

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Crest Manor Living and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6745 Pittsford Palmyra Road Fairport, NY 14450	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46880</p> <p>Based on observations, interviews, and record reviews conducted during an Abbreviated Survey (NY00318784), the facility did not ensure a resident who was unable to carry out activities of daily living independently received the necessary services to maintain good grooming and personal hygiene for one (Resident #3) of three residents reviewed. Specifically, Resident #3 had unclean hair and was wearing soiled clothing over the course of two days. There was no documented evidence that the resident had received a shower or bath for several weeks or had been offered and declined a shower or bath. This is evidenced by the following:</p> <p>Resident #3 had diagnoses including kidney disease, heart failure, and an above the knee left leg amputation. The Minimum Data Set Resident Assessment, dated 2/23/24, documented the resident had moderately impaired cognition, required assistance with showering and bathing, and had no rejections of care in that time frame.</p> <p>Review of the Comprehensive Care Plan, dated 6/16/23, revealed that Resident #3 preferred showers. Interventions included for staff to offer assistance with showers and if the resident refused, staff were to wait 30 minutes and reattempt. If the resident continued to refuse, staff were to offer a bed bath and notify nursing of the refusal.</p> <p>During an observation and interview on 5/15/24 at 1:18 PM. Resident #3 ' s hair was uncombed and oily with visible white flakes. The resident's clothing was soiled with stains, white hair flakes and badly wrinkled. Resident #3 said that their shower day was supposed to be on Mondays (2 days prior), but that they do not always receive it because there was not enough staff. Resident #3 stated they had not had a shower since March. Resident #3 said when their shower day is missed, they are not offered one on another day and that bed baths had not been offered.</p> <p>Review of resident Shower Logs for March 2024, April 2024 and May 2024 revealed that Resident #3 had received a shower twice in March and twice in April going three consecutive weeks twice without a documented shower or bath. There was no further documentation of showers or baths since and no documentation of any refusals for baths or showers.</p> <p>During an observation and interview on 5/15/24 at 1:25 PM, Certified Nursing Assistant #1 reviewed the unit Shower Log (used to track the shower schedule for residents and indicate yes or no for completed) for May 2024 that was pre-populated with resident rooms/bed numbers and identified that Resident #3 was supposed to receive a shower on Monday evenings. The Shower Log sections indicating if the showers were provided were blank for the month of May for all rooms/residents.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/24 at 1:28 PM, Licensed Practical Nurse #1 said they could not remember the last time they had completed a skin assessment for Resident #3 following a shower.</p> <p>During an observation and interview on 5/15/24 at 2:00 PM, the blank May 2024 Shower Log was reviewed with the Registered Nurse Manager. The Registered Nurse Manager said staff usually documented when a shower was given in the electronic health record then filled in the information on the paper Shower Logs. After reviewing the electronic health record, the Registered Nurse Manager stated they could not find documentation that Resident #3 had received or declined a recent shower in the electronic health record either.</p> <p>During an interview on 5/15/24 at 2:06 PM with the Director of Nursing and Regional Administrator, the Director of Nursing said there was no excuse for a resident not receiving a shower. If a shower could not be given on the scheduled day, they should receive one the following day. The Director of Nursing said if a resident refused their shower, staff should document this in a nursing note and offer the shower again.</p> <p>During an observation and interview on 5/16/24 at 11:20 AM, Resident #3, who had just returned from an outside appointment was wearing the same soiled clothing they were wearing the previous day. Resident #3 said they had not yet been offered or received a shower (that week). Resident #3 said they would like a shower and would never refuse a shower, but that they could not shower independently.</p> <p>10 NYCRR 415.12(a)(3)</p>		