

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER The Pines at Poughkeepsie Ctr for Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Franklin Street Poughkeepsie, NY 12601	

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>Ensure that residents are free from significant medication errors.</p> <p>47626</p> <p>Based on record review and interview, during an abbreviated survey (NY00295899) on 3/11/2024 and 3/13/2024. The facility did not ensure that residents were free of significant medication errors, this was evident for 1 of 3 resident (Resident #1) reviewed for medication administration. Specifically, Resident #1 was not administered an intravenous antibiotic medication as prescribed on 3 occasions.</p> <p>Findings include:</p> <p>The facility policy and procedure titled Medication Pass Policy, dated 10/2018, documented medications were to be administered safely and timely per physician orders.</p> <p>Resident #1 was admitted to the facility with diagnoses including Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, and Atrial Fibrillation.</p> <p>The Minimum Data Set (MDS, an assessment tool) dated 5/1/2022 documented Resident #1's cognition was intact.</p> <p>A physician admission order, dated 4/29/2022, documented to administer Ceftriaxone (antibiotic) 2 grams intravenous (IV) once a day via a peripherally inserted central catheter (PICC) line until 5/14/2022.</p> <p>Review of the April and May 2022 Medication Administration Records revealed no documented evidence the Ceftriaxone was administered on 4/30/2022, 5/1/2022 and 5/3/2022.</p> <p>A physician orders dated 5/5/2022 documented to continue Ceftriaxone for 2 additional days with a new stop date of 5/16/2022.</p> <p>A nurse progress note dated 5/5/2022 at 12:56 PM, documented the antibiotic therapy would continue for 2 additional days and the family was notified.</p> <p>During an interview on 3/11/2024 at 2:30PM, the Director of Nursing stated the medication was ordered on 4/29/2022 with the first dose due on 4/30/2022. They stated intravenous medication had to be administered by a Registered Nurse. The Registered Nurse Manger or Registered Nurse Supervisor would have administered the medication and may have forgotten to sign for it.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/11/2024 at 3:00PM Staff #1 (Registered Nurse Manager) stated they notified the medical provider when they noticed the resident's medication administration record had omissions on 4/30/2022, 5/1/2022 and 5/3/2022 for the intravenous antibiotic. They stated they were unsure if the resident received the medication, and the medical provider extended the dosage for 2 additional days.</p> <p>When interviewed on 3/12/2024 at 12:22 PM, Staff #2 (Registered Nurse Supervisor) stated when a resident had a peripherally inserted central catheter (PICC line) they were responsible for administering the antibiotic through the line. They stated it was possible that they gave the medication on 5/1/2022 and did not sign for it.</p> <p>When interviewed on 3/12/2024 at 2:00PM, the Medical Director stated they reviewed the Medication Administration Record for April and May 2022 and saw antibiotic intravenous medication was not documented as given on 4/30/2022, 5/1/2022 and 5/3/2022.</p> <p>When interviewed on 3/13/2024 at 10:00 AM, the Administrator stated they were unaware of the medication omissions. A Medication Incident Report should have been started and we could have investigated.</p> <p>10NYCRR 415.12(m)(2)</p>		