

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	

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** 47641</p> <p>Based on observations and interviews conducted during the Recertification Survey from [DATE] to [DATE], for 54 of 102 residents, the facility did not ensure residents' right to privacy related to their medical records in that advanced directives wishes were not kept confidential. Specifically, there was a list of advanced directives information (such as wishes for cardiopulmonary resuscitation (CPR) in the event of an acute cardiac or respiratory event) that included the names of 44 residents with their wishes posted in plain sight in the facility library, which all residents and visitors have access to. In addition, there was a large picture frame hanging in the front lobby of the facility with 17 resident's pictures and names in view of the public; nine residents were listed in an elopement group (at risk for unsafe wandering outside the building) and eight residents an explorer group. This is evidenced by the following:</p> <p>During observations on [DATE] at 1:43 PM, [DATE] at 8:37 AM, [DATE] at 12:49 PM, and [DATE] at 10:30 AM in the library on the residential [NAME] Unit, there was a document labeled cardiopulmonary resuscitation CPR List - Updated [DATE] which listed 44 residents by first and last names. On [DATE] at 8:37 AM, there were eight residents in the library for the breakfast meal.</p> <p>During an observation on [DATE] at 10:30 AM, hanging on the wall next to the receptionist in the facility lobby was a picture frame just above eye level approximately 10x13 inches with 17 resident photos and their first and last names, nine of which were listed in an elopement group and the other eight were listed in an explorer group.</p> <p>During an interview on [DATE] at 10:50 AM, Licensed Practical Nurse Manager #1 stated the facility had to abide by the Health Insurance Portability and Accountability Act (HIPPA privacy law) that includes resident information, such as their code status, should not be shared. At this time, two residents and three family members requested to use the library for a visit. Licensed Practical Nurse Manager #1 could not recall if any documents containing resident code status were posted in the facility 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: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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 interviews on [DATE] at 11:02 AM and 12:39 PM, the Administrator stated there was a full code list that social work created and maintained. The Administrator stated they thought it was kept in the front office and in the Medical Orders for Life-Sustaining Treatment (MOLST) books. The Administrator stated everything relating to residents, including their names, birth dates, medications, and code status, would fall under the Health Insurance Portability and Accountability Act and cannot be shared. The Administrator said they did not know that the cardiopulmonary resuscitation list (of resident's wishes) was hung in the library in view of the public, and stated it should not be. The Administrator stated they implemented the elopement and explorer groups because the facility was large and residents from other units walk throughout the facility. The explorer group was created to let staff know which residents like to walk throughout the facility but are not an elopement risk. The Administrator stated they did not realize the first and last names were listed, and stated it should not be in view of the public.</p> <p>415.3(e)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>47642</p> <p>Based on observations, interviews, and record reviews conducted during the Recertification Survey from 10/07/2024 to 10/11/2024, for one (Resident #35) of three residents reviewed for food and nutrition, the facility did not ensure services were provided to maintain acceptable parameters of nutritional status. Specifically, Resident #35 was not consistently monitored for significant weight loss, and the facility could not provide documented evidence of consistent meal monitoring or interventions despite a significant weight loss. The finding is:</p> <p>The undated facility policy Weights documented each resident will be carefully monitored on a regular basis (monthly or weekly), or as otherwise specified by the provider, so that appropriate timely interventions may be initiated. Interventions will be initiated as needed to track unplanned significant weight variances of 5% weight loss/gain in 30 days, 7.5% weight loss/gain in 90 days, or 10% weight loss/gain in 180 days. The Dietitian/Designee will be responsible for evaluation and transferring the weights recorded by the Certified Nursing Assistant, and must notify the Nurse Manager to verify any weight variance of 5 pounds or more by an immediate reweight.</p> <p>Resident #35 had diagnoses that included Alzheimer's disease, depression, and anxiety. The Minimum Data Set Resident Assessment, dated 07/21/2024, documented that the resident was severely impaired cognitively, and required supervision, verbal cues, or touching assistance as they complete activities.</p> <p>The current Comprehensive Care Plan, last updated 07/30/2024, documented that Resident #35 was at risk for altered nutrition status secondary to poor appetite, leaving greater than 25% of meals uneaten, with variable intake and a goal to maintain current body weight (+/-) 3%.</p> <p>The current Kardex (the care plan used by Certified Nursing Assistants to provide daily care) documented that Resident #35 required limited assistance of one staff to eat and should be in the dining room for all meals.</p> <p>Current Physician's orders as of 10/07/2024 included a regular house diet, thin liquids, and monthly weights.</p> <p>During observations on 10/09/2024 at 12:42 PM, Resident #35 was sitting in dining room with their lunch tray set up. The tray included cut up barbecue chicken, broccoli, mashed potatoes with gravy, a cup of diced pears, a 4-ounce carton of whole milk, lemonade, and coffee. The resident ate two to three bites of the main entree only. During an interview at this time, Licensed Practical Nurse Manager #2 stated they thought Resident #35 ate 25% of their meal.</p> <p>Review of Resident #35's electronic medical record revealed monthly weights as follows:</p> <ul style="list-style-type: none"> - 06/05/2024: 172 pounds - No weight documented for July 2024. - 08/08/2024: 168 pounds <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 09/02/2024: 144 pounds.</p> <p>A request was made for a re-weight on 09/05/2024, was completed on 09/13/2024 and revealed Resident #35 weighed 143 pounds (a 25-pound weight loss or 14.8% loss for approximately one month and a 29-pound weight loss or 16.8% loss for approximately three months).</p> <p>Review of Resident #35 meal intake record in the facility's electronic medical record for August 2024 revealed only 21 out of 90 meals were documented at all with 3 meals documented as refused and 10 meals documented as less than 50%.</p> <p>In a medical progress note, dated 09/19/2024, the Medical Director documented during a routine monthly visit that Resident #35 consumed 75-100% of meals, feeds themselves with tray set up, their appetite was satisfactory, and they had no significant weight change.</p> <p>During an interview on 10/09/2024 at 1:03 PM, the Dietary Technician stated they do the weight tracking for the facility and speak daily with Dietitian. They were aware Resident #35 had potential significant weight loss and needed a re-weight, but the resident had fallen off their radar and it was not done timely or followed up on.</p> <p>During an interview on 10/09/2024 at 1:35 PM, Licensed Practical Nurse Manager #2 stated Resident #35 could be stubborn and refuse to eat. It is their expectation that all meals consumed are appropriately documented for all residents. They were not aware that Resident #35 had a significant weight loss as the Resident just moved to this unit on 10/02/2024.</p> <p>During an interview on 10/09/2024 at 4:00 PM, the Registered Dietitian stated they are a consultant to the facility, coming three times a month, and speak regularly, if not daily, with the Dietary Technician. The Registered Dietitian said they were not aware of Resident #35's significant weight loss as the Dietary Technician is mostly responsible for trending weight loss or gain. The Registered Dietitian stated the resident has been receiving fortified oatmeal for breakfast and fortified mashed potatoes for lunch since 07/30/2024.</p> <p>There was no documented evidence that any other interventions or supplements were initiated following the resident's weight loss.</p> <p>During an interview on 10/11/2024 at 10:51 AM, Licensed Practical Nurse Manager #1 stated they were not aware of a significant weight loss for Resident #35, but were not surprised as the resident was requiring more cueing and assistance from nursing staff while eating.</p> <p>During an interview on 10/11/2024 at 11:07 AM, Nurse Practitioner #1 stated they discussed the weight loss at morning meeting and reached out to psychiatry who requested the re-weight. Nurse Practitioner #1 said after reading the Medical Director's note, they did not think the Medical Director was aware of the resident's weight loss.</p> <p>During an interview on 10/10/2024 at 3:18 PM, the Director of Nursing stated that significant weight loss was discussed at morning meetings, including for Resident #35, all meal consumption should be documented by nursing staff, and the provider should be made aware of any significant weight loss greater than 5% in a month.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no documented evidence of any follow-up following the residents re-weight on 09/13/2024. 10 NYCRR 415.12(i)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49368</p> <p>Sodus</p> <p>F760D</p> <p>Based on observations, interviews, and record reviews conducted during a Recertification Survey and complaint investigation (NY00338097) from 10/07/2024 to 10/11/2024, the facility did not ensure that two (Residents #43 and #66) of six residents reviewed were free of significant medication errors. Specifically, Resident #43 received several medications prescribed to treat Parkinson's disease and seizures one to three hours after scheduled times and a second medication to treat Parkinson's was administered too closely to the next dose. Resident #66 did not receive their insulin administration as ordered. This is evidenced by the following:</p> <p>The facility policy Administration of Medications, dated September 2020, included that medications will be administered to residents in a timely and accurate manner. Administer medications within one hour before or after prescribed time. Immediately chart medications administered in the proper time and date via initials by signature in designated space on the administration record. If resident refuses to take scheduled medication(s), nurse initials shall be documented with reason for refusal documented on Medication Administration Record. For special considerations for nurse, medication administration record can be flagged to identify residents unavailable to receive medications during the pass or to identify medications given at times other than the established time schedule.</p> <p>1. Resident #43 had diagnoses including Parkinson's disease, seizures, and dementia. The Minimum Data Set Resident Assessment, dated 09/05/2024, included the resident was moderately impaired cognitively.</p> <p>Review of the Comprehensive Care Plan, dated 08/30/2024, revealed Resident #43 had a seizure disorder and Parkinson's disease. Interventions included, but were not limited to, giving medications as ordered for both diagnoses.</p> <p>Review of active physician orders for Resident #43 included:</p> <p>a. Levetiracetam 500 milligram tablets, give one tablet two times a day for seizures, start date of 08/31/2024.</p> <p>b. Baclofen (muscle relaxant medication used to treat muscle spasms) 10 milligram tablets, give one tablet at bedtime for Parkinson's disease, give at 9:00 PM, start date of 09/18/2024.</p> <p>c. Baclofen 5 milligram tablet, give one tablet two times a day for spasms and pain, start date 09/18/2024.</p> <p>d. Ropinirole 2 milligram tablet, give one tablet two times a day for Parkinson's disease, start date 08/30/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. Carbidopa-levodopa 25-100 milligram tablet, give one tablet six times a day for Parkinson's disease, start date of 08/30/2024.</p> <p>Review of the September 2024 and October (10/01/204 to 10/09/2024) Medication Administration Records and the Medication Administration Audit Report revealed multiple medications were signed off as administered late, including the following:</p> <ul style="list-style-type: none"> - Levetiracetam was administered 1.5 to 2 hours after scheduled time on four occasions. - Baclofen was administered 1.5 to 2 hours after scheduled time on two occasions. - Ropinirole was administered 1.5 to 3 hours after scheduled time on thirteen occasions. - Carbidopa-levodopa scheduled every three hours was administered 30 minutes to 2.5 hours after scheduled time on seven occasions. Additionally, on two occasions the medication was given just one hour between doses (versus 3 hours as ordered), and on one occasion, there were only 26 minutes between doses (versus 3 hours as ordered). <p>During an interview on 10/07/2024 at 12:10 PM, Resident #43 stated they needed their Parkinson's and seizure medications at specific times, per their doctor and this was not occurring. Resident #43 stated the Parkinson's medication needed to be given every three hours and sometimes the nurses were late, and this throws off their schedule.</p> <p>During an interview on 10/11/2024 at 11:06 AM, Licensed Practical Nurse #1 stated that the policy on medication administration was one hour early or one hour late and if they could not administer a medication within the timeframe, they should let the provider know and document the reasoning. Licensed Practical Nurse #1 stated that seizure medications and Parkinson's disease medications should be given at their scheduled time because there is a balance and timing in which the resident should get the medications.</p> <p>During an interview on 10/11/2024 at 11:22 AM, Nurse Practitioner #1 stated that levetiracetam, baclofen, carbidopa-levodopa, and ropinirole were significant medications and if the medications were administered too closely together, toxicity could be an adverse effect, and if there was a delay in administering the medications, it may not be a therapeutic level. Nurse Practitioner #1 stated they were not aware that Resident #43's medications had not been given as scheduled (greater than one to three hours after scheduled time) or the carbidopa-levodopa had been administered too closely to the next dose, and they should have been made aware.</p> <p>During an interview on 10/11/2024 at 11:52 AM, the Director of Nursing stated they were not aware until the residents' records were requested that Resident #43 had received seizure and Parkinson's disease medication greater than one and one half hours to three hours after the scheduled times.</p> <p>2. Resident #66 had diagnoses including diabetes, diabetic retinopathy (a complication of diabetes that affects the eyes), and congestive heart failure. The Minimum Data Set Resident Assessment, dated 09/02/2024, included the resident was cognitively intact.</p> <p>Review of active physicians's orders for Resident #66 included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Insulin glargine (long-acting insulin) 100 unit per milliliter, inject 26 units subcutaneously at bedtime for diabetes, start date 05/16/2024.</p> <p>b. Insulin aspart (fast-acting insulin used to control high blood sugar) 100 unit per milliliter, inject per sliding scale, start date 07/29/2023.</p> <p>Review of the September 2024 and October 2024 Medication Administration Records revealed no documented evidence that the insulin had been administered at all (blank box on the medication administration record) as ordered on four occasions, administered late (over one hour past the scheduled time) on seven occasions, and administered approximately six hours late on one occasion.</p> <p>During an interview on 10/07/2024 at 12:13 PM, Resident #66 stated when they get their insulin late it makes their blood sugars too high and this makes them mad.</p> <p>During an interview on 10/10/2024 at 3:15 PM, Licensed Practical Nurse Manager #1 stated a blank box on the Medication Administration Record means not completed and Resident #66 should have received their insulin as ordered.</p> <p>During an interview on 10/11/2024 at approximately 11:31 AM, Nurse Practitioner #1 stated insulin was a significant medication and should be given as ordered.</p> <p>10 NYCRR 415.12(m)(2)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49368</p> <p>Based on observations, interview, and record review conducted during the Recertification Survey from 10/07/2024 to 10/11/2024, for one of one main kitchen and one (Cortland/[NAME]) of two satellite serveries, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Specifically: there were dirty food and non-food contact surfaces, perishable food items were kept longer than 3-days per facility policies, and a sanitizer cleaning bucket with solution and a cleaning rag was dirty and not replaced between meals. The findings are:</p> <p>Record review of the undated facility policy Food and Supply Storage included: All perishable items will be disposed of 3 days after opening or on expiration date whichever is earlier.</p> <p>Observations during the initial tour of the main kitchen on 10/07/2024 from 7:45 AM to 8:35 AM included the following:</p> <ol style="list-style-type: none"> 1. The following covered and labeled perishable food items were located in the walk-in cooler as follows: seafood salad dated 10/3, bologna dated 10/2, a large stainless steel pan with 11 pieces of sliced pork dated 9/29, a pan of approximately 15 cooked chicken thighs dated 10/3, hot dogs dated 10/2, a large stainless pan of cooked roast beef dated 10/1, beets dated 10/2, bacon dated 10/1, two containers of gravy dated 10/1, beef stock dated 10/1, and sliced turkey dated 10/3. 2. There was approximately one cup of frozen mixed vegetables spilled on the floor of the walk-in freezer. 3. The sides of the tilt skillet were heavily soiled with black and white food debris stuck on. There was dried food debris on the handles, knobs, and sides of the range/stove. 4. The robot coupe mixer machine was heavily soiled with yellow dried-on food debris and a white powder-like substance. 5. A drawer in the stainless table contained measuring cups, spoons, and other utensils was heavily soiled with dried-on brown debris and crumbs. 6. The Manitowoc brand ice machine had dried-on food debris on the outer surfaces. <p>During an interview on 10/07/2024 at 10:27 AM, the Food Service Director stated prepared foods generally are held for 5 days, and seafood for 3 days.</p> <p>Observations on 10/07/2024 at 9:56 AM included the dispenser on the ice machine in the [NAME] Unit nourishment room was dirty and had white and brown residue on the inner surfaces of the dispenser.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sodus Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6884 Maple Ave Sodus, NY 14551	
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>Observations and interviews on 10/09/2024 at 11:55 AM included the sanitizer bucket in the Cortland dining room beneath the steam table was full of gray, dirty liquid and a soiled rag. During an interview at this time, Food Service Worker #1 stated the bucket was for wiping things down and was filled up first thing this morning for the breakfast meal. Food Service Worker #1 stated they change the sanitizer after lunch. The surveyor then asked the Food Service Director to have the sanitizer changed because it was visibly dirty. The Food Service Director stated food service workers in the dining rooms do not have sanitizer test strips and only have them available in the kitchen.</p> <p>Observations on 10/09/2024 at 1:05 PM included the grease traps in the main kitchen hood above the range and tilt-skillet were brown and heavily coated with grease and dust. Additionally, the left side of the grease traps had a section that was damaged and broken. Record review of a hood cleaning report, dated 06/07/2024, included that the hood and ductwork was cleaned, but did not specifically include the grease traps.</p> <p>10NYCRR: 415.14(h),</p> <p>10NYCRR: Subpart 14-1.110, 14-1.117, 14-1.175</p>		