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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335338 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Bishop Rehabilitation and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 918 James Street Syracuse, NY 13203 | |

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) |
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| <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>48446</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00357875) surveys conducted 12/16/2024-12/20/2024, the facility did not ensure residents had the right to a dignified existence in a manner and an environment that promoted the maintenance or enhancement of quality of life for 1 of 3 residents (Resident #110) reviewed. Specifically, Resident #110 was unshaven and had visible chin and lip hair.</p> <p>Findings include:</p> <p>The facility policy, Activities of Daily Living Care and Support, revised 3/13/2024, documented each resident was provided activities of daily living care and support in accordance with current standards of practice, State and Federal regulations and were based on the resident's needs, personal preferences, and goals. Facial hair was groomed according to the resident preference and/or assessed needs.</p> <p>The facility policy, Quality of Life/Dignity, revised 5/28/2024, documented residents were cared for in a manner that promoted and enhanced quality of life, dignity, respect, and individuality. Residents were groomed as they wished to be groomed including hair, nails, and facial hair.</p> <p>Resident #110 had diagnoses including anxiety disorder, major depressive disorder, and dementia. The 10/4/2024 Minimum Data Set assessment documented the resident had severely impaired cognition, did not reject care, and required partial to moderate assistance for most activities of daily living.</p> <p>The Comprehensive Care Plan updated 10/4/2024 documented the resident required assistance with self-care related to dementia and impaired mobility. Interventions included encouraging the resident to participate in their care.</p> <p>The resident care instructions documented Resident #110 was showered on Thursdays during the 7:00 AM-3:00 PM shift, required substantial assistance of one staff for personal hygiene.</p> <p>During observations on 12/16/2024 at 3:24 PM and on 12/17/2024 at 9:26 AM and 11:48 AM, Resident #110 had hair on the right side of their chin, and several hairs on their upper lip.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Documentation Survey Report (activities of daily living tasks completed by certified nurse aides) documented Resident #110 received a shower on 12/5/2024 during the 3:00 PM-11:00 PM shift and on 12/19/2024 during the 7:00 AM-3:00 PM shift. The 12/12/2024 showering task was blank, indicating a shower was not provided.</p> <p>During an interview on 12/19/2024 at 10:58 AM, Resident #110 stated they had received a shower that day, but they were not shaved and wanted to be shaved. The resident had visible hair on their chin and upper lip.</p> <p>During interviews on 12/16/2024 at 3:24 PM and on 12/17/2024 at 11:48 AM, Resident #110's family member stated they normally shaved Resident #110 as the resident did not like to have facial hair. They recently moved out of the area and was not able to shave the resident. They expected staff to assist the resident with removal of facial hair.</p> <p>During an interview on 12/19/2024 at 11:19 AM, Certified Nurse Aide #15 stated they were responsible for providing care to residents which included shaving. Residents were shaved on their shower day or when they required a shave that did not coincide with their shower day. Resident #110 was reliable if they said they wanted to be shaved. They were showered earlier but was not shaved as the lighting in the shower was poor. Certified Nurse Aide #15 stated, if a resident wanted to be shaved and was not shaved it might make the resident feel sad, embarrassed, and depressed.</p> <p>During an interview on 12/19/2024 at 11:28 AM, Licensed Practical Nurse #16 stated certified nurse aides were responsible for shaving residents and should ask residents if they would like to be shaved when facial hair was noticed. If a resident wanted to be shaved and was not it might make them feel unrepresentable.</p> <p>During an interview on 12/20/2024 at 8:54 AM, Registered Nurse Unit Manager #17 stated certified nurse aides were responsible for completing activities of daily living for residents who were unable to complete them independently. Shaving was included in activities of daily living and was completed with showers. Family and residents should not have to ask staff to be shaved. If a resident was not shaved it might make them feel less confident. When they noticed lip and chin hair on a female resident, they asked the certified nurse aide to shave the resident.</p> <p>During an interview on 12/20/2024 at 11:11 AM, Assistant Director of Nursing #9 stated it was the certified nurse aide's responsibility to shave residents. They expected residents that wanted to be shaved to be shaved. If a resident wanted to be shaved and were not, it was a dignity issue.</p> <p>10 NYCRR 415.5(b)(1-3)</p> | | |

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| <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>48052</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00362924) surveys conducted 12/16/2024-12/20/2024, the facility did not ensure residents had the right to a safe, clean, comfortable, and homelike environment for 1 of 4 residents (Resident #29) reviewed. Specifically, Resident #29's room had black, and gray build up approximately 1 to 3 inches from the base of the wall near the entrance of the room, extending to the two-drawer dresser.</p> <p>Findings include:</p> <p>The facility policy, Home Like Environment, dated 9/19/2022, documented residents would be provided with a safe, clean, comfortable, and homelike environment. The staff shall maximize, to the extent possible, cleanliness and order.</p> <p>The 5-Step Daily Room Cleaning guidelines, last reviewed 12/15/2022, documented the housekeeping staff were to dust mop the entire floor which included all corners and along all baseboards to prevent build up. Housekeepers were to damp mop after dry mopping. The most important area to disinfect was the resident's floor as most air-borne bacteria would settle so the floors needed to be disinfected daily. As with the dust mopping, the housekeeping staff was to move all furniture necessary and run the mop along the edges first.</p> <p>The following observations were made of the floor in Resident #29's room:</p> <ul style="list-style-type: none"> - during observation and immediate interview on 12/17/2024 at 9:08 AM, Resident #29 stated they did not feel the housekeeping staff did a thorough cleaning job. They stated there was a dirt shadow around the bottom molding of the wall and they did not like it. There was a dark halo of buildup visible around the bottom rubber molding of the wall, from the door extending to the two-drawer small dresser. - on 12/18/2024 at 9:24 AM, the wall next to the door and around the trash can was visibly gray, dusty, and had dirt build up about 2-3 inches from the bottom of the rubber wall barrier. - on 12/19/2024 at 9:14 AM, there was a line of grime/greyish black buildup of dirt extending 1-3 inches from various areas of the baseboard along the wall where the door rests and between the wall protrusion extending to the two-drawer small dresser. - on 12/20/2024 at 8:41 AM, the floor had grime/dirt build up that was dark and light gray around the baseboard of the wall extending 1-3 inches from various areas of the baseboard, along the wall from the door to the wall protrusion extending to the two-drawer small dresser. <p>During an interview on 12/20/2024 at 8:46 AM, Light Housekeeper #13 stated they were supposed to clean resident room floors every day including around the baseboard.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview, observation, and record review on 12/20/2024 at 8:50 AM, the Account Manager/Acting Director of Environmental Services stated the housekeepers had a 5-step cleaning task sheet for the resident's room and 7-step cleaning task sheet for the resident's bathroom. The housekeepers were also responsible for one deep cleaning of a resident room a day that was based on a monthly schedule. They only audited the room that was deep cleaned by the housekeeping staff. During the 5-step resident room cleaning, the housekeeper was to dust mop and damp mop the floors. If there was build up along the baseboard, the housekeepers had scrapers and should clean the buildup during their regular daily cleaning. If they were unable to clean the buildup, the housekeepers were to inform them right away so it could be taken care of. They stated per their records the last time Resident #29's room was deep cleaned was on 12/2/2024. At 8:59 AM, the Account Manager/Acting Director of Environmental Services viewed the gray and black buildup extending from the baseboard of Resident #29's wall at the entrance to their room and next to the bathroom door. They stated the buildup should have been cleaned when the room was cleaned daily. This could have been done with a scraper and chemical or by the floor technician if needed. They were unaware of the buildup in the resident's room before now.</p> <p>10 NYCRR 415.29(b)(j)(1)</p> | | |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49448</p> <p>Based on record review and interviews during the recertification and abbreviated (NY00351261) surveys conducted 12/16/2024-12/20/2024, the facility did not ensure that prompt efforts were made to resolve grievances for 11 of 11 anonymous residents and for 1 of 1 additional resident (Resident #127) reviewed. Specifically, 11 of 11 residents in attendance at the resident group meeting stated their grievances were not always acted upon timely and they were not provided with an explanation why. Additionally, Resident #127's family member filed 3 grievances and they did not receive prompt resolutions.</p> <p>Findings include:</p> <p>The facility policy, Grievances, revised 7/2/2024, documented the facility assisted residents, resident representatives, family members, or resident advocates in filing a grievance when concerns were expressed. The facility investigated and resolved resident grievances in a timely manner in accordance with current state and federal guidelines. The Director of Social Work was the facility's Grievance Officer and was responsible for facilitating the grievance process. Grievances were completed and documented within 7 business days and the person that filed the grievance received resolution both verbally and in writing.</p> <p>The undated facility Admission Agreement documented residents had the right to voice grievances and to receive prompt resolution.</p> <p>During a resident group meeting on 12/16/2024 at 2:05 PM, 11 of 11 anonymous residents in attendance stated the facility did not respond to grievances promptly and did not provide rationales as to why the responses were not timely.</p> <p>Resident #127 had diagnoses including unspecified dementia and aphasia (difficulty speaking) related to a cerebral infarction (stroke). The 10/16/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition.</p> <p>The 10/11/2021 Health Care Proxy form documented Resident #127's family member was appointed as their health care agent and made any and all health care decisions for them, except to the extent that they stated otherwise.</p> <p>Resident #127's Health Care Proxy filed the following grievances:</p> <p>- on 8/7/2024 regarding concerns of tube feed administration and other various concerns. The Administrator signed the investigation as completed on 8/14/2024. The Director of Social Work notified the resident's representative of the grievance resolution on 11/7/2024 by electronic mail (approximately 3 months after the completion of the investigation).</p> <p>(continued on next page)</p> | | |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- on 9/23/2024 regarding various medical treatment complaints. The Administrator signed the investigation as completed on 9/30/2024. The Director of Social Work notified the resident's representative of the grievance resolution on 11/27/2024 by electronic mail (approximately 2 months after the completion of the investigation).</p> <p>- on 11/13/2024 regarding concerns related to incontinence care. The Assistant Director of Nursing signed the investigation as completed on 11/13/2024. The Director of Social Work notified the resident's representative of the grievance resolution on 11/26/2024 by electronic mail (approximately 2 weeks after the completion of the investigation).</p> <p>During an interview on 12/19/2024 at 1:37 PM, the Director of Social Work stated grievances were investigated by the appropriate department director. They met with the Administrator weekly and reviewed recent grievances. Residents and/or family members then received follow-up. Resident #127's representative received follow up of grievances via electronic mail and a hard copy was also sent to them via the United States Postal Service. The 8/7/2024, 9/23/2024, and 11/13/2024 grievances for Resident #127 were not followed up timely. The resident's representative was supposed to receive follow up of grievance resolution within 7 days. It was important grievances were followed up and the resident's representative received notification of resolution promptly to address LSC concerns immediately and prevent possible medical issues.</p> <p>During an interview on 12/20/2024 at 8:43 AM, Licensed Practical Nurse Assistant Unit Manager #22 stated Resident #127's representative filed frequent grievances. The grievances were usually initiated by the Administrator. They stated if needed they gathered documents for the investigation and provided education to staff. They completed their part of the investigation timely, usually within 48 to 72 hours and provided that information to Social Worker #23.</p> <p>During a telephone interview on 12/20/2024 at 10:24 AM, the Administrator stated grievances should be followed up immediately. The response should be given to the person filing the grievance within 7-10 days. Resident #127's grievances were filed by their representative and their concerns were addressed timely, but the responses were not provided timely. There was a hiccup in the process. They were working with the Director of Social Work on improving the timeliness of grievance resolution follow up.</p> <p>During a telephone interview on 12/20/2024 at 10:43 AM, Social Worker #23 stated once they received the appropriate grievance documents, they turned them into the Director of Social Work. Everything needed for the investigation was supposed to be given the Director of Social Work within 5-7 days. They usually received the information from Licensed Practical Nurse Assistant Unit Manager #22 in 2-3 days and gave it to the Director of Social Work the same day it was received. The Director of Social Work took care of grievances for Resident #127 directly because they received the electronic communication from them. The Director of Social Work was responsible for ensuring resolution communication was sent to the resident's representative and 2-3 months was not timely. The residents were the most important and grievances should be taken seriously.</p> <p>10NYCRR 415.13(C)(1)(ii)</p> | | |

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| <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>48895</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00351261, NY00351349, NY00362924, and NY00362952) surveys conducted 12/16/2024-12/20/2024, the facility did not ensure residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices for 1 of 2 residents (Resident #127) reviewed. Specifically, Resident #127 did not have their Scopolamine patch (used to treat nausea and vomiting and decrease respiratory secretions) monitored for placement as ordered.</p> <p>Findings include:</p> <p>The facility policy, Medication Administration, dated 12/2019, documented medications were administered as prescribed. Medications were administered in accordance with the orders and included any required time frame.</p> <p>The facility policy, Physician Orders, dated 2/2020 documented that unclear or incomplete written orders would be reviewed with the physician. Any order clarification should be documented.</p> <p>Resident #127 had diagnoses including dementia, and dysphagia (difficulty swallowing) following cerebral infarction (stroke). The 10/16/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition, was dependent for oral hygiene, and received nutrition via tube feeding (a tube that delivers nutrition directly into the stomach).</p> <p>The Comprehensive Care Plan initiated 7/19/2022 documented the resident had actual/ potential for aspiration (food or liquid accidentally enters the airway and lungs) related to dysphagia and tube feed. Interventions included signs and symptoms of aspiration such as coughing, and sputum (phlegm) production were monitored.</p> <p>The physician orders documented:</p> <ul style="list-style-type: none"> - On 2/21/2021 (original order date) Scopolamine patch 72-hour, apply 1.5 milligram transdermal one time a day every 3 days for secretions. On 11/8/2024 cleanse area well and dry. Apply no-sting skin-prep to area, let dry, and then apply. Place behind the ear, alternating each time and remove per schedule. - On 2/25/2023, 3/7/2023, 6/9/2023, 1/8/2024, and 4/10/2024 check placement of scopolamine patch every shift. - On 9/9/2024 suction resident every 4 hours and as needed for excessive secretions. <p>The December 2024 Medication Administration Record documented the Scopolamine patch was placed behind the resident's left ear on 12/14/2024 at 6:00 PM by Licensed Practical Nurse #31.</p> <p>The resident was observed at the following times without the Scopolamine patch in place:</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- On 12/16/2024 at 11:11 AM seated in their wheelchair in the hallway outside of their room, coughing. At 1:04 PM, Licensed Practical Nurse #33 took the resident into their room and said they were going to suction (remove saliva or mucous from the mouth) them. At 2:09 PM, the resident was seated in their wheelchair in the hallway coughing and they had moved a towel to their mouth with their right hand. At 2:11 PM, Licensed Practical Nurse #33 asked the resident if they wanted to be suctioned again and the resident gave a thumbs up notion and was taken into their room by the nurse.</p> <p>- On 12/17/2024 at 11:44 AM sleeping in their wheelchair in the hallway.</p> <p>The December 2024 Treatment Administration Record documented placement of the Scopolamine patch was checked:</p> <p>- On 12/14/2024 on the 11:00 PM shift by Licensed Practical Nurse #32.</p> <p>- On 12/15/2024 on the 7:00 AM and 3:00 PM shifts by Licensed Practical Nurse #33 and on the 11:00 PM shift by Licensed Practical Nurse #34.</p> <p>- On 12/16/2024 on the 7:00 AM shift by Licensed Practical Nurse #33. There was no documented evidence the placement of the patch was checked on the 3:00 PM shift. On the 11:00 PM shift the placement of the patch was checked by Licensed Practical Nurse #34.</p> <p>- On 12/17/2024 on the 7:00 AM and 3:00 PM shifts by Licensed Practical Nurse #33.</p> <p>There was no documented evidence in the December 2024 nursing progress notes that a provider was notified the patch was not in place.</p> <p>During an observation and interview of oral suctioning care on 12/17/2024 at 12:45 PM, Licensed Practical Nurse #33 stated the resident was coughing quite a bit today and had more oral secretions than normal. The resident had large amounts of thick clear oral secretions. The resident was suctioned again by the nurse at 12:58 PM. At 2:54 PM, the resident was seated in their wheelchair in the hallway drooling. At 3:02 PM the resident was coughing in the hallway in their wheelchair when Licensed Practical Nurse #33 asked them if they wanted to be suctioned again and then took the resident to their room.</p> <p>During a telephone interview on 12/19/2024 at 10:01 AM, Licensed Practical Nurse #33 stated they placed a new scopolamine patch behind the resident's left ear on 12/17/2024 as ordered. The resident's patches came off easily and they expected the Certified Nurse Aides to let them know if the patch had fallen off, but they did not always tell them. They had seen the patch in the resident's bed before. There was no documentation in place for monitoring the placement of the patch and there was no routine check by nursing. The patch helped the resident to manage secretions and if it was not in place, they could have increased secretions and maybe that was why the resident had extra phlegm earlier in the week. They could not recall if the patch had been on prior to the new patch being applied on 12/17/2024 but thought it was behind the right ear. They were not sure what they were supposed to do if the patch had fallen off.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 12/20/2024 at 8:38 AM, Licensed Practical Nurse Assistant Unit Manager #22 stated the resident had a Scopolamine patch that was applied every 3 days. The nurses checked the patch was in place every shift. If it was signed off on the Treatment Administration Record, it meant the patch was in place. The Certified Nurse Aides could let the nurse know if they noticed it was off, but it was the nurse's responsibility to assure placement was checked. If the patch was not in place, the nurse needed to call the provider and the order would need to be adjusted. Resident #127's patch was known to fall off and if it was not in place, the resident could have increased secretions. Nurses were expected to follow physician orders.</p> <p>During an interview on 12/20/2024 at 8:56 AM, Nurse Practitioner #19 stated orders were expected to be followed for the safety of the residents. When they put an order in, they expected it to be executed as written. Resident #127's Scopolamine patch was ordered and helped manage their oral secretions. The patch was ordered to be placed every 3 days and placement of the patch was checked every shift. The resident perspired and sometimes the patch got wet with care and fell off. If the patch was not in place, a Registered Nurse needed to evaluate the resident and they expected to be notified to provide a new order. The patch was time released, so it required a new order. They had seen the resident on 12/18/2024 after being notified by Licensed Practical Nurse Assistant Unit Manager #22 of increased coughing and increased secretions and if the patch was not in place, it could have contributed to this. Increased secretions was a recurrent issue for the resident as their pharyngeal (throat) muscles were very weak and therefore, they could not manage their oral secretions. They had not been notified the patch was not in place, but they should have been.</p> <p>10 NYCRR 415.12</p> <p>49448</p> | | |