

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER The Pearl Nursing Center of Rochester		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 Portland Ave Rochester, NY 14621	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33059</p> <p>Based on observations, interviews, and record review conducted during an Abbreviated Survey (NY00360750), the facility did not ensure there was a system, supported by policies and procedures, to ensure there was an adequate number of staff in the facility at all times who were properly trained and/or certified in cardiopulmonary resuscitation (CPR - life saving measures performed when the heart and or lungs cease functioning). Specifically, the facility did not maintain an updated list of staff currently certified and/or trained in Cardiopulmonary Resuscitation and did not maintain evidence of nursing staff education and training related to the facility's policy for Cardiopulmonary Resuscitation. This was evidenced by the following:</p> <p>The facility policy Emergency Procedure-Cardiopulmonary Resuscitation, revised February 2018, included to obtain and maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation for clinical staff members who will direct resuscitation efforts, including non-licensed staff. To provide periodic mock codes (stimulation of an actual cardiac/pulmonary arrest) for training purposes and select and identify a Cardiopulmonary Resuscitation team for each shift in case of an actual cardiac arrest.</p> <p>Resident #2 had diagnoses that included failure to thrive, dementia, and Parkinson's disease. The Minimum Data Set Resident Assessment, dated [DATE], documented the resident had severe impairment of cognitive function.</p> <p>Review of the facility investigation for an incident occurring on [DATE] included the Licensed Practical Nurse Supervisor had documented they were notified at 7:20 AM on [DATE] that Resident #2 was not breathing. On arrival to the resident;s room, the Licensed Practical Nurse Supervisor initiated cardiopulmonary resuscitation and 911 was called.</p> <p>During record review on [DATE], the facility was unable to provide a list of all nursing staff in the facility and their current cardiopulmonary certifications on file.</p> <p>During an interview on [DATE] at 11:18 AM, Licensed Practical Nurse #2 stated they had lost their cardiopulmonary card.</p> <p>During an interview on [DATE] at approximately 11:00 AM, the Registered Nurse Manager stated they were cardiopulmonary resuscitation certified and were unaware of how many staff who were certified in cardiopulmonary resuscitation were required in the facility at any one time.</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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 2:55 PM, the Corporate Infection Control Registered Nurse stated they could not provide any documentation of education for staff regarding emergency preparedness/cardiopulmonary resuscitation. They also stated they were working on a list of current cardiopulmonary resuscitation certified staff, but could only provide documentation to verify two nurses (including Licensed Practical Nurse Supervisor and one other nurse) working in the facility on [DATE] when the incident occurred who were currently certified in cardiopulmonary resuscitation.</p> <p>10 NYCRR 415.11 (c)(3)(i)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33059</p> <p>Based on interviews and record review conducted during an Abbreviated Survey (NY00360750), the facility was not administered in a manner that enabled it to use its resources efficiently and effectively. Specifically, the facility did not have a system in place to monitor and maintain a list of facility staff who were currently certified in cardiopulmonary resuscitation (CPR [life saving measures performed when the heart and or lungs cease functioning]). This is evidenced by the following:</p> <p>The facility policy Emergency Procedure-Cardiopulmonary Resuscitation, revised February 2018, included to obtain and maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation for clinical staff members who would direct resuscitation efforts, including non-licensed staff. Provide periodic mock codes (stimulation of an actual cardiac arrest) for training purposes and select and identify a cardiopulmonary resuscitation team for each shift in case of an actual cardiac arrest.</p> <p>Review of the Facility Assessment, dated [DATE], included staff training and competencies including advanced directives and emergency preparedness.</p> <p>The Facility Census Report, dated [DATE], revealed the resident census on [DATE] was 100 residents.</p> <p>Review of the Order Listing Report (a report of all residents and their advanced directive wishes), dated [DATE], revealed 51 residents were identified as full codes (wished to receive cardiopulmonary resuscitation in the event of acute cardiac or pulmonary arrest).</p> <p>During an interview on [DATE] at approximately 11:00 AM, the Registered Nurse Manager stated they had been at the facility for two weeks and had not received any training on emergency preparedness. The Registered Nurse Manager also stated they were cardiopulmonary resuscitation certified and were unaware of how many staff certified in cardiopulmonary resuscitation were required to be in the facility for each shift.</p> <p>During an interview on [DATE] at 2:55 PM, the Corporate Infection Control Registered Nurse stated they could not provide documentation of any education provided to staff for emergency preparedness (including cardiac or pulmonary arrest). They also stated they were working on a list of current staff who were certified in cardiopulmonary resuscitation, but could only provide documentation to verify that two nurses (the two nurses who were working in the facility on [DATE] when a cardiac arrest incident occurred) were currently certified in cardiopulmonary resuscitation. The Corporate Infection Control Registered Nurse stated all of the organization's facilities were supposed to have uploaded copies of staff's cardiopulmonary resuscitation cards into the system utilized by the corporation, but this facility was on their third facility educator/trainer in the past year.</p> <p>10 NYCRR 415.26</p>		