STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335488	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lilac Manor Rehabilitation and Nursing Center	3 Upton Park Rochester, NY 14607

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interviews and record review conducted during the Abbreviated Survey (Complaint ID: NY00357848/520132) from 08/18/2025 to 08/20/2025, for one (1) (Resident #1) of five (5) residents reviewed, the facility did not immediately notify the resident representative when there was a need to alter treatment significantly. Specifically, Resident #1 was prescribed Lovenox (a medication used to treat and prevent blood clots) injections. Following several refusals of the medication, it was discontinued by a provider, and the resident representative was not notified. This is evidenced by:Review of an untitled facility policy, last revised June 2013, included the facility shall notify the resident if alert and oriented, his or her Attending Physician, and representative (in case of a confused resident) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Alert and oriented residents may elect for their representatives to be made aware of the above conditions. Resident #1 had diagnosis including acute embolism (condition where a blood clot travels through the bloodstream and blocks a blood vessel) and thrombosis (blood clot) of right femoral vein, vascular dementia (cognitive decline caused by damage to the blood vessels in the brain), and a history of cerebral infarction (a type of stroke caused by a blockage in a blood vessel to the brain). The Minimum Data Set (a resident assessment tool), dated 09/23/2024, documented the resident had severely impaired cognition and used an anticoagulant (a blood thinner medication used to treat and prevent blood clots).Review of the comprehensive care plan, dated 09/23/2024, included Resident #1 had a deep vein thrombosis. Interventions included, but were not limited to, give medications as ordered and to monitor, document, and report any signs or symptoms of complications.Review of medical orders, dated 09/20/2024, included Lovenox (enoxaparin sodium) Injection Solution prefilled syringes 60 milligrams/0.6 milliliters, inject 1 syringe subcutaneously every 12 hours for deep vein thrombosis for 29 days.Review of the September 2024 Medication Administration Record revealed Resident #1 had refused the Lovenox on 4 of 14 opportunities. In a medical progress note dated 09/27/2024, Nurse Practitioner #1 documented Resident #1 was seen for refusals of the Lovenox injections and nursing staff had advised the resident on the indication (the specific medical condition or purpose for which a drug is prescribed) for the medication. Nurse Practitioner #1 documented the Lovenox was discontinued.In a progress note dated 10/04/2024, a Licensed Practical Nurse documented Resident #1 was diaphoretic, fluids were pushed, and vital signs were obtained. This information was documented in facility provider book (used by nursing staff to communicate resident concerns to the medical provider) for follow up and the 24-hour report (used by nursing staff to communicate resident concerns from shift to shift) for continued monitoring. Review of progress notes from 09/24/2025 to 10/04/2025 did not include documented evidence Resident #1's representative had been notified of the Lovenox refusals or the medication later being discontinued.Review of an Emergency Department Provider Note, dated 10/04/2024, revealed Resident #1 was transported to the hospital for evaluation and admitted with a diagnosis of acute ischemic stroke (a condition that occurs when a sudden blood flow blockage to the brain causes brain cells to die). The provider documented Resident #1's representative reported they were unsure if the resident was getting Lovenox injections at the skilled nursing facility.During a phone interview on 08/18/2025 at 1:00 PM, the Medical Director stated they were not involved with Resident #1's care at that time. They stated the provider should have notified the resident's representative about the discontinuation of the Lovenox.10 NYCRR 415.3(f)(2)(ii)(c)