions documented a follow up appointment was made by the hospital for the resident for July 1, 2024 at 11:30 with the cardiologist. Additional instructions included to schedule appointments with the gastroenterologist and the neurologist to be seen in 1-2 weeks. Review of the resident's recorded revealed no documented evidence the appointments with the gastroenterologist and the neurologist were made. On 2/17/24 the resident was hospitalized and returned to the facility on [DATE] with discharge instructions to schedule an appointment with the maxillofacial surgeon within 2 weeks. Further review of the resident's recorded revealed no documented evidence the appointment with the maxillofacial surgeon was made. During an interview on 4/17/24 at 9:35 AM, Staff#7 (Licensed Practical Nurse Unit Manager) stated they reviewed the discharge instructions and stated the follow up appointments were not needed and were listed on the discharge instructions for billing purposes. During an interview on 4/17/24 at 1:02 PM, the Assistant Director of Nursing stated the Staff #7 was new to the role and needed more training. 3) Resident #56 was admitted [DATE] with diagnoses including quadriplegia after fall with fractured cervical (neck) vertebrae, neurogenic bladder, subluxation of right shoulder. The Minimum Data Set, dated dated dated [DATE] documented the resident was cognitively intact and had impairment of bilateral upper and lower extremities. The resident was totally dependent on staff for all activities of daily living, wore an Aspen collar and required a mechanical lift to transfer out of bed. The resident had a Foley catheter. Urology consult: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER: Sapphire Nursing at Wappingers		STREET ADDRESS, CITY, STATE, ZIP CODE: 37 Mesier Avenue, Wappingers Falls, NY 12590	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The hospital discharge instructions dated 2/23/24 documented the resident had a Foley catheter and to follow up with urology for urodynamic testing. Review of the resident's record revealed no documented evidence that urology was contacted. The resident care plan for Foley(Urinary Incontinence) initiated 2/27/24 had interventions that included urology consult as indicated. During an interview on 4/11/24 at 12:55 PM, Staff #7 stated they were not aware of a visit to the urologist and stated the resident had not left the building since their admission in February. The Staff #7 stated the discharge instructions were reviewed on admission and the urology order was missed. Compression stockings: The Physician orders dated 2/23/24 documents TED anti-embolic stocking to extremities before getting out of bed daily. The Treatment Administration Record was reviewed from 2/23/24-4/17/24 and documented the stockings were not in place 38 of 55 days. The Certified Nurses Assistant Care Guide listed the anti-embolic stockings. Observations were made on 4 /11/24 at 1:00 PM , 4/12/24 at 8:59 AM, and 4/16/24 at 10:15 AM, the resident was in their wheelchair and the anti-embolic stockings were not worn. During an interview with Resident #56 on 4/16/24 at 10:15 AM, they stated they had the anti-embolic stockings before coming to the facility but did not get them at this facility and did not know why. During an interview on 4/11/24 at 01:00 PM, Staff#8 (Certified Nurse Aide) stated the resident did not have the stockings and did not know why they were on their Care Guide. During an interview on 4/12/24 at 11:31 AM, Staff #11 (Licensed Practical Nurse) stated they did the medications first in the morning then moved on to the treatments. Staff #11 stated they signed off on treatments including stockings. Staff #11 stated they had not seen a pair of stockings for the resident but would put in an order. Order placed 4/14/24. As of 4/17/24 the resident had not received the stockings. During an interview on 4/16/24 at 10:39 AM, Staff # 7 (Licensed Practical Nurse Unit Manager) they stated they did not know what happened to the stockings. Staff #7 then went into the Resident #56 and asked the resident if they liked the stockings and Resident #57 stated the stockings made their legs feel good. During an interview on 4/15/24 04:26 PM, the Nurse Practitioner they stated they were not aware the resident was not provided the stockings. 10NYCRR 415.12 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Sapphire Nursing at Wappingers		STREET ADDRESS, CITY, STATE, ZIP CODE 37 Mesier Avenue Wappingers Falls, NY 12590	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	49255

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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 48847

Based on record review and interviews conducted during the Recertification and Abbreviated surveys (NY0322448, NY00308142 and NY00320376) from 4/08/24 to 4/17/24, the facility did not ensure that there was sufficient nursing staff to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, upon review of the staffing schedule for multiple days and on all three shifts of staffing for each unit, the facility did not provide adequate staffing to meet the needs of the residents.

The findings are:

Review of the facility policy titled Staffing, Sufficient and Competent Nursing dated 11/2/18 documented that out facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.

Review of the Facility-Wide assessment dated [DATE], and reviewed by the Quality Assurance Agency/Quality Assurance and Performance Improvement committee on 3/20/24, did not provide a staff to resident ratio for comparison and did not provide the number of staff required to work on each of the two units.

Facility-Wide Assessment for Nursing Staff documented:

- Certified nurse aides: minimum number needed per day was 7.

- Licensed practical nurse/Registered nurse: minimum number needed per day was 4.

- Total number of facility nursing staff: minimum number needed per day was 11 and the maximum number needed per day was 34.

- Total number of Agency nursing staff: minimum number needed per day was 0 and the maximum number needed per day was 0.

During an interview on 04/09/24 at 1:30 PM, Resident #31 stated that during the whole month of February 2024 and some of March 2024, they did not get a shower because the facility was so short staffed. Resident #31 stated that on the weekends there was sometimes only one certified nurse aide working in the whole building, residents did not get out of bed, and resident were screaming requesting assistance with cares.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335275	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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 04/11/24 at 1:35 PM, the Director of Nursing stated that the nursing staffing scheduling was not being done correctly prior to 3/15/24 when the previous scheduler was employed at the facility. The Director of Nursing stated that the previous scheduler was doing the nursing staffing scheduling on a day to day basis and not on a month by month basis as it should have been done. The Director of Nursing stated the nursing staffing schedule was supposed to be printed a month in advance and the scheduler was responsible for filling in the empty slots with per diems and agency staff, and making sure the facility was staff efficiently. During an interview on 04/11/24 at 01:40 PM, Staff #1 (staffing coordinator) stated they started the staffing coordinator position on 3/18/24 and that they did not receive any documentation or old schedules and the nursing staffing scheduling book was blank. During an interview on 04/11/24 at 02:45 PM, Staff #1 (staffing coordinator) stated they could not provide a staffing plan and was unaware if one was available. During an interview on 04/11/24 at 03:18 PM, Staff #19 (Human Resource Director) stated the facility did not have a staffing plan in place as there was a staffing conflict with the previous staffing coordinator. They stated with the new staffing coordinator the facility plans to repair the staffing issues. During an interview on 04/12/24 at 11:00 AM, Staff #2 (certified nurse aide) stated at times there was only one certified nurse aide in the whole building to cover both units during the night shift. During an interview on 04/12/24 at 11:47 AM, Staff #5 (receptionist) stated: - at times the facility had only 2 certified nurse aides working. This happened on the weekends and occasionally on the weekdays when someone had time off. - sometimes there was not a registered nurse in the building. - residents had called the receptionist desk when their call lights were on and staff were not answering, and staff complained about the call lights. - residents called the receptionist desk to ask for assistant with care such as toileting. During an interview on 04/16/24 at 02:29 PM, Staff #10 (certified nurse aide) stated that they were employed by an agency and that they have been working alone since 2 PM due to another certified nurse aide going home at 2 PM. Staff #10 stated that they were always working alone and there was a huge problem with staffing in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sapphire Nursing at Wappingers	37 Mesier Avenue Wappingers Falls, NY 12590

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 04/17/24 at 09:57 AM, the Director of Nursing stated that on both units the minimum nursing staffing needed on day shift was two certified nurse aides and one licensed practical nurse. The minimum staffing needed on evening shift was two certified nurse aides and one licensed practical nurse per unit, and the minimum nursing needed on night shift was one certified nurse aide and one licensed practical nurse. The Director of Nursing stated that they and the Assistant Director of Nursing were in the building Monday-Friday on the day shift and the facility tried to have one registered nurse supervisor in the building on the evening shift but was not always able. The Director of Nursing stated that they did employ agency nursing staff and was not sure why the Facility-Wide Assessment did not indicate the agency staff was a part of the staffing. 415.13(a)(1)(i-iii)

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Sapphire Nursing at Wappingers		STREET ADDRESS, CITY, STATE, ZIP CODE 37 Mesier Avenue Wappingers Falls, NY 12590	

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 48847 Based on record review and interview conducted during the recertification survey from 4/08/24 to 4/17/24, the facility did not ensure that the Facility Assessment was reviewed, accurate and updated as necessary. Specifically, the education, training, and competencies required for the certified nurse aides on the Facility Assessment were out of their scope of practice. The findings are: The Facility Profile dated 2/21/24 and last reviewed with the Quality Assurance Agency/Quality Assurance and Performance Improvement committee on 3/20/24 documented the certified nurse aides had training and competencies in glucometers, medication administration, gastronomy tube placement, ventilation/tracheostomy, aseptic dressings, electrocardiograms, and Pleural catheters. During an interview on 04/12/24 at 12:15 PM, the Administrator stated the Facility Assessment was accurate and it was reviewed recently with the Quality Assurance Agency/Quality Assurance and Performance Improvement committee. During an interview on 04/12/24 at 12:20 PM, the Director of Nursing stated that the Facility Assessment was not accurate and that certified nurse aides were not able to perform those duties as indicated on the facility assessment. During an interview on 04/12/24 at 01:05 PM, the Administrator stated that they reviewed the Facility Assessment realizing that the certified nurse aide and registered nurse/licensed practical nurse duties were inaccurate and stated that they did not know how that was not observed by the Quality Assurance Agency/Quality Assurance and Performance Improvement committee on 3/20/24. 10NYCRR 483.70(e)(1)-(3)