

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Achieve Rehab and Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  170 Lake Street Liberty, NY 12754	

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 on record review and interview during an abbreviated survey (NY00333655), the facility did not ensure resident received treatment and care consistent with professional standards of practice for 1 of 3 residents (Resident #1) reviewed for skin conditions. Specifically, Resident #1 left leg wound care notes from 3/10/2023 to 4/14/2023 revealed the resident's right heel plantar aspect wound increased in size, and the left heel plantar aspect wound was 95% necrotic (dead tissue). Review of the Treatment Administration Record documented omissions from 3/2/2023 to 4/22/2023. Consequently, the resident was transferred to the hospital on 4/26/2023 for evaluation worsened of left heel, macerated and bleeding and right heel maceration.</p> <p>Findings included:</p> <p>Review of the facility policy and procedure titled Wound Care Team, Assessment and Documentation revised 3/2019, documented all new wounds are to be reported as they are identified to the wound care nurse. In addition, the wound care nurse will round weekly with a physician or nurse practitioner.</p> <p>Review of the facility policy and procedure titled Requesting, Refusing and/or Discontinuing Care or Treatment revised 2/2021, documented the healthcare practitioner should be notified of refusal of treatments. In addition, documenting the date and time the care or treatment was attempted and when the practitioner was notified and the response.</p> <p>Resident # 1 was admitted to the facility with diagnoses including but not limited to Morbid Obesity, Diabetes Mellitus, Peripheral Vascular Disease, Traumatic Amputation of left leg, and Depression.</p> <p>The Quarterly Minimum Data Set (MDS) an assessment tool dated 3/31/2023 documented the resident had a Brief Interview for Mental Status score of 15 indicating intact cognition. Resident #1 required assistance of 1 to 2 persons for their activities of daily living. Resident #1 had a Diabetic foot ulcer, which required wound dressings/care to their feet.</p> <p>The Venous stasis ulcer care plan revised 3/4/2024 included interventions to document location of wound, amount of drainage and wound measurements keep heels off the bed. Monitor right lower extremity every shift for pain, discoloration, and breakdown. Report findings to Nurse Practitioner/Medical Doctor.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 2/22/2023 physician order discontinued/changed on 3/8/2023 documented Santyl ointment to be applied to the right and left heel topical every day shift for wound healing. Cleanse with normal saline, pat dry, then apply Santyl followed by Mupirocin ointment to wound base, with Calcium Alginate and cover with border foam daily. The Treatment Administration Record from 03/01/2023 to 03/08/2023 revealed no documented evidence that treatment was completed 4 of 8 days.</p> <p>A 2/6/2023 physician order discontinued/changed 4/14/2023 documented to apply bacitracin ointment followed by xeroform to left lower leg blood blister and apply abdominal pad and wrap with Kling daily. The March 2023 Treatment Administration Record revealed no documented evidence the treatment was completed 11 of 31 days. The April Treatment Administration Record revealed no documented evidence that treatment was completed for 4 of 14 days.</p> <p>The 2/27/2023 to 3/27/2023 physician order documented to apply ACE wrap from toes to below knees AM shift. Then elevate bilateral lower extremities as tolerated. Every shift for lower extremities edema. The March 2023 treatment administration record revealed no documented evidence that treatment was completed for 12 out of 27 days.</p> <p>The 3/8/2023 to 4/26/2023 physician orders to apply Dakin's 0.25 % solution to left and right foot topically every dayshift for diabetic ulceration. Cleanse the bottom of left and right foot with Dakin's solution. The March 2023 treatment administration record revealed no documented evidence that treatment was not completed for 10 out of 20 days.</p> <p>The 3/24/2023 to 4/26/2023 physician order for left ankle (full circumference), documented to cleanse with 0.25 % Dakin's solution followed by normal saline solution. Then apply bacitracin ointment, covered with ABD pad, and wrap with Kling everyday shift for skin ulceration related to edema. The April Treatment Administration Record revealed no documented evidence that the treatment was completed 9 out of 26 days.</p> <p>The wound care nurse practitioner assessment on 3/17/2023 documented the left lower leg wound measured 5.0 x 10.0 centimeters (length x width). The wound bed pale pink epithelial tissue. The treatment was to cleanse with normal saline, apply bacitracin ointment followed by layer of xeroform gauze daily and as needed. Then cover with abdominal pad and Kling wrap dressing, apply Juxtalite for edema management.</p> <p>The wound care nurse practitioner assessment on 3/24/2023 documented the left lower leg wound measured 8.0 x 30.0 centimeters. The wound bed pale pink epithelial tissue. Treatment to cleanse with hibiclens and normal saline, apply bacitracin ointment followed by xeroform gauze daily and as needed, then cover with ABD and kling wrap dressing. Apply Juxtalite for edema management.</p> <p>The wound care nurse practitioner assessment on 3/31/2023 documented the left lower leg wound measured 8.5 x 43.0 centimeters. The wound bed pale pink epithelial tissue. Treatment was the same as 3/24/23.</p> <p>The wound care nurse practitioner assessment on 4/14/2023 documented the left lower leg wound measured 12.0 centimeters x 44.0 centimeters. Wound bed pale pink epithelial tissue. Treatment remained the same as 3/31/2023.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no consistent documented evidence of the refusal of wound treatments by Resident #1, and there was no documented notification to Nurse Practitioner or physician of any wound treatment refusal.</p> <p>During an interview on 12/26/2024 at 4:18 PM, Licensed Practical Nurse #1 stated they could recall the resident was getting Unna boot dressings to bilateral legs. They observed the wound was soft and boggy to the touch and the wound was getting worse, they could not recall the exact date of the observation, but they recall that they reported the observation.</p> <p>During an interview on 12/26/2024 at 1:10 PM, the Former Director of Nursing, stated they were aware that Resident #1 had wounds to their lower extremities. The resident was a non-compliant Diabetic, ordered food out, and refused insulin weekly. The resident had their leg amputated and they were non-compliant with wound care. The staff should have documented the wound care as not done and notify the resident's primary care physician.</p> <p>During an interview on 12/26/2024 at 12:55 PM, Nurse Practitioner # 1 stated, they started to care for Resident #1 in July of 2023. They only knew the resident after they had surgery to their left leg. Stated they had the discussion with the resident in the past pertaining to physical therapy. Nurse Practitioner # 1 stated Resident # 1 always had an excuse and was not compliant with their cares.</p> <p>During an interview on 12/26/2024 at 2:18 PM, the Registered Nurse Supervisor/Unit 2 [NAME] Manager stated the undocumented blank areas on the Treatment Administration Record meant the wound care treatments were not done. They stated that if the treatments were not done, they should have been endorsed to the next shift and the Nursing Supervisor should have been notified. They stated there should not have been any undocumented blank areas on the Treatment Administration Record.</p> <p>During an interview on 12/ 26/2024 at 2:27 PM, the Assistant Director of Rehab stated they were involved 100 percent in the process of getting the shrinker for the resident's left leg (stump). The Assistant Director of Rehab stated the resident was very non-compliant with the rehab process, plan of care and nursing and the resident was not consistent with wearing their shrinker.</p> <p>During an interview on 12/27/2024 at 10:09 AM, with the Wound Care Nurse Practitioner #2 stated the nurses would say the resident has been non-compliant with their wound care dressings. The Wound Care Nurse Practitioner #2 stated the wound on the resident's left heel could have been contributed from the resident propelling themselves in the wheelchair and dragging their feet on the floor. The Wound Care Nurse Practitioner #2 stated the nurses need re-education in documenting the treatments as done or were refused by the resident. The Wound Care Nurse Practitioner #2 stated there was a failure of the nurses in the communication of the wound treatments were never done.</p> <p>During an interview on 12/27/2024 at 11:02 AM, the former Wound Care Nurse Practitioner stated the resident was non-compliant with their wound care. The former Wound Care Nurse Practitioner stated the nurses were trying their best to do the wound treatments. The former Wound Care Nurse Practitioner stated the facility should have been informed of that wound treatments were not done.</p> <p>10 NYCRR 415.12</p>		