STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335386	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Rehabilitation and Nursing at Mohawk	99 Sixth Avenue Ilion, NY 13357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record review, and interviews during the recertification and abbreviated (NY00340946 and NY00374215) surveys conducted 6/23/2025-6/30/2025, 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 five (5) of eight (8) residents (Residents #7, #23, #55, #57, and #75) reviewed. Specifically, Residents #23 was not provided with shaving and showers as planned; Resident #75 did not receive assistance at meals as planned; Residents #57 and #7 had unclean fingernails; and Resident #55 was not offered a lunch meal. Findings include: The facility policy Assistance with Meals, last reviewed 1/2025, documented residents would receive assistance with meals in a manner that met the individual needs of the resident. Facility staff would serve residents meal trays and help residents who required assistance with eating. The facility policy Shower/Tub Bath, last reviewed 1/2025 documented the date and time the shower was performed, the name and title of the individual who assisted the resident would be recorded on the resident's activities of daily living record. If the resident refused the shower the reason why and interventions taken would be recorded. The facility policy Care of Fingernails/Toenails, reviewed 1/2025 documented nail care included daily cleaning and regular trimming. 1) Resident #23 had diagnoses including fracture of the left hand and wrist. The 6/4/2025 Minimum Data Set assessment documented the resident was cognitively intact, required substantial/maximal assistance for showering/bathing, supervision or touching assistance with personal hygiene, and did not reject care. The Comprehensive Care Plan initiated 2/26/2025 documented the resident was at risk for functional decline in mobility and self-care related to a fractured left wrist. Interventions included substantial/maximal assistance with showering/bathing, and partial/moderate assistance with personal hygiene. The Unit 2 shower schedule documented Resident #23 was to receive a shower on Tuesdays during the day shift. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335386	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Rehabilitation and Nursing at Mohawk	99 Sixth Avenue Ilion, NY 13357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 6/23/2025 at 1:11 PM, Resident #23 was lying in their bed with thick, long white hair covering their chin. The resident stated they would like to have their facial hair trimmed or shaved. Staff did not often help them, they did not receive weekly showers, and they were unsure when they last received a shower. The June 2025 activities of daily living record documented: - the resident did not receive a shower on Tuesday during the day shift on 6/3/2025, 6/10/2025, and 6/17/2025. - the resident received supervision or touching assistance with personal hygiene during the day shift on 6/11/2025 by Certified Nurse Aide #44, 6/16/2025 by Certified Nurse Aide #45, and 6/26/2025 by Certified Nurse Aide #46. There was no provision of care documented 6/1/2025-6/10/2025, 6/12/2025-6/15/2025, and 6/18/2025-6/25/2025. During an interview on 6/27/2025 at 11:58 AM, Certified Nurse Aide #15 stated certified nurse aides were responsible for completing personal hygiene care in the morning and at night. Personal hygiene consisted of oral care, dressing, hair care, shaving, and a bed bath since showers were usually completed weekly. At the end of the day, they documented in the computer all care that was provided throughout their shift and if a resident refused any care, they documented the refusal. If the care documentation was left blank it could mean it was not completed. They cared for Resident #23 on 6/24/2025 during the day shift. They noticed how long and thick the resident's facial hair was and the resident told them they had not been shaved or received a shower in a while. During an interview on 6/27/2025 at 11:50 AM, Registered Nurse Unit Manager #5 stated showers were completed weekly on the resident's shower day and personal hygiene was completed by certified nurse aide's multiple times throughout the day. When staff signed off that personal hygiene was completed it meant they provided oral care, shaving, dressing, grooming, and they washed the resident. If a resident refused any care during the shift the certified nurse aide should document the refusal and let the nurse know so they could follow up with the resident. If care documentation was left blank there was no way to prove it was completed. They were not made aware of Resident #23 not receiving showers, refusing any care, and they did not notice their long facial hair. It was important for all residents to receive showers and personal hygiene care to maintain their dignity. During an interview on 6/27/2025 at 1:19 PM, Licensed Practical Nurse #22 stated certified nurse aides provided personal hygiene care multiple times throughout the day, but it was always done in the morning and at night. Showers were done weekly, and the certified nurse aides were expected to complete resident showers on their scheduled shower day. If a resident refused a shower or personal hygiene care they should be notified so they could approach the resident. The certified nurse aides were expected to document all refusals if care was not completed. They were not made aware of Resident #23 refusing personal care or showers. It was important for Resident #23 to receive their scheduled showers for infection control reasons and to be shaved for their dignity. 2) Resident #57 had diagnoses including congestive heart failure, anxiety, and depression. The 4/11/2025 Minimum Data Set assessment documented the resident had intact cognition, did not reject care, and required supervision/ touching assistance with personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335386	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Rehabilitation and Nursing at Mohawk	99 Sixth Avenue Ilion, NY 13357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Comprehensive Care Plan initiated 10/2/2023 documented the resident required assistance with self-care related to limited mobility. Interventions included supervision/ touching assistance with personal hygiene. The current care instructions documented the resident required supervision/ touching assistance with personal hygiene and with bathing. The resident was to receive a shower/ bath on Mondays during the 2:00 PM-10:00 PM shift. The June 2025 activities of daily living log documented the resident received supervision or touching assistance with personal hygiene during the day shift: - on 6/23/2025 at 1:59 PM, by Certified Nurse Aide #41. - on 6/24/2025 at 10:47 AM, by Certified Nurse Aide #42. - on 6/25/2025 at 1:59 PM, by Certified Nurse Aide #43. - on 6/26/2025 at 11:14 AM, by Certified Nurse Aide #33. Resident #57 was observed with a dark substance under their fingernails: - on 6/23/2025 at 10:39 AM. - on 6/24/2025 at 2:10 PM. - on 6/25/2025 9:27 AM, 11:53 AM, and at 12:58 PM while eating a hot dog. - on 6/26/25 at 11:00 AM, and 12:37 PM in the main dining room eating a hamburger. During an interview on 6/26/2025 at 1:04 PM, Certified Nurse Aide #33 stated each resident had care instructions detailing the level of assistance they required. They were supposed to look at the resident's nails each day to ensure they were clean and not sharp. If the resident's nails were unclean, they should clean them and cut and file them if needed. They were assigned to Resident #57 at 11 AM today after the unit assignments were reassigned. They did not observe the resident's nails and did not provide any hand hygiene to the resident as they weren't assigned to the at the start of their shift. They were supposed to complete hand hygiene and look at the resident's nails to ensure they were clean and not sharp daily. It was important for the resident's nails to be clean for hygiene purposes. During an interview on 6/27/2025 at 1:03 PM, Registered Nurse Unit Manager #7 stated nail care should be completed weekly on shower days and as needed. It was important for the residents to have clean nails as it was an infection control, safety, and a dignity issue. 3) Resident #75 had diagnoses including dementia and failure to thrive (overall decline in health). The 6/9/2025 Minimum Data Set assessment documented the resident had severely impaired cognition and required maximum assistance with eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335386	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Rehabilitation and Nursing at Mohawk	99 Sixth Avenue Ilion, NY 13357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 2/25/2025 Comprehensive Care Plan documented the resident was at risk for functional decline in self-care and had potential nutritional problems related to progression of dementia. Interventions included full assistance at meals; out of bed for meals; ensure upright position during intake; aspiration precautions, encourage modification of bolus size; and alternate between solids and liquids during meals. Resident #75 was observed at the following times: - on 6/23/2025 at 12:46 PM at the dining room table. The resident had a meal tray placed in front of them but could not access the tray due to positioning at the table. The resident received no assistance with eating. - on 6/24/2025 at 12:42 PM seated at the table approximately 5 feet from their plate. The resident attempted to reach their food but was not able to reposition themselves effectively. The resident dragged their plate to the edge of the table using their finger to catch the lip of the adapted plate. The resident began eating their meal with the plate in their lap and used their fingers as a scoop. The resident attempted to reach their three drinks near the middle of the table but was unable. There were no staff assisting residents at the table during the meal. Certified Nurse Aide #27 removed the resident from the table without asking if they were done. Three full drinks were left untouched. During an interview and observation on 6/30/2025 at 12:20 PM License Practical Nurse #16 stated they were not aware of any specific instructions regarding mealtime assistance for the resident. The resident was poorly positioned and eating their mashed potatoes with a butterknife. License Practical Nurse stated that was unacceptable and the resident was not assigned to the table for the residents who required help. License Practical Nurse stated the resident did not usually require any queuing despite their cognitive impairment. During an interview and observation 6/30/2025 at 12:40 PM Registered Nurse # 5 stated staff should follow the resident's care plan which documented they required full assistance with meals. During an interview on 6/30/2025 at 1:04 PM Certified Nurse Aide #27 stated the resident usually fed themselves and they often ate with their plate in their hand. They stated all they needed was a spoon and they could feed themself. They would have helped them if they noticed they needed assistance. They stated they did not refer to the care plan as a guide as they just knew the resident. 10NYCRR 415.12(a)(3)