

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Crown Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Kellogg Road Cortland, NY 13045	

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 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>Based record review and interview during the abbreviated survey (iQIES #2707916) the facility did not ensure residents received treatment and care in accordance with professional standards of practice for one (1) of three (3) residents (Resident #1) reviewed. Specifically, Resident #1 was observed to have a new onsite pressure ulcer of their sacrum (large triangular bone at the base of the spine). There was no documented assessment by a qualified professional, and no documented notification of a medical provider for treatment when it was identified, or during the following day shift. Findings include: The facility policy Notification of Change in Status, revised 05/2025 documented:-The Nurse Managers/Charge Nurse/Nursing Supervisor would be responsible for assessing a resident's condition for significant changes or with any accident/incident.-Any change in condition or accident/incident would be reported to the physician.-Change in condition or accident/incidents would be placed on the 24-hour report with the notification information and any related physician orders. The facility policy Pressure Injuries, revised 11/2025 documented:-A pressure ulcer risk assessment would be done on admission for existing pressure injury and/or risk factors. Repeat the risk assessment quarterly, annually, and upon any changes in condition. Use the Braden Risk Assessment tool to document and assess risk factors.-A skin assessment would be daily when performing or assisting with personal care or activities of daily living. Staff were to evaluate, report and document potential changes in skin. Resident #1 had diagnoses including diabetes mellitus type 2 with unspecified complications, cellulitis (skin infection) of left great toe, and stage 3 pressure ulcer (a wound that extends to the subcutaneous fat tissue) of the sacrum. The 11/03/2025 Minimum Data Set assessment documented the resident's cognition was severely impaired, they were partial to moderate assist for rolling left to right in bed and bed/chair-to-bed transfers, used a wheelchair and they could propel short distances, were not at-risk for pressure ulcers, had no unhealed pressure ulcers, no venous ulcers, and had pressure-reducing devices for their bed and chair. A 10/28/2025 Braden Skin Assessment (a tool to determine pressure ulcer risk) documented the resident had no skin impairment. A 10/29/2025 admission Assessment by Registered Nurse Unit Manager #4 documented the resident's skin was intact and they were at risk for pressure ulcers. The Comprehensive Care Plan, with a start date of 10/28/2025, documented: Interventions for activities of daily living/mobility were weekly skin checks with bathing, wheelchair with leg rests, gel/foam seat cushion and toe offloading shoe on left foot. Interventions for risk for impairment of skin integrity due to diabetes were incontinence management for relief of moisture and fecal contamination, toileting schedule as indicated, weekly skin checks, skin care every shift and as needed, keep skin clean and dry, encourage adequate nutrition intake, and monitor intakes and outputs. Certified Nurse Aide Instructions as of 12/27/2025 documented the resident was supervision or touching assist for rolling left to right in bed and sit to lying, and partial to moderate assist of one person for transfers. They used a wheelchair and had a toe offloading shoe for their left foot. They had a pressure-reducing device for their wheelchair. Physician's Orders from 12/01/2025</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 335392	If continuation sheet Page 1 of 4

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