

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Pawling		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Reservoir Road Pawling, NY 12564	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44266</p> <p>Based on record review and interviews conducted during an abbreviated survey (NY00326926), the facility did not ensure a resident received treatment and care in accordance with professional standards of practice. This was evident for 1 of 3 Residents (Resident #1) reviewed for quality of care. Specifically, the facility did not ensure a endocrinology consult recommendation on 10/17/2023, to start an oral anti diabetic medication (Glipizide) was completed. Resident #1 was discharged on [DATE]. The recommendation from the nephrologist was not carried out at the time of discharge.</p> <p>Findings included:</p> <p>Review of facility undated policy, titled, Medication and Treatment Orders last reviewed 01/2024 documented, Orders for medications and treatments will be consistent with principles of safe and effective order writing.</p> <p>Resident # 1 was admitted with diagnoses including Cerebral Infraction affecting left non-dominant side, Type 2 Diabetes and Chronic Kidney Disease.</p> <p>The Quaterly Minimum Data Set (MDS) dated 2 documented a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident was cognitively intact (00-7 severe impairment, 08-12 moderate impairment and 13-15 cognitively intact).</p> <p>Review of a endocrinology Consult note dated 10/17/23 documented Resident #1 feels okay and is not on standing oral diabetes medications. Resident concerned with always getting insulin shots. Recommendation to start Glipizide (an oral anti diabetic agent) ER 2.5 MG daily with breakfast.</p> <p>There was no documented evidence that the physician(endocrinologist) recommendation to start Glipizide ER 2.5 mg daily with breakfast was carried out.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Pawling		STREET ADDRESS, CITY, STATE, ZIP CODE 9 Reservoir Road Pawling, NY 12564	

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>During interview on 11/22/24 at 1:45 PM, the Director of Nursing stated when a resident comes back from an appointment the consult sheet is given to the Unit Manager and the Unit Manager contacts the doctor with any recommendations. The Unit Manager is responsible for documenting and following through with the recommendations from the consult. The Director of Nursing stated the Unit Clerk is responsible for filing the consult. The Director of Nursing stated if the resident comes back from an appointment after hours and the Unit Manager is not in the building then the Supervisor is responsible for consulting with the doctor and documenting what they did The Director of Nursing acknowledged Resident #1 was not started on Glipizide(anti oral diabetic medication) after their endocrinology visit on 10/17/23 until they were discharged on [DATE].</p> <p>10NYCRR 415.12</p>