

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER The Pines at Utica Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Butterfield Ave Utica, NY 13501	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00368679) surveys conducted 7/16/2025-7/22/2025, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for two (2) of five (5) residents (Residents #17 and 31) reviewed. Specifically, Resident #17 had brown debris behind long, untrimmed fingernails and Resident #31 had long, sharp fingernails and poor oral hygiene. Findings include:</p> <p>The facility policy Activities of Daily Living (ADL) Care and Support, issued 6/2023, documented staff provided assistance for residents who were unable to carry out care independently as documented on the person-centered care plan and included showering, toileting, dressing, and grooming.</p> <p>1) Resident #31 had diagnoses including cerebral infarction (stroke), aphasia (difficulty speaking), and hemiplegia (paralysis on one side). The 6/13/2025 Minimum Data Set assessment documented the resident had severely impaired cognition, did not reject care, and was dependent for most activities of daily living. The Comprehensive Care Plan initiated 3/18/2006 and revised 12/15/2020, documented the resident required assistance with self-care and mobility related to cerebral infarction and hemiplegia. interventions included oral care daily with total dependence of one.</p> <p>The resident's undated care instructions (Kardex) documented the resident received showers on Tuesday and Friday on the day shift, received tube feedings for nutritional needs, had nothing to eat or drink by mouth, received oral care daily, and was dependent on one for oral care. Resident #31 was observed on 7/16/2025 at 1:51 PM, 7/17/2025 at 11:43 AM, 7/18/2025 at 9:43 AM, and 7/21/2025 at 11:02 AM with long sharp fingernails on the right hand, the left hand was contracted, and the fingernails could not be observed. The resident had foul smelling breath, and a white film on their teeth.</p> <p>The certified nurse aide activities of daily living log documented the resident received oral care twice daily on the day and evening shift. Certified Nurse Aide #11 documented completion of oral care on both the day and evening shift on 7/18/2025.</p> <p>During an interview on 7/16/2025 at 1:51 PM, Resident #31's family member stated they visited often and observed the resident's mouth was dry, their breath smelled bad, and a white film was on their teeth. They stated the resident should get better oral hygiene.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/21/2025 at 2:39 PM, Certified Nurse Aide #11 stated they were responsible for bathing and grooming residents including nail care and oral care. They showered Resident #31 on 7/18/2025 and did not do nail or oral care. They believed nail care was only provided by licensed practical nurses for Resident #31 because their left hand was contracted, and they did not want to hurt the resident. They stated the resident often had bad breath, and they did not provide oral care for the resident because they thought the licensed practical nurse completed oral care because the resident received a tube feeding and they were worried the resident could choke.</p> <p>During an interview on 7/21/2025 at 10:53 AM, Certified Nurse Aide #12 stated their duties included assisting residents with showers and grooming. Resident #31 was on their assignment for the day, and all their care was provided. The resident did not refuse any care. Nail care should be completed on the resident's shower day or with daily care when needed. They were responsible for cleaning and clipping nails unless the resident was a diabetic, then the licensed practical nurse was responsible. They did not clip or clean Resident #31 nails because they did not notice they were long or had sharp edges.</p> <p>During an interview on 7/21/2025 at 11:02 AM, Dentist #14 stated it was important for all residents to have their teeth brushed to remove plaque and decrease the chance of dental caries and for overall health. Teeth should be brushed at least daily. They stated the resident had tarter build up, bad breath, and should have their teeth brushed.</p> <p>During an interview on 7/21/2025 at 1:08 PM, Licensed Practical Nurse #15 stated they expected nail care and oral care to be completed by certified nurse aides assigned to the resident. If a certified nurse aide was not able or did not feel comfortable completing nail or oral care, they should notify the licensed practical nurse who would complete the care. They stated Resident #31's nails were sharp and should be clipped, the resident had bad breath, and tarter build up on their teeth.</p> <p>During an interview on 7/21/2025 at 1:30 PM, Registered Nurse Unit Manager #16 stated hygiene care was completed by nursing staff which included certified nurse aides and licensed practical nurses. Residents were showered twice a week and hygiene care was completed daily. Nail care should be completed on their shower day but could be done whenever needed. Certified nurse aides completed nail care for all residents unless they were diabetic, then care was completed by the licensed practical nurse. Resident #31 drooled a lot and frequently had bad breath. It was important to provide nail and oral care for dignity and self-esteem.</p> <p>2) Resident #17 had diagnoses including renal abscesses (collection of pus), osteomyelitis (bone infection), and discitis (inflammation of spinal disc). The 5/12/2025 Minimum Data Set assessment documented the resident had intact cognition and required maximum assistance or was dependent for most activities of daily living.</p> <p>The 1/2/2025 Comprehensive Care Plan documented the resident had a deficit in self-care function. Interventions included maximum assistance of 2 for upper body dressing, showering, and set up for eating and personal hygiene.</p> <p>The resident's Kardex (care card) documented the resident's shower days were Wednesday and Saturday on the 6:00 AM to 2:00 PM shift and required set up for personal hygiene.</p> <p>The following observations were made of Resident #17:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on 7/16/2025 at 11:40 AM with long, yellowed fingernails on both hands. The right ring, middle finger and thumb had brownish debris under the nails. The resident stated they hated having long fingernails, but they could not get anyone to trim them.</p> <p>on 7/17/2025 at 11:51 AM with long fingernails and brown/black debris under all nails on both the right and left hands.</p> <p>on 7/18/2025 at 8:43 AM in bed with long fingernails and debris under their right pointer fingernail and the thumb, pointer, middle fingers of their left hand.</p> <p>on 7/21/2025 at 9:38 AM their pointer, middle and ring fingers on the right hand and middle and ring finger on their left hand had visible brown/black matter under the nails. The resident's fingernails were long and yellowed on both hands.</p> <p>During an interview on 7/22/2025 at 10:08 AM, Certified Nurse Aide #24 stated morning care for a resident included toileting, personal hygiene, dressing, and getting them up for breakfast or an activity. Nail care occurred on a resident's shower day or any day a resident's nails needed to be done. They did not perform nail care on Resident #17 during the days they were scheduled to care for the resident. They noticed Resident #17's nails were long when they provided care. They did not know why they did not do nail care.</p> <p>During an interview on 7/22/2025 at 10:34 AM Licensed Practical Nurse #13 stated the certified nurse aides were responsible for nail care. Nail care should be completed on shower days and as needed. A resident should not have long nails if they did not want them. Resident #17 did not refuse nail care. They saw Resident #17's nails that morning and their nails needed care.</p> <p>During an interview on 7/22/2025 at 11:30 AM, Licensed Practical Nurse Unit Manager #18 stated nail care should be done after showers and as needed but after showers was best. They were unaware of why Resident #17 did not have nail care completed. If a resident had long nails with debris under them, nail care should be completed.</p> <p>10 NYCRR 415.12(a)(3)</p>		