STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335478	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Essex Center for Rehabilitation and Healthcare	81 Park Street Elizabethtown, NY 12932

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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 21414 Based on medical record review and interview during the recertification survey, the facility did not ensure that residents and/or their designated representative were fully informed of potential financial liability for rehabilitative services during a non-covered stay for 2 (Resident #s 56 and 74) of 3 resident records reviewed). Specifically, residents who remained in the facility and after receiving covered rehabilitative services were not provided with the Advance Beneficiary Notice of Noncoverage form for Medicare Part A and received timely notification (2-day notification) of the termination of Medicare Part A services with the required Notice of Medicare Non-Coverage form. This is evidenced by: There was no documented evidence that Resident #s 56 and 74 were informed of potential financial liability for rehabilitative services during a non-covered stay with the required Advance Beneficiary Notice of Noncoverage form for Medicare Part A and that the Notice of Medicare Non-Coverage form was given to Resident #56 two days prior to the termination of services. During an interview on 11/05/2024 at 11:51 AM, Minimum Date Set Coordinator #1 stated for Resident #s 56 and 74 and not knowing it was the incorrect form, their superiors directed them to use the Advance Beneficiary Notice of Noncoverage form for Medicare Part B and not the form for Medicare Part A; and they were not sure as to why the Notice of Medicare Non-Coverage form was not given to Resident #56 prior to the termination of services. 10 New York Codes, Rules, and Regulations 415.3 (g)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 21414 Based on observation, record review, and interview during the recertification survey, the facility did not ensure necessary housekeeping and maintenance services were provided to maintain a clean, sanitary, comfortable, and homelike environment on resident unit #s 1, 2, and 3 and the lobby/administrative areas. Specifically, floors and windows were not clean, and walls were not in good repair. This is evidenced by: During observations on 11/07/2024 at 10:38 AM through 11:40 AM, the floors in the following areas were soiled with dirt or were soiled dirt and cobwebs next to walls and in corners: Meeting Room. Ice Machine room. Director of Nursing office. Medical Records office. Activities room. Main Dining Room. Unit #1 Dirty Utility room. Unit #3 short hall foyer, long hall foyer, janitor closet & floor sink, electrical closet, and Clean Utility room. Resident room #s: 2, 10, 11, 12, 14, 101, 107, 112, 116, 118, 119, 120, 122, 124, 123, and 127. Additionally, the walls were scraped in room #s 101, 107, 116, 117, 122, and 124; and the window tracks were soiled with dirt and dead insects in room #s 101, 107, 119, 122, and 123. The undated document titled Housekeeping Aide Job Description documented that Housekeeping Aides were to clean resident room floors and walls daily and report maintenance issues to their supervisor. During an interview on 11/07/2024 at 11:41 AM, Director of Housekeeping #1 stated that they would clean the rooms and window tracks and would contact the maintenance department to repair the wall scrapes. 10 New York Codes, Rules, and Regulations 415.5(h)(4)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 21414 Based on observation and interview during the recertification survey, the environment was not free from accident hazards over which the facility had control. Specifically, dangerous tools were left unattended in resident areas on unit 3. This is evidenced by: During observations on 11/06/2024 at 8:05 AM through 8:15 AM, an unattended maintenance tool cart with open access to tools such as screwdrivers was found on Unit #3 in the corridor by the library; a six-inch broad fixed blade knife was on the unenclosed middle tier shelf of the cart. There was no documented evidence in the facility Incident and Accident reports of residents having facility tools or getting tools off the facility tool carts for the past 6-months. The undated document titled Maintenance Assistant documented that maintenance staff were trained to place tools in storage upon leaving work areas. During an interview on 11/07/2024 at 12:09 AM, Director of Maintenance #1 stated that they brought their tool cart to the library area on Unit #3 when they were called off the unit. On route to greet a vendor they asked the Maintenance Assistant to move the cart to a secure area; moving the cart took about one minute but it was never appropriate to leave tool carts unattended even for one minute. During an interview on 11/07/2024 at 12:26 PM, Administrator #1 stated that they would expect all maintenance staff to place tool carts in secure areas when they must leave a work area. 10 New York Codes, Rules, and Regulations 415.12(h)(1)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21414 Based on observation, record review, and interview during the recertification survey, the facility did not ensure food was stored, prepared, distributed, or served in accordance with professional standards for food service safety in the main kitchen and 3 of 3 nourishment kitchenettes. Specifically, surfaces were soiled with food particles, and/or dirt, equipment was not in good repair, thermometers were not in calibration, and the facility did not have the correct test kit to check the concentration of sanitizing solution used to manually sanitize food contact surfaces. This was evidenced by: All observations were on [DATE] from 12:05 PM through 1:10 PM. In the main kitchen: One of 3 food temperature thermometers was not in calibration at 37 degrees Fahrenheit when tested in the standard ice bath method. The test papers for checking the concentration of chemical sanitizer were dated [DATE] and were expired. The automatic dishwashing machine final rinse was 9 pounds per square inch of water pressure; the machine data plate information required the rinse to be between 15 and 25 pounds per square inch. The bulk sugar and bulk flour containers were not labeled. One 10-inch by 10-inch hole in the wall below the dishwashing machine and two wall tiles were missing by the spray hose in the dishwashing machine area. Water leaked from the dishwashing machine while in operation. Spray hose faucet was leaking in the dishwashing machine area. Cooking area utensil drawers would not open and close freely. The following items in the main kitchen were soiled with food particles and/or grime: Can opener holder. Stove/grill and drip pans. Utensil drawers. Shelving and moveable utensil rack. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Handwashing sink. K-rated fire extinguisher. Floor next to walls and below cooking equipment. Walls, wall fan, and the ventilation duct covers in the dishwashing machine area. Piping and food grinder, floor drain, and floor below the dishwashing machine. The following items were observed in the unit nourishment kitchenettes: The cabinets and floor were soiled with food particles or dirt in the Unit 1 nourishment kitchenette. One spray bottle was not labeled in the Unit 2 nourishment kitchenette. The ice machine was not operational, and the refrigerator including the door gaskets, microwave oven, and floor were soiled with food particles in the Unit 3 nourishment kitchenette. During an interview on [DATE] at 1:10 PM, Food Service Director #1 stated that they would assign staff to label the bulk foods and to clean the items found in the kitchen and unit kitchenettes, discuss with staff about checking the thermometer calibration, contact the maintenance department to adjust the dishwashing machine water pressure, repair the ice machine, repair the faucet leak, utensil drawers, and wall holes/missing tiles, contact the vendor to the dishwashing machine leak, and contact the vendor to get new test papers for the chemical sanitizer. 10 New York Codes, Rules, and Regulations 415.14(h)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 21414 Based on observation and staff interview during the recertification survey, the facility did not dispose of garbage and refuse properly. Specifically, the waste contained in dumpsters was not covered. This is evidenced by: During observations on 11/04/2024 at 1:21 PM, three of the 4 garbage dumpsters were not closed, and garbage was found within. During an interview on 11/04/2024 at 1: 29 PM, Administrator #1 stated that they would speak with staff about keeping the dumpsters closed after filling them. 10 New York Codes, Rules, and Regulations 415.14(h)