

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Penn Yan Manor Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  655 N Liberty Street Penn Yan, NY 14527	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>33313</p> <p>Based on interviews and record review conducted during the Recertification Survey the facility did not ensure that the completion of a discharge summary that included a recapitulation of the residents stay, a final summary of the resident's status and a post-discharge plan was completed for one (Resident #40) of one resident reviewed. Specifically, the resident was discharged without a complete discharge summary to ensure the facility communicated the necessary information to the resident, the continuing care provided and the resident representative (if applicable) at the time of discharge. The finding is:</p> <p>The undated policy and procedure Discharge Summary and Plan provided by the Administrator, documented when a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed. The discharge summary will include a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of discharge. A post-discharge plan will be developed by the care planning/interdisciplinary team with the assistance of the resident.</p> <p>Resident #40 had diagnoses including diabetes mellitus, anemia, and atrial fibrillation (abnormal heart rhythm). The Minimum Data Set (MDS - a resident assessment tool) dated 1/8/24 documented the resident was cognitively intact and wanted to be asked on all assessments about returning to the community.</p> <p>Resident #40 current Comprehensive Care Plan documented no discharge planning focus areas or discharge planning interventions.</p> <p>The discharge planning visit dated 1/30/24 completed by Physician #1 documented Resident #40 was stable for discharge to home on 1/31/24 with the support of family/others.</p> <p>The Social Work Discharge Summary Note dated 1/31/24 completed by Social Worker #1 documented Resident #40 was discharged to home with family.</p> <p>The Voluntary Discharge form dated 1/31/24 and signed by Resident #40, Social Worker #1, and Registered Nurse Manager #1 documented a list of current medications and primary care provider follow-up appointment was provided to the resident. Additionally, prescriptions were sent to their pharmacy.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the electronic medical record and the paper medical record revealed no documentation that a discharge summary including a recapitulation of the resident's stay at the facility, a final summary of their status, and a post-discharge plan of care was completed for Resident #40.</p> <p>During an interview on 4/23/24 at 7:43 AM Registered Nurse Manager #1 stated they provide a list of current medications and administration times to residents when they are discharged from the facility.</p> <p>During an interview on 4/24/24 at 8:11 AM Social Worker #1 stated the Voluntary Discharge form (which includes follow-up appointments, outpatient services if needed, and whether prescriptions were sent to pharmacy) is provided to the resident and/or responsible party upon discharge from the facility.</p> <p>During an interview on 4/24/24 at 8:23 AM Occupational Therapist #1 stated they verbally review any discharge instructions with the resident, but do not provide any written discharge instructions upon discharge from the facility.</p> <p>During an interview on 4/24/24 at 8:25 AM Physical Therapist #1 stated they verbally review any discharge instructions with the resident, but do not provide any written discharge instructions upon discharge from the facility.</p> <p>During an interview on 4/24/24 at 8:45 AM Registered Dietician #1 stated they do not provide any written discharge to residents upon discharge from the facility.</p> <p>During an interview on 4/25/24 at 8:12 AM the Director of Nursing stated residents should receive an interdisciplinary team discharge summary, with a written summary and directions from each discipline, upon discharge from the facility.</p> <p>During an interview on 4/25/24 at 8:15 AM the Administrator stated residents should be discharged from the facility with the instructions to provide the care needed at home.</p> <p>10 NYCRR 415.11 (d)(1)(2)(3)</p>		