

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Kingsway Arms Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Kings Road Schenectady, NY 12304	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48615</p> <p>Based on observation, record review, and interviews conducted during the recertification survey, the facility did not ensure drugs and biologicals were labeled and stored in accordance with professional standards of practice. Specifically, (a.) opened medications had no open and/or expiration dates; (b.) personal items were stored in double locked cabinet with controlled substances for 4 out of 4 medication carts reviewed, and for 1 out of 2 medication storage rooms reviewed.</p> <p>This is evidenced by:</p> <p>The facility's Medication Storage Policy revised on 5/2024 documented, all medications would be stored in a clean and sanitary environment, in a locked cabinet, cart or medication room would be accessible only to authorized personnel, as defined by facility guideline. Bulk Medications or multi-use vials would be labeled with the date opened and date that would expire per manufacturer recommendations. These medications would be discarded according to manufacturer's expiration date.</p> <p>The facility's Medication Administration Policy: General revised 5/2024, documented PROCEDURE: 4 a: Read the Electronic Medication Administration Record. Carefully note the name, dose, amount of medication on hand, scheduled time, and expiration date.</p> <p>During an observation on 8/21/2024 at 11:35 AM, the refrigerator located in the pharmacy next to the [NAME] unit, contained an open bottle of Tuberculin Purified Protein Derivative with no open and or expiration date.</p> <p>During an observation on 8/21/2024 at 11:40 AM on [NAME] Unit, Cart #1 contained 1 Lispro and 1 Novolog open vials of insulin, opened 8/19/24 and 8/20/2024 respectively, with no expiration dates. Licensed Practical Nurse #3 stated they were not aware of pharmacy grid of medications with shortened expiration dates.</p> <p>During an observation on 8/21/2024 at 11:55 AM on Stockade Unit Medication Room, Narcotic Box side 2 contained 2 wallets and \$3 cash in an envelope. Both belonging to residents. Medication cart # 2 contained open bottles of Timolol and Latanoprost eye drops with no expiration dates after opening.</p> <p>During an observation on 8/22/2024 at 8:50 AM on Stockade Unit, Cart #1 contained 1 open bottle of Artificial tears with no expiration date.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 8/22/2024 at 9:31 AM on Woodlawn unit, Cart #1 contained. 1 opened bottle of Systane eye drops with no open or expiration dates.</p> <p>During an observation on 8/22/2024 at 9:49 AM, Cart #2 contained 1 vial of Aspart insulin with no expiration date. Licensed Practical Nurse # 1 verbalized expiration was 28 days after opening insulin.</p> <p>During an interview on 8/21/2024 at 12:43 PM, Administrator #1 stated all residents have locked drawers in their room for personal items. Also, the facility had a safe located in their office to keep resident valuables. Families and leadership were made aware safe was available.</p> <p>During an interview on 8/22/2024 at 2:57 PM, Director of Nursing #1 stated the Medication Nurse was responsible for labeling open and expiration dates on multi vial dose medicine. Director of Nursing #1 and Assistant Director #1 stated they were aware of safe in administrator's office but did not know if other floor nursing staff were aware.</p> <p>During an interview on 8/26/2024 at 10:02 AM, Nurse Educator #1 stated nursing competencies included two days of orientation including Medication Administration. Medication administration audit was completed upon hire. Annual nurse competencies have been initiated beginning this year, 2024. The Medication Nurse was responsible for checking open and expiration dates prior to administering medication. The overnight Medication Nurse generally organized medication cart, checks for dates and cleanliness. Stock medications were labeled with open dates, and the expiration was preprinted on the stock medication bottle.</p> <p>10 New York Codes, Rules, and Regulations 415.18(d)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21414</p> <p>Based on observation and interviews during the recertification survey, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the main kitchen and Grill Room (resident cafe). Specifically, equipment and food preparation area floors were not clean.</p> <p>This is evidenced by:</p> <p>During an observation in the main kitchen on 8/20/2024 at 9:42 AM, the cooking line shelving, ceiling fan, floor under and behind the cooking line equipment, floor in dry storage room, fire extinguishers, and kitchen fire suppression system canister and pull station were soiled with food particles or thick dust; additionally, the bulk container of liquid thickener was not labeled.</p> <p>During an observation in the Grill Room resident cafe on 8/20/2024 at 10:12 AM, the knife rack and floor under and behind the cooking line equipment were soiled with food particles.</p> <p>During an interview on 8/20/2024 at 10:56 AM, [NAME] #1 stated that they would have the soiled items, areas found in the kitchen and Grill Room would be cleaned and added to the cleaning list.</p> <p>During an interview on 8/20/2024 at 12:21 PM, Administrator #1 stated that they would discuss with the dietary and maintenance departments regarding the soiled areas found in the kitchen and Grill Room.</p> <p>10 New York Codes, Rules, and Regulations 415.14(h)</p> <p>Chapter 1 State Sanitary Code Subpart 14</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>21414</p> <p>Based on observation and interviews during the recertification survey, the facility did not dispose of refuse properly for the outdoor grease collection bin. Specifically, the exterior of outdoor grease collection bin was heavily soiled with a black build-up.</p> <p>This is evidenced by:</p> <p>During an observations on 8/20/2024 at 9:49 AM, the exterior of the grease recycling bin (located in the garbage compactor area) was heavily coated with a black build-up of spilled over grease; flies were hovering around the bin.</p> <p>During an interview on 8/20/2024 at 10:56 AM, [NAME] #1 stated that they would have the grease bin cleaned.</p> <p>During an interview on 8/20/2024 at 12:19 PM, Administrator #1 stated that they would discuss with the dietary and maintenance departments on how the grease bin should be properly filled and kept clean.</p> <p>10 New York Codes, Rules, and Regulations 415.14(h)</p>