

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Maple City Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 434 Monroe Avenue Hornell, NY 14843	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46526</p> <p>Based on interviews and record reviews conducted during the Abbreviated Survey, (complaint #NY00336027) and completed [DATE], it was determined that the facility could not ensure there were adequate number of personnel in the facility to provide basic life support, including cardiopulmonary resuscitation (CPR- emergency lifesaving procedure performed when the heart and/or lungs cease functioning). Specifically, the facility did not maintain an updated list of staff who were currently certified in cardiopulmonary resuscitation and could not provide evidence that a cardiopulmonary resuscitation certified staff member was in the facility at all times to provide basic life support when needed. This is evidenced by the following:</p> <p>Review of the facility-provided list of licensed nursing staff revealed no evidence that 5 of 32 licensed active nurses were currently certified in cardiopulmonary resuscitation.</p> <p>Review of the 'Punch Detail Reports' (timecards) for all licensed nursing staff from [DATE] to [DATE] revealed no evidence that a cardiopulmonary resuscitation certified nurse (or other staff member) had been in the facility on 7 of 14 night shifts.</p> <p>During an interview on [DATE] at 3:40 PM, the Director of Human Resources said the Nurse Educator kept track of staff cardiopulmonary resuscitation certifications.</p> <p>During an interview on [DATE] at 4:17 PM, Registered Nurse Supervisor #1 said they had been certified in cardiopulmonary resuscitation, but when reviewing their certification, they stated it had expired [DATE].</p> <p>During an interview on [DATE] at 1:26 PM, the Assistant Director of Nursing provided a list of the facility's licensed nurses and identified the names of the nurses who the facility had evidence of current certification for cardiopulmonary resuscitation. The Assistant Director of Nursing said Human Resources and the Nurse Educator both were responsible for obtaining evidence of cardiopulmonary resuscitation certifications for all nurses. The Assistant Director of Nursing said they had been the Nurse Educator up until three weeks prior and had discussed with the previous Administrator getting someone to come in and provide cardiopulmonary resuscitation trainings for staff to keep their certifications current. The Assistant Director of Nursing could not answer why their inquiry was never acted upon. The Assistant Director of Nursing said in their previous role as the Nurse Educator they had not kept a list of staff that were certified in cardiopulmonary resuscitation which was an oversight, and that Human Resources was supposed to collect this information during the hiring process.</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
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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:51 PM, Licensed Practical Nurse #2 said they were trained in cardiopulmonary resuscitation during nursing school, but their certification had expired in [DATE]. Licensed Practical Nurse #2 said they notified the previous Nurse Educator (current Assistant Director of Nursing) and were told that they were waiting for someone to come into the facility and provide staff with the required training. Licensed Practical Nurse #2 said they had told the previous Director of Nursing, current Director of Nursing, and the current Assistant Director of Nursing that their certification had expired.</p> <p>During an interview on [DATE] at 2:00 PM, Licensed Practical Nurse #4 said they had undergone cardiopulmonary resuscitation training (in the past) but that their certification had expired.</p> <p>During an interview on [DATE] at 2:16 PM, the Director of Human Resources said they did not have a list of what certifications were needed for new employee hires and that they were not aware they needed to get cardiopulmonary resuscitation certifications for all nurses.</p> <p>During an interview on [DATE] at 2:28 PM, the Director of Nursing said they were not aware that cardiopulmonary resuscitation certifications were not being tracked.</p> <p>During a telephone interview on [DATE] at 11:36 AM, the current Administrator said Human Resources should maintain a list of cardiopulmonary resuscitation certified staff and that if a resident needed cardiopulmonary resuscitation, they would expect the nurses to initiate this. The Administrator said they were not aware that the certifications were not being maintained and that current nurses' certifications had expired, or that there had not been a certified nurse on every shift.</p> <p>10 NYCRR 415.11(c)(3)(i)</p>		